The Legacy of Scientific Motherhood: Doctors and Child-Rearing Advice in the 1960s and 1970s in English Canada

by
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Abstract

Medical proponents of scientific motherhood, a child-rearing strategy popular in the 1920s and 1930s, called for, amongst other things, early toilet training, restricted mother-baby interaction and rigid feeding schedules. After World War Two, child-rearing advice appeared to cast off most, if not all of, these ideas. Experts, influenced by the child-centric nature of postwar society, now urged parents to be responsive to the needs of the child. In addition, the counter-culture of the 1960s and the growth of psychology eroded medical authority. This thesis will seek to demonstrate how these and other societal developments were reflected in child-rearing advice, focussing on popular manuals and the magazine *Chatelaine*. I will also try to show that, despite radical changes in society, elements of scientific motherhood philosophy persisted in these sources throughout the 1960s and 1970s.

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Chapter 1- Introduction

The scientific motherhood movement was a product of the early twentieth century and reached its apogee during the 1930s in English Canada and elsewhere. Variations of the campaign, which will be discussed in this chapter, existed in French Canada, the United States and Britain. Developments within these two other countries in particular influenced events in Canada.[1] American historian Rima Apple uses the term scientific motherhood to refer more broadly to the social emphasis placed on the "critical role of contemporary science and medicine in successful mothering."[2] I use the term more narrowly, as does Cynthia Comacchio in her book on the Ontario infant welfare movement during the years 1900 to 1940, to designate a body of advice generated by medical experts in the 1920s and 1930s.[3] During these decades, proponents of scientific motherhood claimed that parents, especially mothers, were ill-equipped to raise their own children, and sought to replace mothers' everyday knowledge with the supposedly scientific expertise of the doctor. The pervasive ignorance of mothers was blamed for the high infant mortality rates of the time. The focus of the scientific motherhood movement, influenced strongly by both behavourism, a new branch of psychology, and scientific management, was on the careful upbringing of children through routine and repetition. Experts felt that an orderly household, reflected in strict conformity to schedules of eating, sleeping and toilet training, would best safeguard the physical and psychological

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[1] Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal-Kingston: McGill-Queen's University Press, 1993), 18.
[2] Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (London: Rutgers University Press, 2006), 6.
[3] Comacchio, 1993, 3-4.

well-being of the next generation. The state upbringing provided to the Dionne quintuplets in the 1930s exemplified this approach.[4]

The ideology of scientific motherhood did change with the advent of World War Two. In the post-war period, the rigidity that preached strict habit training in eating, sleeping, elimination and bathing was much more relaxed.[5] An emphasis on routine and consistency remained, but a focus on parental love and understanding was developed.[6] Historian Mona Gleason argues that this shift in Canadian practices reflected, in part, a new medical, as well as popular, awareness and an acceptance of the psychological principles elaborated earlier by American Dr. Benjamin Spock.[7] The 1960s and 1970s have often been characterized by a much more permissive, individualistic and even rebellious social ethos in North America. Katherine Arnup, in her 1994 study of Canadian child-rearing advice, asserts that this environment produced questioning in North America regarding previously accepted principles of child-rearing.[8] She justifies the choice of her time period, 1920-1960, by stating that "Extending the period of analysis to 1960 enabled me to examine the dramatic shift in child-care advice from a rigid, health-oriented focus in the interwar years to the more relaxed, 'permissive' approach of the post-Second World War years."[9] Her statement implies that there was an absolute break between the teachings of scientific motherhood and the advice of the late 1950s. My analysis will show that, though Arnup was quite correct to describe a major shift in the literature, elements of scientific motherhood philosophy persisted in expert

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[4] Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada,* (Toronto: University of Toronto Press, 1994).
[5] Arnup, 87.
[6] Mona Gleason, "Disciplining Children, Disciplining Parents: The Nature and Meaning of Advice to Canadian Parents, 1945-1955," *Histoire Sociale/Social History* 57 (1996): 196-7.
[7] *Ibid.,* 197.
[8] Arnup, 9.
[9] *Ibid.*

advice throughout the 1960s and even into the 1970s. There is no denying that some of the immediate postwar advice, especially that on toilet training, was radically different from the 1930s and remained quite consistently so throughout the 1960s and the 1970s. Feeding and sleeping advice, the other two main topics covered in this thesis, showed both more shifts in the two decades under review and more echoes of scientific motherhood.

This chapter will now turn to a discussion of my methodology and sources before delving into the historical background of scientific motherhood in Britain, the United States and Canada. The end of the chapter will explore the legacy of Canadian scientific motherhood into the 1950s.

Methodology and Historiography

The primary research for this thesis focussed on parenting manuals. These included the works of American pediatrician Dr. Benjamin Spock, whose *The Common Sense Book of Baby and Child Care* sold over 30,000,000 copies between its appearance in 1946 and 1994.[10] Though more exact publication data is hard to obtain, Katherine Arnup records that the test marketing of Spock's book in 1946 sold 3,000 copies in Canada in six weeks.[11] Spock had entered Yale Medical School in 1925 to train as a pediatrician. He established his private practice in 1933 but, due to the Depression, had few paying patients. His financial situation made him more receptive to a publisher's idea in 1938 that he write a book on child care. Spock, though a practicing pediatrician

[10] Arnup, 55. For similar publication data on Spock, see also Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), 158n.
[11] Arnup, 55.

for many years, also received training as a young man in Freudian psychoanalysis.[12] This particular psychological orientation would pervade much of his work on children. Spock, like many experts, rarely cited specific research in his book. Instead, he seemed to rely, as many doctors would in their daily work, on a combination of his own experience with patients, the input of other doctors and, after the first edition, the feedback of mothers.[13]

As a Canadian source, the work of Ernest Couture was also very important. Couture, a French-Canadian doctor, was made director of the Division of Child and Maternal Hygiene, a part of the federal Department of Pensions and National Health, in 1937.[14] Prior to this appointment, Couture was a practicing obstetrician and head of the maternity department at the Ottawa General Hospital.[15] Throughout the 1940s and 1950 he wrote federal government pamphlets on child-rearing that were translated and widely disseminated throughout English Canada.[16] The first edition of his *The Canadian Mother and Child* was published in 1940 by the Department of National Health and Welfare and, by 1953, over 110,000 copies had been distributed throughout the country. By 1979, following Couture's death in 1970, when the fourth edition was released, the manual was averaging approximately 200,000 copies annually. Though Couture was credited as the author for the 1960 version, first published in 1953, he had actually left the Department to return to private practice before the project was finished. Further modifications for this edition were then completed by his successor Dr. Jean F. Webb. For the 1967 and

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[12] Ann Hulbert, *Raising America: Expert, Parents, and a Century of Advice about Children (*New York: Knopf, 2003), 230, 234-7. Psychoanalysis refers to the "theory of the mind developed by Freud, which emphasizes the roles of unconscious mental processes, early childhood experiences, and the drives of sex and aggression in personality formation." Definition from Peter Gray, *Psychology* Third Edition (New York: Worth Publishers, Inc., 1999), G-14.
[13] Benjamin Spock, *The Common Sense Book of Baby and Child Care* (New York: Duell, Sloan and Pearce, 1962), 64, 65 and 2.
[14] Arnup, 186.
[15] Comacchio, 1993, 295n.
[16] Arnup, 52.

1979 editions, the entire Department of Health and Welfare Canada, in consultation with Canadian doctors, was credited as the author, rather than an individual.

In addition to Couture and Spock, I also chose to examine another influential expert, the British psychologist Dr. Penelope Leach. After obtaining her doctorate in psychology in 1965 from the London School of Economics and Political Science and becoming a mother, Leach worked as a researcher for the Unit for the Study of Child Development in London from 1967 to 1971. During this period, she noticed that often research on child development was only ever published in scholarly journals, which were not read by parents. To correct this, Leach drew on many studies in writing *Babyhood: Infant Development from Birth to Two Years* in 1974. Though not every one of Leach's arguments in her book was supported by references to specific research, this agenda did set her apart from other experts, like Spock, who often relied more on professional experience. Leach was also one of the first internationally acclaimed child-rearing experts who could use her status as a mother to further justify her legitimacy. In 1977, she followed her first success with *Baby and Child,* a book written explicitly to serve as a British version of Spock's *Baby and Child Care.* It was later renamed *Your Baby and Child.* Leach had used Spock with her own children but felt that too often the American doctor portrayed mothers as mere caretakers of their children rather than in dynamic relationships with them. She also asserted that Spock tended to emphasize the physical needs of children at the expense of their cognitive and emotional development.[17] This difference in orientation may explain why, as I will demonstrate in Chapters 3 and 4, Leach was often at variance with Spock and other experts on feeding, sleeping and toileting advice. Like Spock's, her work crossed national lines and sold in large numbers

[17] "Leach, Penelope." *Current Biography Yearbook* (1994), 324-5.

on both sides of the Atlantic. For example, her *Your Baby and Child: From Birth to Age Five* sold three million copies worldwide by 1994 and had been translated into twenty-eight languages.[18] According to the 1994 *Current Biography Yearbook,* parents were attracted to the "book's lyrical, friendly style, its sound research-based, practical day-to-day advice, and its encouragement to parents to follow their best instincts."[19] Though the sale number was far below Spock's, it is important to note that *The Common Sense Book of Baby and Child Care* was first published in 1946, more than thirty years before Leach's work, and during a time when the market was less saturated with child-care manuals.[20] That Leach was a well-known and popular expert in Canada is attested to by frequent mentions in national newspapers. For example, a *Toronto Star* columnist proclaimed in 1987 that "If parents have only one book to guide them, then let it be Penelope Leach's *Your Baby and Child, From Birth to Age Five* (Knopf). Yuppie parents have made Leach the latest baby guru."[21] When discussing any of the above child-care manuals, it is also important to note that sale figures never record the number of mothers who borrowed the books from libraries or friends.

I also examined the magazine *Chatelaine* in the 1960s and 1970s for its child-rearing content. *Chatelaine* began publication in 1928 and sold 57,000 copies in its first year. By 1970, the circulation for the English version of the magazine had jumped to

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[18] "Leach, Penelope." *Current Biography Yearbook* (1994), 325.
[19] *Ibid.*
[20] Richard Lacayo, "Bringing up Baby," *Time (Canadian Edition)* 143, no 19 (May-June 1994): 48; Hulbert, 13.
[21] Trish Crawford, "Bringing Up Baby Without All the Fuss or Tears," *Toronto Star* December 5, 1987, M0A. Yuppie, an acronym for young urban professional, was a term coined in the 1980s to refer to well-paid young middle-class professionals working in a city. Definition from *Concise Oxford Dictionary,* 10th edition.

980,000 copies with newsstand sales of 70,000.[22] *Chatelaine* was by far the most popular women's magazine in Canada. In 1968, *Chatelaine* had a circulation of over 900,000 compared to *Family Circle,* the most popular American women's magazine, which had only 410,275 Canadian sales per issue.[23] From *Chatelaine,* I was able to identify another important source called *Today's Child: A Modern Guide to Baby Care and Child Training* which was written by the magazine's own columnist and Child Health Editor, Dr. Elizabeth Chant-Robertson, and another pediatrician, Dr. Margaret Wood. It is safe to assume that, given Dr. Chant Robertson's frequent contributions to *Chatelaine* over many years, Canadian parents would have embraced her book on child-rearing.

This thesis has drawn on many different secondary sources in an attempt to portray both the changing nature of parenting and parenting advice since the 1950s. With the growth of the new social history in the 1970s, there has been an explosion of academic studies on the history of childhood and the family. One of the most important and influential works, Jane Lewis's *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939,* published in 1980, examines maternal and child welfare services offered in the twentieth century. Lewis looks at the period in England following the Boer War when campaigns for maternal and infant mortality increased. She concludes that the aims and concerns of the groups involved in such campaigns and the women who used their services were often very different. The services offered a more educational approach, whereas the women often wanted medical treatment and more direct aid. In Lewis' words, there was a "gap between official policy regarding maternal

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[22] Valerie Korinek, *Roughing it in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000), 35.
[23] *Ibid.*, 59.

and child welfare services and women's demands."[24] As sources, Lewis uses primarily government reports, medical journals and records from women's groups like the Women's Cooperative Guild.

Books by Ellen Ross and Deborah Dwork add important insight into the British situation in the first half of the twentieth century. *Love and Toil* by Ellen Ross has two main objectives.[25] In the first place, it examines specifically the two English generations before World War One, as Ross believes that this period was when many of the current ideas about Western motherhood were developed.[26] Ross focuses, more narrowly than Lewis who considers the middle classes as well, on London's working-class married women through the use of diaries, autobiographies and hospital records. She wishes to "try to resurrect the practices of the working people of these two generations and to establish some of the meanings they had for children, husbands, social workers, politicians, and especially for the mothers themselves."[27] In regard to child welfare services, Ross's discussion tends to support Lewis's earlier interpretation that often mothers wanted more practical help than was offered.[28] Ross also emphasizes that "although working-class mothers gladly, in the hopes of improving their children's health, complied with some of the prescriptions of the professionals, they were just as likely to ignore or reorder them."[29]

Deborah Dwork examines the same time period as Ross and provides a useful overview of the services available to British mothers. However, she advances a very

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[24] Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980), 13-14.
[25] Ellen Ross, *Love & Toil: Motherhood in Outcast London, 1870-1918* (Oxford: Oxford University Press, 1993).
[26] *Ibid.*, 5.
[27] *Ibid.*, 3.
[28] *Ibid.*, 200.
[29] *Ibid.*, 196.

different argument than either Lewis or Ross about the interaction of mothers and welfare services. She contends, based on her analysis of scientific and medical journals as well as letters to the Women's Cooperative Guild, that not only physicians and health officials but also mothers themselves found education to be an acceptable solution to infant mortality.[30] She also disagrees that education programs represented an easy way out for those in power, claiming that such programs were expensive and labour-intensive.[31] Dwork states further in her Note on Secondary Literature that, after reading Lewis, "one begins to doubt the sincerity of official concern with the problem of infant mortality: everyone appears to have been more concerned with controlling women than saving babies."[32] Dwork opposes this portrayal and emphasizes rather the necessity of understanding medical and political viewpoints in the context of available research into infant mortality.[33] This tension regarding the motivations of doctors and health officials in infant welfare campaigns in the twentieth century is also found in Canadian studies, most especially Cynthia Comacchio's *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940*, as we will see later.[34]

For the American context, the work of Molly Ladd-Taylor has been equally important in discussing both child-rearing advice and reforms of the early twentieth century.[35] *"Bad" Mothers,* a collection edited by Ladd-Taylor and Lauri Umansky, touches upon these topics while examining the larger social, cultural, political and

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[30] Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (London: Tavistock Publications, 1987), 164-5.
[31] *Ibid.*, 216.
[32] *Ibid.*, 228.
[33] *Ibid.*, 223.
[34] Comacchio, 1993.
[35] Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Chicago: University of Illinois Press, 1994); Molly Ladd-Taylor and Lauri Umansky, eds., *"Bad" Mothers: The Politics of Blame in Twentieth-Century America* (New York: New York University, 1998).

economic purposes for mother-blaming in twentieth-century America. Ladd-Taylor discusses, as Lewis and Ross do in the British context, more extensively maternalism and child-welfare services in the United States in her book *Mother-Work.* Ann Hulbert's book, based on child-care manuals, letters and biographies, is also a very useful analysis of the lives and changing advice of American child-rearing experts beginning in the late nineteenth century. Hulbert argues, close to Dwork, that "Again and again the advisers' careers and their conflicting counsel reflected American confusions about children's natures and futures, and about mothers' missions, during a disorienting century."[36] Complementary to Hulbert in some ways, Julia Grant's book, which examines maternal responses to child-rearing advice through the records of mother's study clubs and letters to the experts, also provides information on the development and popularity of scientific motherhood in the United States.[37] Like Lewis and Ross, Grant emphasizes that mothers were often grateful for the help that was offered by experts but many resisted the indiscriminate application of the principles of behaviourist child-rearing and tended to use the expert advice selectively. Finally, Rima Apple's work examines the American acceptance of medical and scientific expertise in the raising of healthy children throughout the nineteenth and twentieth centuries. Her interesting and pertinent book, *Perfect Motherhood,* draws on a wide variety of sources, including not only child-care manuals but also less-analyzed advertisements and movies.[38]

In the Canadian context, there are multiple books which discuss the infant welfare movement. Most prominent among these is Neil Sutherland's *Children in English-*

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[36] Hulbert, x.
[37] Julia Grant, *Raising Baby by the Book: The Education of American Mothers* (New Haven: Yale University Press, 1998).
[38] Apple, 2006.

Canadian Society: Framing the Twentieth-Century Consensus, which outlines new ideas that developed between the 1870s and the 1920s about children. Sutherland argues that "an increasingly self-conscious band of English-speaking Canadian reformers created a social consensus on the nature of childhood in their society and laid out the norms that should govern their treatment of children."[39] Sutherland discusses four types of projects carried out by the English-Canadian reformers in accordance with these new ideas: improving conditions of good family life, establishing systems of child and family welfare services (i.e. mothers' pensions), transforming education (i.e. compulsory education legislation) and organizing family health care.[40] This information is very helpful is outlining the early infant welfare movement in Canada and its links to Britain and the United States.

Even more pertinent to this study than the work of Sutherland, two Canadian books explore in detail the principles and practice of scientific motherhood. Cynthia Comacchio's study covers child welfare campaigns in Ontario from 1900-1940, with an emphasis on the relationship between the medical profession and the mothers. Like their American and British counterparts described by Apple, Lewis and Ross, she suggests that doctors wished to both save babies and control mothers.[41] The doctors accused modern mothers of ignorance and selfishness, and believed that they needed specialized training. For doctors, bad parents were simply those who refused to be corrected.[42] Mothers, for their part, were often confused by the advice.[43] Comacchio does say that it was a time

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[39] Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth-Century Consensus* (Waterloo: Wilfrid Laurier University Press, 2000), vi.
[40] *Ibid.*
[41] Comacchio, 1993, 11.
[42] *Ibid.*, 108-110.
[43] *Ibid.*, 194.

when many new mothers had faith in science and were distanced from traditional child-rearing advice.[44] However, she argues, like Grant, that mothers never submitted completely to the news ideas perpetuated by the medical establishment. She also states that mothers were grateful for the help that was offered but that some resented the limited scope of the campaign and its focus on education.[45] In this nuanced work, Comacchio draws predominantly on child-care texts, medical journals, advertisements, sociological surveys and letters from mothers to the Canadian Council on Child and Family Welfare.

Katherine Arnup is the second major Canadian historian to examine child-rearing advice and its impact on mothers. Her 1994 book, *Education for Motherhood,* investigates two major issues: how advice literature in Canada changed throughout the twentieth century and the effect those changes had on women as the primary caregivers of small children.[46] The core of the book covers the period from 1920 to 1960 and focuses on government-generated advice. Arnup also incorporates Spock into her analysis as this study will do. Arnup justifies her time frame by saying that the end of World War One represented a pivotal moment in Canadian history and that, by ending in 1960, as we have seen earlier, she can "examine the dramatic shift in childcare advice from a rigid, health-oriented focus in the interwar years to the more relaxed, 'permissive' approach of the post-Second World War years."[47] Her interest, like that of many of the scholars reviewed, is also especially in the advice concerning infants and preschoolers.[48]

Scientific motherhood and infant welfare programs in Quebec is the object of a third, recent and comprehensive study by Denyse Baillargeon, entitled *Un Québec en mal*

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[44] Comacchio, 1993, 94.
[45] *Ibid.,* 209.
[46] Arnup, 6.
[47] *Ibid.,* 9.
[48] *Ibid.,* 11.

d'enfants: la médicalisation de la maternité, 1910-1970.[49] She discusses infant welfare programs in Quebec in the twentieth century and contrasts them to those in the rest of the country. Baillargeon also examines the discourse surrounding infant mortality in Quebec. Like Comacchio, she makes good use of government records, the papers of voluntary organizations and medical journals to argue that doctors in Quebec, like their counterparts elsewhere in the country, minimized the impact of poverty on infant mortality rates and chose instead to blame the ignorance of mothers. Baillargeon agrees with Comacchio that mothers were not passive and often extracted what they wanted from medical advice.[50] However, Baillargeon, more so than Comacchio, is interested in examining the conflicts within the Catholic Church, the state, medicine, nursing, women's groups and private interests over child welfare issues.

In order to understand parents and experts in the 1960s and 1970s, I drew on various different sources. A good starting point for basic, statistical information on the Canadian family is the text by Maureen Baker, entitled *Families: Changing Trends in Canada*, which has gone through multiple editions.[51] Here, I found data especially on the number of women working outside the home and their daycare arrangements. Another very important source for anyone who wishes to discuss the culture of the 1960s and 1970s in the Canadian context remains Doug Owram's *Born at the Right Time: A History of the Baby Boom Generation.*[52] This study draws on an extensive secondary literature as

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[49] Denyse Baillargeon, *Un Québec en mal d'enfants: la médicalisation de la maternité, 1910-1970* (Montréal: Les éditions du remue-ménage, 2004).
[50] *Ibid.*, 21-22.
[51] Maureen Baker, ed., *Families: Changing Trends in Canada* (Toronto: McGraw-Hill Ryerson Limited, 2001).
[52] Doug Owram, *Born at the Right Time: A History of the Baby Boom Generation* (Toronto: University of Toronto Press, 1996). The counter-culture and its impact on parents was also briefly discussed by Neil Sutherland in *Growing Up: Childhood in English Canada from the Great War to the Age of Television*, though I did not use this source extensively due to concerns about his problematic use of oral histories.

well as popular magazines and books to provide a useful discussion of the post-World War Two retreat to domesticity, the growth of suburbs, the baby boom and the emergence of the counter-culture, all of which are essential to form an understanding of the Canadian family in the 1960s and 1970s. A more detailed analysis of suburban life is accessible in the work of Valerie Korinek, which examines the lives of Canadian women through the magazine *Chatelaine* in the 1950s and 1960s, and that of Veronica Strong-Boag, which looks at the construction of postwar Canadian suburbs as female spaces.[53] The post-war Canadian family is also discussed extensively and aptly in books by Mary Louise Adams and Mona Gleason respectively. Adams examines the construction of heterosexuality in the postwar nuclear family through government papers, films and newspapers while Gleason focusses on the psychological discourse concerning the family and how it sought to "collapse and consolidate the diversity of family life, limiting what was considered truly acceptable to the confines of psychology's discursive construction of normalcy."[54] Gleason utilizes primarily Canadian Psychological Association papers, journal articles and child care manuals. Feminism was also an important force at this time and two books, *Changing Patterns: Women in Canada* and *Canadian Women: A History* are especially helpful in their discussions of Canadian feminism's historical growth as well as the status of women in the 1960s and 1970s.[55]

To construct a portrait of the experts of the 1960s and 1970s, I had to build on the work of various scholars from different areas of history. Jacalyn Duffin and Wendy

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[53] Korinek, 2000; Veronica Strong-Boag, "Home Dreams: Women and the Suburban Experiment in Canada, 1945-1960," *Canadian Historical Review* 72, 4 (1991): 471-504.
[54] Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997); Gleason, 1999, 4.
[55] Allison Prentice et. al., *Canadian Women: A History* (Toronto: Harcourt Press, 1988); Sandra Burt, Lorraine Code and Lindsay Dorney, eds., *Changing Patterns: Women in Canada*, (Toronto: McClelland & Stewart Inc., 1993).

Mitchinson provide good background information on the professionalization of medicine in the nineteenth and twentieth centuries in Canada.[56] I found the book *Medicine in the Twentieth Century* in general very useful to make sense of the state of medical science in the second half of the twentieth century.[57] As I will suggest in Chapter 2, I believe one of the most important developments in this period for Canadian doctors was the introduction of national health insurance in 1968. The evolution of this social legislation is discussed by scholars Malcolm G. Taylor and C. David Naylor.[58] In contrast to what has been done for the history of medicine, very little has been written on the development of psychology in Canada. An important exception is the work of Mona Gleason, already mentioned, which provides an overview of the professionalization of this field in the first half of the twentieth century.[59] This was very necessary background for my thesis as psychology began to have a greater influence on child-rearing advice in the 1960s and 1970s, a trend I will discuss in the next chapter.

Nineteenth-Century Changes in the Western Family

Before discussing the history of scientific motherhood in Canada, it is important to briefly look at changes to the Western family in order to establish the scale of the phenomena this thesis wishes to discuss. In their text, *The Family Story: Blood, Contract and Intimacy, 1830-1960,* Leonore Davidoff and her colleagues rightly point out that sometimes historians simplify or misconstrue the nature of these nineteenth-century

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[56] Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 1999); Wendy Mitchinson, "The Medical Treatment of Women," in *Changing Patterns: Women in Canada*: 391-421.

[57] Roger Cooter and John Pickstone, eds., *Medicine in the Twentieth Century* (Amsterdam: Harwood Academic Publishers, 2000).

[58] Malcolm G. Taylor, *Health Insurance and Canadian Public Policy: The Seven Decisions that Created the Canadian Health Insurance System and Their Outcomes* (Kingston and Montreal: McGill-Queen's University Press, 1987); C. David Naylor, ed., *Canadian Health Care and the State: A Century of Evolution* (Montreal and Kingston: McGill and Queen's University Press, 1992).

[59] Gleason, 1999.

changes. They emphasize that "although a key feature of industrial change is widely seen as the exclusion of married and children from production, it is clear that this process was uneven, and in some ways never complete, as for example in small shopkeeping, doctors in general practice, and the clergy, all of whom have relied on wives and family to provide important services."[60] Bettina Bradbury likewise stresses the interdependent nature of industrial working-class families. In this way, according to her, wives did rely on husbands and other wage-earners for money but the latter group needed the women to use that money to ensure family survival. Women achieved this through their domestic work and, when necessary, marketing these same skills for profit. For example, many wives, while sewing all the clothes for the family, would also do piece work for the garment industry.[61]

Most historians generally agree that, as wage-earners were increasingly removed from the home through the process of industrialization, the ideology of "separate spheres" developed. Though only ever an ideal, as was scientific motherhood, this ideology was very pervasive and used biological differences between men and women to explain other perceived differences in temperament and skills. In this model, women were tied to the private sphere of the home and were responsible primarily for childrearing. Childhood, during the same period, was seen much more as a separate and special period of life. Legislation, such as that mandating education, increasingly restricted the work of both women and children to the home.[62] In effect, the ideology of

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[60] Davidoff et. al., *The Family Story: Blood, Contract and Intimacy, 1830-1960* (London: Longman, 1999), 26.
[61] Bettina Bradbury, "The Home as Workplace," in *Labouring Lives: Work and Workers in Nineteenth-Century Ontario,* ed. by Paul Craven (Toronto: University of Toronto Press, 1995), 414, 427 and 450.
[62] Cynthia Comacchio, *The Infinite Bonds of Family: Domesticity in Canada, 1850-1940* (Toronto: University of Toronto Press, 1999), 20, 24, 30-1.

separate spheres developed to create an image of family that "deprived married women of their central role in domestic production and identified fathering with providing, childhood with schooling, and adolescence with prolonged familial dependence. Comprising a breadwinner father, a stay-at-home mother, and dependent children in school, the middle-class family model became a benchmark of personal respectability and national success."[63] Male labourers in the late nineteenth century, in their quest for a family wage, may also have contributed to the creation of this ideal by minimizing the household work of women.[64] As I will discuss much more extensively in Chapter 2, this standard of family life remained in place, with only some minor alterations, well into the 1960s and 1970s.

British Scientific Motherhood

Despite its association with the 1920s and 1930s, scientific motherhood had deeper roots. Throughout the nineteenth century, as North American and European cities continued to grow unchecked and unplanned, concerns had multiplied over issues of sanitation and health.[65] Small children had been especially vulnerable to disease and, therefore, had become the focus of the new sanitary campaigns.[66] Programs to ensure pure milk and parental education began in many Western cities at the turn of the twentieth century.[67] In this section, I will outline some of these earlier campaigns and their links to scientific motherhood in Britain before turning to an analysis of similar developments in the United States and Canada. I hope this discussion will highlight the

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[63] Comacchio, 1999, 47.
[64] Bradbury, 460.
[65] Alexandra Minna Stern and Howard Markel, eds., *Formative Years: Children's Health in the United States, 1880-2000* (Michigan: University of Michigan Press, 2002), 4.
[66] *Ibid.*, 6.
[67] *Ibid.*, 5 and 8.

international nature of scientific motherhood and, thereby, demonstrate that it did not occur in isolation in Canada. In fact, many aspects of this campaign were formulated in the British and American contexts.

In Britain in 1904, a report by the Inter-Departmental Committee on Physical Deterioration outlined the scope of infant mortality and provided impetus to the burgeoning infant welfare movement.[68] This report served to re-enforce elite and eugenic fears in Britain, first expressed in the late nineteenth century, that the nation would be unable in the future to meet the continuing need for healthy Britons to administer, soldier and settle the Dominions.[69] Eugenics was a term coined in 1883 by English scientist Francis Galton to mean the "study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally."[70] Galton also developed the concept of "positive eugenics", to describe efforts to encourage certain, desirable groups to reproduce and of "negative eugenics", to talk of attempts to discourage the reproduction of other segments of society.[71] Until the 1930s and its disturbing application in Nazi Germany, eugenics would be considered a legitimate science by child welfare reformers in Britain, the United States and Canada, as we will see below. Thus, concerns over infant mortality were initially fuelled by both eugenic fears about the quality of future Britons and the annual reports from the Registrar-General which indicated that infant mortality was continuing to raise while general mortality was finally decreasing. In essence, to use Dwork's words, "during the last quarter of the nineteenth century fewer babies were born and, during the final years of

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[68] Lewis, 27.
[69] Dwork, 3.
[70] Quoted in Dwork, 8. Francis Galton, "Eugenics: Its Definition, Scope and Aims," *Nature* 70 (1904): 82.
[71] Dwork, 8.

that period, more of those born, died."[72] These findings were the ones echoed in the Inter-Departmental Committee report. By then, British casualties in the Boer War and the perceived poor health of potential recruits during this conflict had only served to increase fears about both the quality and the quantity of the next generation.[73] This anxiety regarding population was also strongly expressed during World War One when Britain suffered high losses.[74]

In the early twentieth century, young children were the most vulnerable to death and disease. Diarrhoea as the biggest killer of this age group got the most attention from both the British government and medical authorities. Services that were offered to mothers were geared towards preventing this type of illness and this goal would profoundly shape the structure of both maternal and infant care in England. Though diarrhoea was better understood than other illnesses in the early twentieth century, its aetiology was still unclear. Medical authorities were aware that infant diarrhoea was primarily an urban problem with the highest incidence occurring throughout the summer months.[75] They also agreed that contamination of some kind was responsible but were unsure if it was in the milk, soil or the home in general.[76] Despite this lack of consensus, medical authorities often blamed mothers for the disease, citing a failure to breast-feed or unsanitary practices.[77] In the early twentieth century, medical studies seeking to determine risk factors for infant diarrhoea had discovered that children were more likely to become ill if they were not breast-fed. Moreover, artificial milk was unlikely to be

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[72] Dwork, 3-6. For example, between 1876 and 1897 the death rate per 1,000 population dropped from 21,0 to 17.4. During the same time period, the infant mortality rate increased from 146 to 156.
[73] *Ibid.*, 11.
[74] Lewis, 28.
[75] Dwork, 27.
[76] Lewis, 62-64.
[77] *Ibid.*, 65.

clean at this time because of widespread unsanitary conditions on farms and in milk shops.[78] Further studies indicated that milk could act as the vehicle of infection for scarlet fever and diphtheria as well as intestinal illnesses.[79] These findings placed the onus of prevention firmly on individual mothers.[80] Practitioners quickly began to encourage breast-feeding and to recommend the sterilization of milk as a preventative measure.

In response to these studies, action was taken in the early twentieth century to secure a more sanitary milk supply, primarily by voluntary and local organizations. However, all the efforts in the late nineteenth and first half of the twentieth century were premised on the belief, espoused by medical officials, governments and voluntary organizations, that the real problem was not necessarily the milk supply but the widespread ignorance of mothers in regard to proper infant care and feeding. Medical officials believed diarrhoea was the result of the contamination of bottles and dummies in the home in addition to being caused by inherent impurities in milk.[81] Consequently, even programs that targeted milk supplies sought to incorporate education for mothers on hygiene.

In 1899, the first milk depot opened in England. It was strongly influenced by infant welfare programs in France, most especially one developed by Pierre Bridin.[82] Historians believe that the French became concerned with infant mortality about a generation earlier than the British because the French birth rate declined earlier and more sharply. Additionally, the French were spurred on, as the British would be during the

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[78] Lewis, 75.
[79] Dwork, 93.
[80] *Ibid.*, 27-36.
[81] Lewis, 61 and 65.
[82] Dwork, 94.

Boer War, by losses suffered in the Franco-Prussian War (1870-1871).[83] Beginning in 1892, Bridin set up a system of infant clinics in which the baby could be weighed and examined. They sought, as would similar clinics in Britain, to expose women to medical authority and advice. However, Bridin's primary objective was to encourage breast-feeding in all cases since, as in Britain, studies had shown that bottle-fed babies suffered from more diarrhoea. If nursing was not possible, Bridin's clinics would then also supply sterilized milk. His system, which benefited from philanthropic interest, had spread throughout France and seemed to help decrease infant mortality in this country. In consequence, British physicians turned to this model to develop their own programs. By 1902, there were milk depots in London, Ashton-Under-Lyne, Liverpool and Dukinfield. However, as early as 1904, there were signs that the French milk depot system, as adopted by British officials, was not proving to be as effective in transplanted soil. The milk that was available at the depots was too expensive for the women who needed it most. In addition, there was less philanthropist support for the scheme in Britain than there was in France. Ultimately, the network of health visitors, which had developed concurrently to the milk depots, would prove to have a longer-lasting success in Britain.[84]

Health visiting had begun in Britain in the 1890s and blossomed, in part, because of "professional dissatisfaction with the milk depot system [which] helped to create a new field of employment for women, as maternal education through health visiting became the preferred solution to the infant morbidity and mortality problem."[85] Health visiting also conformed with the on-going emphasis placed on maternal education by medical and state officials. These visitors, who could be salaried or volunteers, were

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[83] Dwork, 94.
[84] *Ibid.*, 95, 98-99, 102-105, 116, 122, 125.
[85] Ross, 208; Dwork, 129.

most usually women who called on mothers in their homes after the birth of a baby to advise them on issues such as antisepsis, breast-feeding and rickets. More generally, as Ellen Ross discusses in her study of London mothers in the years 1870-1918, the visitors were to encourage mothers to seek out and conform to medical opinion on all aspects of childhood.[86] The visitors would then report to medical or government authorities. Initially, there were no training standards for these positions but, in 1909, the Local Government Board, precursor of the Ministry of Health, determined that health visitors should be trained nurses and possess a certificate from the Central Midwives Board.[87] These regulations at first only applied to London but eventually many other cities and towns adopted the same standards.[88]

Elements of the milk depot system did remain in infant clinics and centres, which evolved and increased in number in the twentieth century. By 1908, a pattern of infant welfare work had emerged in Britain. In effect, "This system, which consisted of a maternity and child welfare centre offering a number of services (primarily a consultation, classes, milk, and meals) and operating in conjunction with domiciliary health visiting, developed rapidly throughout the next decade."[89] By 1917, there were 446 infant welfare centres operated by 321 voluntary organizations in England.[90] These centres, like Bridin's earlier clinics in France, would weigh the baby and provide advice on infant feeding and clothing. The focus was, however, still strictly on education with no medical care provided.[91] As previously discussed, historians disagree on why this

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[86] Ross, 209.
[87] Dwork, 156 and 160.
[88] *Ibid.*, 160.
[89] *Ibid.*, 162.
[90] Lewis, 96.
[91] *Ibid.*, 97 and 102-3.

occurred. Jane Lewis, in her book on maternal services in England during the first half of the twentieth century, asserts that education was preferred as a strategy because it was cheap, quick to implement and avoided more direct economic assistance.[92] However, Deborah Dwork's book, which examines the same time period and topic, argues that, on the contrary, education was an acceptable solution for physicians, health officials and mothers.[93] Whatever the reasons, the child welfare clinics in Britain remained strongly committed to an educational approach. The clinics continued to support breast-feeding and, increasingly, regularity in feeding.[94] Prominent doctor and infant welfare advocate, Dr. Truby King, discussed below, stressed that this regularity prevented over-working the baby's stomach, which he felt could led to diarrhoea, overfeeding and more dirty diapers.[95] Government involvement in infant welfare services increased after World War One, when the high casualties aroused once more public concern for the welfare of children and the future of the Empire.[96] The clinics and health visitors were still intended to influence mothers of young children. Simultaneously, reformers saw the potential of new compulsory education to train young girls in mothering skills. In 1910, the Board of Education suggested courses for girls with lessons on personal hygiene and infant care.

Pervading all these programs, and increasingly into the 1920s, the child-rearing advice in Britain began to stress more the "scientific management" of infant feeding, primarily through the application of rigid schedules.[97] Child-rearing manuals of the time promoted the notion that self-control, obedience, unselfishness, purity and truthfulness

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[92] Lewis, 220.
[93] Dwork, 164-5.
[94] Ross, 216-7; Lewis, 101.
[95] Christina Hardyment, *Dream Babies: Child Care from Locke to Spock* (London: Jonathan Cape Ltd., 1983), 181.
[96] Dwork, 208, 211-212.
[97] Lewis, 89, 91-93.

were ideals that could be inculcated into children through regular feedings, early toilet training and increased physical separation between the mother and child.[98] Underlying this approach, and very influential for British middle-class reformers, nurses and mothers, was the work of New Zealand doctor, Frederick Truby King. King had been educated at Edinburgh in the 1880s and, like many doctors of the period, became concerned about high infant mortality rates in his own country.[99] According to British psychiatrist Ann Dally, he concluded, after perfecting artificial milk that, "even babies living in the very poorest circumstances flourished if their mothers had been taught the value of proper and regular feeding, regular weighing, hygienic techniques and fresh air."[100] King advocated breast-feeding on strict four-hour schedules and early toilet-training. He published his manual *Feeding and Care of Baby* in 1913. As well as this influential printed text, King was invited by the British government in 1917 to establish Mothercraft Training Centres, to run alongside existing infant welfare clinics, similar to those established by his Royal New Zealand Society for the Health of Women and Children, first set up in 1907.[101] In New Zealand, the trained nurses of this society visited 80% of the country's mothers. By 1912, the infant death rate had dropped by 1,000 deaths per year. In the hopes of achieving similar results, the first Mothercraft centre in England opened at Highgate.[102] Perhaps the research of King, which allegedly suggested that maternal education could overcome any consequences of poverty, had an impact on the campaign's educational

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[98] Lewis, 101; Hugh Cunningham, *The Invention of Childhood* (London: BBC Books, 2006), 199.
[99] Hardyment, 176.
[100] Ann Dally, *Inventing Motherhood: The Consequences of an Ideal* (New York: Schocken Books, 1983), 81. In this book, Dally sets out to examine the construction of motherhood in Western countries, with a focus on England and the last two hundred years. She is particularly interested in analyzing how changing conceptions of motherhood have affected women.
[101] Lewis, 73 and 102; *The Encyclopedia of New Zealand,* 1966 edition, s.v. "King, Sir. Frederick Truby;" Comacchio,1993, 312.
[102] Hardyment, 177-9.

focus in Britain and elsewhere.[103] The ideas of King, which permeated maternal and infant welfare services in Britain well into the 1940s, were also influential for scientific motherhood in Canada.[104]

American Scientific Motherhood

The United States, like Britain and Canada, had problems and concerns surrounding infant mortality. Patterns of immigration, as well as the eugenic-inspired fears of the growth of an inferior population, made for anxieties specific to the country regarding "race suicide."[105] In the early twentieth century, a rapid influx of immigrants from southern and eastern Europe, as well as the presence of newly emancipated African Americans, fuelled fears that native-born white Americans would soon be outnumbered. Additionally, some social observers believed birth rates among native-born whites were decreasing at the same time as they were increasing among other, non-white groups. Therefore, maternal education in the United States aimed at decreasing infant mortality also sought to remind Anglo-American women of their child-bearing responsibilities.[106]

In the late nineteenth century, the United States instituted similar programs as in Britain. This was not a coincidence; government officials in many Western countries were aware of each other's activities in the field of child welfare. This cooperation would culminate in the third Congress on Infantile Mortality held in Berlin in 1911.[107] Prior to this, drawing on international models, the larger American cities had milk depots, the first established in 1893, and infant-welfare clinics.[108] As in Britain, the focus of

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[103] This potential connection between King's research and the educational orientation of the child welfare campaigns is not noted by Lewis or Dwork.
[104] Dally, 82; Comacchio, 1993, 150.
[105] Ladd-Taylor and Umansky, 10.
[106] Ladd-Taylor, 4-5.
[107] Arnup, 19 and 169n.
[108] *Ibid.*, 20.

these services was maternal education. Experts argued that the work world, for which children were being prepared by their mothers, was increasingly organized along managerial and professional lines. Therefore, "It stood to reason...that middle-class motherhood should become a vocation more akin to professional management." This attitude, which would appear in Canada as well, was strongly inspired by the work of the American engineer Frederick Winslow Taylor.[109] He helped, beginning in the late nineteenth century, to spearhead the professionalization of management and an all-out campaign for systematization in the industrial workplace.[110] By the 1920s, his principles of scientific management, emphasizing order and efficiency above all else, had permeated many aspects of society, including, perhaps surprisingly, child-rearing advice.

Influenced in part by this philosophy medical doctors, like King, began to advocate a more regimented childhood. Chief amongst proponents of this approach was pediatrician Dr. L. Emmett Holt. He became a popular expert and American counterpart to Truby King when his manual *The Care and Feeding of Infants* was first published in the 1890s. He advocated a routinized childhood with feeding, sleeping and even crying strictly on schedules. He also treated mothers as scientific professionals.[111] Holt's philosophy of child care reflects that, as fertility rates began to decline in the late nineteenth century and women had fewer children to care for, "Mothers were expected [by society] to monitor the mental, physical, and spiritual growth of their children, with the assistance of physicians, clergymen, educators, and the soon-to-be-professional social workers and child psychologists."[112] Experts at this time hoped that their new methods

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[109] Hulbert, 36.
[110] Comacchio, 1993, 117.
[111] Hulbert, 67 and 70.
[112] Grant, 18.

would create ideal child-rearing by combining mother's natural love with scientific expertise.[113] Simultaneously, at the turn of the century, these experts, mostly medical doctors, were able to adopt an increasingly authoritative style as the American medical profession gained in organization, prestige and power.[114] This same process would occur somewhat later in Canada and will be discussed more in Chapter 2.[115]

By the 1920s, the tenets of scientific motherhood were coalescing and a systematic campaign began "based on the premise that scientific knowledge should displace common sense as the final determinant of effective child-rearing strategies."[116] In effect, during this decade, medical discourse firmly established the ideal of "the hierarchical relationship of scientific motherhood with the authoritarian physician, usually male, who gave directions to the passive, submissive mother."[117] According to Grant's study of American parenting advice in the twentieth century, childhood was increasingly depicted as a complicated and vulnerable period of life which a mother could not possibly manage without expert help.[118]

The transformation of scientific motherhood into a wide-reaching campaign was also greatly influenced by developments within psychology, most especially the growth of behaviourism, pioneered in the United States by John B. Watson.[119] Behaviourism is defined as "The school of psychology...that studies only unambiguously observable, and preferably measurable, behaviour."[120] The discipline was strongly associated with the work of Ivan Pavlov in Russia and was introduced to American psychology by Watson.

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[113] Ladd-Taylor and Umansky, 9.
[114] Apple, 2006, 36-7.
[115] Comacchio, 1993, 22.
[116] Grant, 4.
[117] Apple, 2006, 57.
[118] Grant, 10.
[119] Apple, 2006, 57.
[120] Ian H.L. Hunter, "Behaviourism," in *The New Fontana Dictionary of Modern Thought,* 2000 ed., 70.

Generally speaking, behaviourists are interested in conditioned-response techniques and environmental control of behaviour.[121] Building on these concerns, Watson argued that nearly all behaviour was shaped by specific external stimuli in the child's environment.[122] Thus, he believed that with proper training, all behaviour problems in children could be eliminated. Also, influenced by the work of Holt and others, behaviourists called for a childhood structured around schedules and routines. "Good" habits in eating, sleeping and elimination were to be instilled in children from the beginning, whereas "bad" habits, such as thumb-sucking, masturbation and temper tantrums were to be avoided at all costs. Mothers in the 1920s were also adjured to avoid bestowing excessive attention and affection on their infants.[123] Watson went so far as to argue that mother love and nurturing, seen as key components in earlier expert advice, were unnecessary and even potentially dangerous to the developing infant.[124] Behaviourism would also be very influential in Canadian child-rearing texts, as I will discuss below.

Many of these ideas persisted into the 1930s and 1940s in the United States, but also evident in these decades was a shift towards more flexible child-rearing methods. According to historian Rima Apple, doctors in this period moved away from the strict hierarchical relationship common to the 1920s and towards a dynamic in which the needs of mothers were considered to a much greater degree.[125] Throughout the 1930s, experts were discouraging rigid schedules in infant care. The Depression effectively threw into doubt widespread and popular faith in the abilities of science in general and behaviourism

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[121] Hunter, 70-71.
[122] Comacchio, 1993, 129. Despite this claim, behaviourists, outside the area of intelligence, did little scientific research to prove that heredity was nearly inconsequential in the development of the child.
[123] Grant, 41-5.
[124] Ladd-Taylor and Umansky, 11.
[125] Apple, 2006, 108.

more specifically to fix social problems. Psychoanalysis, with its emphasis on the unconscious, also became more influential. However, this did not really undermine the position of the expert vis-à-vis- the parents in child-rearing, since a certain expertise was required to interpret the needs and expressions of the unconscious mind.[126]

The postwar years in the United States and in Canada were marked by a more complete break from the principles of scientific motherhood. American parents, continuing the trend begun in the 1930s, were increasingly doubtful about "scientific" methods. This shift will be outlined in more detail in Chapter 2. Additionally, as discussed by Magda Fahrni in her book on postwar Montreal families based on government records, papers of agencies and other sources, people in North American cities, most especially mothers, had an increased sense of consumer consciousness. This was due in part to the intense government attention given to the role of the consumer during wartime rationing and price controls. Drawing on this experience, North Americans began to demand more power and involvement in consumer issues during the postwar period.[127] This activism may also have extended into the realm of child-rearing advice as mothers began to call for more receptive experts. Consequently, a new generation of "popular experts had become less scientific and more sympathetic models of the responsive support that mothers and fathers, in turn, were now supposed to provide their children."[128] Experts were still seen as very necessary to parents as "What this self-conscious, disoriented postwar mother was judged to require was expert empathy to help

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[126] Grant, 162, 166-7.
[127] Magda Fahrni, *Household Politics: Montreal Families and Postwar Reconstruction* (Toronto: University of Toronto Press, 2005), 108-114.
[128] Hulbert, 207.

her overcome the insecurity that the experts had helped create."[129] Baby books increasingly became the vehicles of transmission for new child-rearing ideas in the 1950s. They had a special appeal for the mothers of baby-boomers, isolated in their suburban homes.[130] In addition, postwar mothers often embraced baby books due to little previous experience with infants. This reality reflected the decrease in family size which began in many Western countries in the nineteenth century.[131]

Dr. Benjamin Spock, the pediatrician introduced earlier, epitomized this new generation of experts and offered to mothers a relaxed approach based on a, if not equal, at least collaborative partnership between expert and mother.[132] He assured mothers that they could raise their children quite successfully by trusting their own instincts and the advice of their doctors.[133] In this way, there was perhaps a return to earlier advice which sought to combine mother's love and scientific knowledge in child-rearing. The work of Spock also demonstrated the increasing influence of psychology in child-rearing advice. Though a pediatrician, Spock stated that he wished to write *The Common Sense Book of Baby and Child Care* because he felt that psychology was an important, and yet overlooked component, in child-rearing.[134] The rise of psychology in North American society will be more extensively explained in Chapter 2.

The advice in the immediate postwar period also suggested, contrary to the scientific motherhood of the 1920s, that children should be allowed to express themselves. Temper tantrums, for example, were interpreted as a normal part of growing

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[129] Hulbert, 210.
[130] Grant, 202. Comacchio, 1993, 206. Comacchio describes how Canadian mothers in the 1920s and 1930s living in rural or outpost communities felt a similar sense of isolation and a similar gratitude for publications on pregnancy and child-rearing.
[131] Apple, 2006, 6 and 123.
[132] *Ibid.*, 127.
[133] Grant, 221-2.
[134] Apple, 2006, 117.

up. According to Julia Grant, this shift in the advice began to occur during World War Two when American parents were urged to construct families around democratic principles. Experts speculated that families characterized by authoritarian methods had contributed to the establishment of fascism in Germany. Studies produced in the 1940s also demonstrated that behaviourist parenting could be harmful to children's development.[135] In the late 1940s and 1950s the experts stressed that parenting should be easy, pleasurable and fun. Unfortunately, as Grant's study of advice and mothers' clubs from the 1920s to the 1950s shows, "The expectation that the emotionally adjusted mother would suffer no doubts about her profession but commit herself cheerfully to the care of her husband and children intensified the feelings of inadequacy of mothers who were less than fully satisfied with their situation."[136] Therefore, as in the era of scientific motherhood, parenting was still seen as a profession but it was now one that should be embraced with acceptance and satisfaction. American experts continued to portray mothers who were unable or unwilling to share this interpretation as responsible for their children's problems. In the 1950s, neo-Freudian thought, which placed huge importance on the maintenance of the individual's ego, together with psychoanalysis, strengthened this tendency to blame mothers by suggesting that all psychic distress was caused by problems within the family.[137]

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[135] Grant, 182-184.
[136] *Ibid.*, 204, 209-210.
[137] Ladd-Taylor and Umansky, 12 and 13. Renée Paton-Saltzberg, "Neo-Freudian" in *The New Fontana Dictionary of Modern Thought,* 2000 ed. The most important neo-Freudian was Erik Erikson who described maturation as a series of ego conflicts which need to be resolved in order for the child to develop well.

History of Scientific Motherhood in English Canada

In English Canada, high rates of infant mortality were not really identified as a social problem, requiring large-scale government intervention, until the first decade of the twentieth century, just before and during World War One.[138] Until the nineteenth century, infant mortality corresponded to a high general mortality.[139] Nevertheless, even when medical developments allowed for a decrease in the overall mortality, the deaths of babies in Canadian society were still often faced with resignation and even, eventually, with Darwinist justifications.[140] Contributing perhaps to this disinterest, was the fact that nineteenth-century Canada continued to have high birth rates and a steady influx of new, apparently acceptable, settlers.[141] Only with the beginning of large-scale immigration from southern Europe, as in the United States, with the loss of population during World War One and the influenza epidemic that followed did medical officials, governments and social reformers decide to tackle the problem of infant mortality in English Canada. In the war, Canada suffered 250,000 casualties and about 50,000 more died in the epidemic.[142] Additionally, many recruits, as in Britain's Boer War, had been found unfit for military service. In conjunction with a declining birth rate and changing immigration patterns, these events triggered fears of "race suicide" and increased the popularity of eugenic arguments as they had done earlier in the United States.[143]

At the start of the twentieth century, one in five Canadian babies died before their second birthday.[144] The 1901 census recorded an infant death rate of 120 per 1,000 live

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[138] Comacchio, 1993, 17.
[139] Arnup, 16.
[140] Comacchio, 1993, 17.
[141] Sutherland, 57.
[142] *Ibid.*; Arnup, 19.
[143] Comacchio, 1993, 56-8.
[144] *Ibid.*, 3.

births, a figure identical to that of Britain.[145] In the United States, the number was even higher at 162.4 per 1,000 births in 1900.[146] By the early 1900s, Canadian research had identified prematurity and congenital debility, intestinal disorders and respiratory diseases as the three leading causes of death in the first year of life. The best-known survey on infant mortality in Canada at this time was conducted by Dr. Helen MacMurchy, an activist and public health administrator. Her reports were commissioned by the Ontario government and published in 1910, 1911 and 1912. She found that of the 52,629 births in Ontario in 1909, 6,932 had died before their first birthday. As in Britain, Canadian studies confirmed that intestinal illnesses had the highest incidence in the summer months among bottle-fed, urban-dwelling babies.[147] Throughout the nineteenth century and well into the twentieth, many Western cities lacked clean water and proper sewage systems.[148] By 1914, in addition to these more general problems of urban sanitation, doctors, both in Canada and abroad, had accepted that the immediate cause of acute intestinal problems in young children was contaminated milk, made so by unsanitary handling and storage. By 1920, Canadian physicians were asserting that a pure milk supply was necessary to eradicate many illnesses in children.[149] In the pursuit of this goal, Canadian doctors, like their British colleagues, focused primarily on the education of mothers and insisted "that it was not material circumstances that counted, but attitude and receptivity to expert instruction."[150] Thus, doctors often ignored socio-economic barriers to medical care.

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[145] Comacchio, 1993, 37.
[146] Apple, 2006, 158.
[147] Comacchio, 1993, 36-38.
[148] Arnup, 14.
[149] Comacchio, 1993, 44-5.
[150] *Ibid.*, 110-111.

As in British studies by Lewis, Ross and Dwork, Canadian scholars have analyzed why doctors adopted this attitude and chose to disregard research that connected poverty, more than anything else, to poor health and the deaths of babies.[151] Katherine Arnup argues that it was simply inexpensive and convenient to blame mothers for high infant mortality rates.[152] She does add that doctors, as well as other social reformers, were worried that a focus on poverty would invite the state's usurpation of the traditional responsibilities and prerogatives of the family.[153] Cynthia Comacchio presents a more complicated picture of medical motives and asserts that Canadian doctors wished to both save babies and control mothers.[154] In so doing, they hoped to construct a place for themselves in the modern Canadian family by getting mothers to accept theirs as the superior knowledge.[155] Perhaps more significantly, doctors did not want to compromise their growing power and legitimacy in Canadian society by suggesting that the state become involved in the provision of health care in order to alleviate the effects of poverty.[156]

Like in Britain and the United States, there had been some early efforts to fight impure milk. Voluntary organizations in Toronto and Montreal had established milk depots by 1901. The work of Dr. Helen MacMurchy, cited above, was very influential, along with British and American models, in structuring these and other infant welfare programs. Her published reports recommended, amongst other things, continuing efforts to ensure clean milk.[157] Sharing MacMurchy's concern over infant mortality, the

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[151] Comacchio, 1993, 13; Arnup, 22.
[152] Arnup, 42.
[153] *Ibid.*, 25.
[154] Comacchio, 1993, 11.
[155] *Ibid.*, 93.
[156] *Ibid.*, 14.
[157] Arnup, 26, 21-2.

Canadian Medical Association had already appointed in 1908 a Milk Commission to investigate and recommend standards for milk collection, inspection, storage and delivery.[158] Many provinces, including Ontario, implemented these suggestions.[159] In the early 1900s, the Municipal Act of Ontario was amended to allow municipalities to license and regulate milk vendors. Following World War One and the more intense government activity over child welfare the conflict entailed, this legislation was superseded by the Dairy Standards Act, which placed milk regulation under uniform provincial jurisdiction in Ontario. This early legislation did serve to increase inspection regulations; however, none of it compelled local governments to enforce pasteurization. This would not happen until 1938.[160]

Following the same pattern as other nations, the Canadian milk depots set up in major cities quickly evolved into more general infant clinics.[161] According to historian Neil Sutherland's study of English-Canadian child reformers, infant welfare efforts in Hamilton were typical of those undertaken in many Canadian cities. They also demonstrated the growing cooperation of government and voluntary organizations in these projects. In 1909, Hamilton's Board of Health and Medical Association established its own Milk Commission and two milk depots. These centres quickly became infant health clinics which encouraged prenatal visits and infant examinations.[162] The clinics initially gave out only feeding advice but soon became centres for maternal education and supervision in scientific child-rearing. Clinics opened in Toronto, Ottawa and London as

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[158] Comacchio, 1993, 45.
[159] Sutherland, 60.
[160] Comacchio, 1993, 45-6.
[161] *Ibid.*, 47.
[162] Sutherland, 61.

well as Hamilton.[163] As the decade wore on, home visits, conducted by public health nurses, became, as in Britain, the core of infant welfare work.[164] Regardless of the specific vehicle of aid, reformers in Canada and abroad remained convinced into the 1920s that clinics and home visits should always focus on education. As previously outlined, embedded in milk depots, clinics and other programs, was the assumption on the part of child welfare advocates that maternal ignorance was a large contributing factor in the deaths of babies.[165] Their focus on education, and their indifference to factors such as poverty in infant deaths, reflected this belief. Despite the resultant limits of the campaign, it did contribute to the decline of intestinal diseases and general infant mortality rates through its encouragement of breast-feeding, its success in improving the quality of milk and its helpful instruction in the care of infants. In addition, the structure of infant welfare services established during these decades, consisting primarily of clinics and visiting nurses, would lay the foundations for more centralized services in the interwar period.[166]

By the 1920s, some improvement in the rates of infant mortality had been noted, most especially, as we have seen, a decrease in the deaths caused by diarrhoea. There was, therefore, a new medical interest in prematurity, another important contributor identified by MacMurchy in infant deaths. To understand these deaths, doctors began to focus on the behaviour and conditions of both the mother and the foetus in the prenatal period. Moreover, as infant mortality rates dropped and formula improved, the experts of the 1930s examined much more the psychological well-being of the child instead of the

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[163] Comacchio, 1993, 47-50.
[164] Sutherland, 61.
[165] Comacchio, 1993, 51-2.
[166] *Ibid.*, 62.

exclusively physical issues of feeding, sleeping and toilet training.[167] At the same time, doctors were seeking to apply a new child-rearing orthodoxy in the 1920s which focussed on the need for regularity, repetition and scheduling.[168] Like in the United States, Canadian medicine at this time was inspired by both the growth of behaviourist psychology and the work of American engineer, Frederick Winslow Taylor. Canadian doctors hoped that the good management of mothers, beginning in the prenatal period, would result in safe pregnancies and healthy children. In general, "Training, organization, and efficiency, as taught by medical experts, would combat high rates of infant and maternal mortality, thus meeting the perceived threats of national degeneration by upgrading overall health and productivity."[169] Underpinning these ideas, doctors continued to believe into the 1930s that the ignorance of mothers was to blame for high infant mortality. Mothers, for their part, were receptive to expert advice on child-rearing as they were moving geographically away from their families in greater numbers and, thus, were more vulnerable when they "were confronted with the crumbling of the traditional childrearing culture and urged to embrace scientific methods at a time when there was a pervasive faith in science."[170]

In keeping with this new philosophy and their concern about the prenatal period, doctors in the 1920s tried to be involved in every stage of a woman's pregnancy. Up to this point, in Ontario, for example, most pregnant women saw a doctor only during labour and delivery, if then. Contrary to these common practices, the medical profession asserted that every aspect of pregnancy required medical supervision in order to ensure

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[167] Comacchio, 1993, 124.
[168] *Ibid.*, 117.
[169] *Ibid.*, 67.
[170] *Ibid.*, 87 and 94.

the best outcome. Doctors urged women to consult them as soon as they discovered they were pregnant in order to obtain advice on topics such as diet, exercise and rest. Doctors hoped that maternal education in the prenatal period would prevent any future potential problems with child health and childrearing.[171] An interest in the health and well-being of pregnant women was also expressed, as part of the larger child welfare movements, by reformers in the United States and Britain.[172]

Despite this new focus on the prenatal period, Canadian doctors still devoted a lot of attention and advice to the care of the infant and young child. In this, they were again strongly influenced by scientific management ideas for the industrial sector and "The emphasis on ingrained discipline, clockwork regularity, and mechanical efficiency made parents responsible more for engineering and managing children than for nurturing them."[173] Behaviourism, as previously discussed, also affected this parenting advice and focussed on the development of self-control in children through habit training.[174] As we have seen earlier, its founder, John B. Watson, discounted all but environmental influences on the developing child and argued that behavioural conditioning could produce desired results.[175] This habit training, as it was called by child-rearing experts, was at the core of scientific motherhood as "Experts believed that the early habits of eating, sleeping, and elimination formed the building blocks for the later development of social and emotional habits."[176] Through careful or poor parental management, children

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[171] Comacchio, 1993, 105-108.
[172] Lewis, 117; Ladd-Taylor, 82-4.
[173] Comacchio, 1993, 117.
[174] *Ibid.*, 129 and 132.
[175] *Ibid.*, 129 and 131.
[176] Arnup, 86.

could develop "good" habits such obedience or "bad" habits such as nail-biting and bed-wetting.[177]

Other international influences were also at work in the development of Canadian scientific motherhood. Watsonian behaviourism clearly built on the philosophy of American pediatrician L. Emmett Holt. In addition, Holt's British counterpart, Frederick Truby King, also had an impact on child welfare programs in Canada. Though sharing many ideas, as we will see below, Canadian advocates of scientific motherhood did not embrace King's regimen as wholeheartedly as their British colleagues. For example, King allowed the nurses who worked in his clinics to prescribe infant formula if all attempts at breastfeeding had failed. Canadian doctors, including prominent pediatrician Dr. Alan Brown, believed that this decision should remain in the hands of doctors exclusively. According to Comacchio, North American physicians feared that allowing nurses to independently make such important decisions on infant care would seriously undermine their own position in child welfare campaigns.[178]

Having explained the general philosophy of scientific motherhood, I will now provide a more detailed overview of the advice on infant feeding, sleeping and toilet training. This discussion will provide context for my own analysis in Chapters 3 and 4. Much of the advice in the 1920s and 1930s, as would also be the case in the 1960s and 1970s, was concerned with infant feeding. All the experts advocated breast-feeding, even though bottles were becoming increasingly popular, and characterized women who chose not to do so as failing in their duty. Dr. Helen MacMurchy already used this type of argument, which linked breast-feeding to patriotism, when she said in 1913 that "The

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[177] Comacchio, 1993, 127.
[178] *Ibid.*, 150-1.

greatest safeguard for the little Baby's life is nursing at the Mother's breast...If fed any other way, the chances are great that you will bury your Baby. The fact should be known to every voter in Canada. We cannot rear an Imperial race on the bottle. When a Canadian sees the mother of his child nursing that child at her breast, he sees her doing something of Imperial importance."[179] Many experts at the time also stressed that nursing was superior simply because it was natural and breast milk was intended for the baby. At the same time, though, in recognition of the rising popularity of bottle-feeding due, in part, to better formulas produced and promoted by doctors themselves, the medical establishment, while blaming working mothers for failing to nurse, did support bottle-feeding if it was carried out under supervision.[180]

Whether advocating bottle- or breast-feeding, all the Canadian advice in the interwar period, as well as that produced in Britain and the United States, as we have seen, was firm that infants needed to be fed on a fixed schedule.[181] The precise interval between feedings was to be determined by the doctor based on the infant's weight.[182] In feeding practices, as in all areas of infant care during scientific motherhood, "The needs of the individual infants and their mothers' instinctive responses were to be surrendered to the dictates of the clock, which was depicted as the indispensable tool of modern childrearing."[183] According to scientific motherhood experts, if the child woke before the appointed feeding time he or she was only to be given water. Conversely, the child was to be woken by the mother if he or she was not awake at the proper feeding time.[184] The

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[179] Quoted in Comacchio, 1993, 120. Dr. Helen MacMurchy, *A Little Talk About the Baby* (Toronto 1913), 3.
[180] Comacchio, 1993, 121-122.
[181] Arnup, 102; Dally, 81; Hulbert, 67 and 70.
[182] Arnup, 102.
[183] Comacchio, 1993, 117-8.
[184] Arnup, 102 and 86.

advice suggested that "The baby is fed at that interval for a given length of time. Then he is put down, and no protests on his part will avail until the time for the next feeding arrives. This means that the child learns to be hungry not so much by his sensations as by the clock. In other words, he is becoming conditioned to a part of experience originally quite foreign to the hunger sensation."[185] Infant weight gain was seen, as in previous decades, as an important sign that the child was thriving, and mothers were often specifically blamed for an infant who did not gain as quickly as the experts believed he or she should.[186]

Diet continued to be an area of expert concern after the child was weaned, which occurred sometime before the ninth month.[187] Some experts said that no solid food was to be introduced before the sixth month because the baby's digestion simply could not handle it.[188] As with breast- or bottle-feeding, the mother was to be fully in charge and determine what and how much a child should eat. In effect, "The management of the youngster's diet and eating habits was vital not only for its physical development but also as proof of maternal control." Food fussiness or refusing food was seen as a very bad habit.[189] Advisers believed that children should eat what they were given and often suggested withholding food to cure any food aversions. For example, Dr. Alan Brown advised in 1932 to deal with this problem that "The child is undressed and placed in bed...He is allowed water to drink in plenty. For the first day he is given four ounces of plain chicken- or mutton-broth every three hours. The second day he receives six to eight

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[185] Quoted in Arnup, 102. William Blatz and Helen Bott, *Parents and the Pre-School Child* (Toronto and London: J.M. Dent 1928), 78.
[186] Comacchio, 1993, 123.
[187] Arnup, 109.
[188] Ross, 217.
[189] Comacchio, 1993, 137.

ounces of the broth at three-hour intervals. On the third day he is usually ravenously hungry, and is then given three of four good meals. If he has any special dislike for any article of food, that is included in the first meal."[190] Experts also suggested that if a child developed a dislike of any particular food, he or she was to be given only that food till he or she submitted to parental demands.[191] The experts did not think, as they would later, that a child could express food preferences.

An infant's sleep patterns were also strongly governed in the 1920s and 1930s by rigid schedules. Canadian, as well as American and British, mothers were told to firmly put a child to sleep at the designated time and not respond to any crying.[192] Crying was seen as one of the worst infant habits and one that would quickly escalate if a child was picked up every time he or she cried.[193] The use of pacifiers, comforters or maternal rocking was strongly prohibited.[194] Experts asserted that "If there is anything really wrong with the baby, rocking will not help. In addition the baby soon learns to demand this and other attentions. The habit is hard to break and causes a great deal of unnecessary trouble for the other members of the household."[195] In fact, mothers were urged to limit all physical contact with their infants as a means to increase independence in the child and decrease the risk of germ transmission.[196] Experts argued that proper fresh air, exercise and adherence to the schedule would prevent any sleeping difficulties

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[190] Quoted in Arnup, 110-111. Dr. Alan Brown, *The Normal Child: Its Care and Feeding* (Toronto: McClelland and Stewart, 1932), 151.
[191] Comacchio, 1993, 137.
[192] Arnup, 90; Grant, 141; Dally, 81.
[193] Comacchio, 1993, 135.
[194] Arnup, 90; Grant, 141.
[195] Quoted in Arnup, 90. Frederick Tisdall, *The Home Care of the Infant and Child* (New York: William Morrow, 1942), 57.
[196] Comacchio, 1993, 118.

in infants and small children. Any problems that did crop up were, consequently, blamed on poor habit training and poor parenting.[197]

The topic of toilet training also received a lot of coverage in advice manuals from the 1920s and 1930s. Advocates of scientific motherhood, in Canada, the United States and Britain believed in the benefits of early training and argued that "With patience, a baby can be trained at an early age to regular toilet habits."[198] According to this method, mothers were to begin toilet training as early as two weeks by holding "a small (warmed) basin or mug firmly in the lap. Place the baby above this with feet extended in the hands, back resting against the mother's breast. This should be done at regular times for stools, morning and afternoon. Place the baby on the basin at regular intervals when awake or before feeding for urination. Such a procedure will reduce the number of diapers."[199] As with other aspects of scientific motherhood, regularity was deemed very important in toilet training. Using this method, some advisers boasted that children could be out of diapers by their first birthday.[200]

As I have already outlined, after World War Two, the expert approach became more flexible and child-centered as many ideas about habit-training had been rejected.[201] By the 1950s, common sense had become a very important adage in childrearing advice and, in addition, the experts were much more likely to take into account the individual differences of babies.[202] This contrasted sharply with behaviourism which sought to

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[197] Arnup, 90.
[198] Quoted in Arnup. Ernest Couture, *The Canadian Mother and Child* (Ottawa: King's Printer, 1940), 97; Grant, 146; Dally, 81.
[199] Quoted in Arnup, 92. Ontario Department of Health, *The Baby* (Toronto: Ontario Department of Health, 1920), 45-6.
[200] Arnup, 93.
[201] *Ibid.*, 84 and 87.
[202] *Ibid.*, 87 and 91.

discount all hereditary and inherent traits within infants.[203] Nevertheless, "Despite the more flexible approach prescribed in the post-war literature, regular hours for bedtime and training in proper bedtime routines were still stressed."[204] In regard to feeding advice, experts, such as Dr. Spock, still continued to recommend breast-feeding if possible; however, "While publications of the interwar years uniformly recommended strict adherence to a four-hour schedule, authors in the post-war period began to advocate a less structured approach to breast-feeding."[205] Many felt that babies would establish an eating pattern that was best suited for their needs and the 1953 *The Canadian Mother and Child* accepted this type of self-demand feeding.[206] More significantly than these changes in feeding advice, Canadian experts began to express reservations about early toilet training. Indeed, by the early 1950s, many were arguing that training could not possibly begin before the first birthday and that earlier attempts might in fact lead to later problems. Postwar authors were much less likely to offer specific timetables for training. They also urged mothers to be casual and friendly in regards to training.[207] Concerns over early toilet training would continue to increase and be more strongly expressed in the 1960s and 1970s.

Scientific Motherhood in Other Regions of Canada

Since my thesis focuses on English publications and, thus, English-Canadian doctors and their advice, I thought it would be useful to briefly note here developments within French Canada, most specifically in Quebec. With a few differences, Quebec experienced similar responses to infant mortality in the twentieth century, including the

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[203] Comacchio, 1993, 128-9.
[204] Arnup, 91.
[205] *Ibid.*, 96 and 105.
[206] *Ibid.*, 105-6.
[207] *Ibid.*, 95.

development of scientific motherhood. As suspected by contemporaries, Quebec did have a higher infant mortality rate than the rest of Canada in the years 1910-1970. In fact, between 1926 and 1945, the infant mortality in Quebec was 62-67% higher than in Ontario during the same years.[208] Also, within Quebec, infant mortality was always highest in francophone areas.[209] Denyse Baillargeon asserts that this heightened infant mortality was due to numerous factors, including the tendency of Quebec doctors to embrace a wider interpretation of newborn life signs and the practice of putting abandoned babies in orphanages rather than foster homes. She argues that "La tendance à considérer comme vivants des enfants mort-nés pour leur assurer le baptême, tout comme l'habitude de confier les enfants abandonnés à des institutions religieuses sont en effet dictées par les croyances et le mode confessionel d'organisation de l'assistance propres à la communauté franco-catholique."[210] In addition, though doctors in Quebec knew bottle-feeding could lead to diarrhoea, French-Canadian mothers in the early twentieth century breast-fed less than other groups. Baillargeon speculates that this, in turn, may have been the result of larger families; more children in the house meant women had less time to devote to breast-feeding.[211]

Quebec medical elite and other reformers shared with their English-Canadian counterparts the suspicion that high infant mortality could lead to the cultural death of the nation; however, in the case of Quebec, the nation referred to was more often the distinct French collective within Canada. As in English-Canada, doctors throughout the first half of the twentieth century blamed mothers' ignorance for the death of babies and identified

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[208] Baillargeon, 33 and 35.
[209] *Ibid.*, 39.
[210] *Ibid.*, 46.
[211] *Ibid.*, 55 and 57.

maternal education as the only solution.[212] They hoped, as did their colleagues in the rest of Canada, to influence mothers through the services offered. In 1901, Montreal became one of the first Canadian cities to open a milk depot. Infant clinics also opened and were privately run till after World War One when cities began to participate more. For example, the city of Montreal opened fourteen clinics for newborns in 1918. In these clinics, and others across the province, babies were weighed and their diets discussed. Also, in this period, nurses and female volunteers visited homes to educate mothers and convince them to come to the clinics. Infant clinics increased especially during the 1930s in Quebec.[213]

By the 1920s, Quebec doctors shared their English-speaking colleagues' preoccupation with regularity and productivity. They likewise embraced scientific motherhood and advocated that all the activities of young children should be regulated by the clock and that physical contact should be minimized. Only after World War Two did Quebec doctors recognize the links between poverty and health.[214] In the postwar years, as in English-Canada, Quebec childrearing experts rejected the idea of putting infants on rigid diets and schedules.[215] Thus, leaving aside a higher infant mortality rate and more specific fears about the survival of French-Canada, doctors in Quebec appear to have been quite similar to those in English Canada. Early in the twentieth century, they all identified impure milk and maternal ignorance as problems, they all participated in the establishment of milk depots and infant clinics and they all, as the 1920s dawned, embraced the principles of the scientific management of children.

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[212] Baillargeon., 65-66.
[213] *Ibid.*, 138, 142-4, 150, 143.
[214] *Ibid.*, 112-3, 116.
[215] *Ibid.*, 129.

Chapter 2-The Shifting Context of the "Family" and the "Expert" in the 1960s and 1970s

In the previous chapter, I provided background to the scientific motherhood campaigns of the 1920s and 1930s and discussed shifts in child-rearing advice right up till 1960. Now, I will attempt to analyze the changing nature of both parenting and expert advising in the 1960s and 1970s. Special attention will be given to the child-centric nature of postwar society, reflected in suburbs, the twentieth- century changes in Western medicine, including the growth of pediatrics and dietetics, and the rise of psychology as a profession. I believe these factors in particular had the most impact on the advice examined in this thesis. The development of second-wave feminism and groups like La Leche League also had a more precise effect on feeding advice. Because of this wide range of topics, this chapter has drawn on a diverse and extensive secondary literature on the postwar family, feminism, twentieth-century medicine and psychology. It is necessary to understand these changes as they often had a direct relation to the child-rearing advice, which will be analyzed in detail in Chapters 3 and 4.

Postwar Retreat to Domesticity, Suburbs and the Postwar Family

Following World War Two, a model of family life was constructed in Canada that would, in many ways, remain in place into the 1960s. With the end of the conflict, the values of marriage and family were elevated to new levels. Indeed, according to Canadian historian Doug Owram, "The young adults of the 1940s were the most domestically oriented generation of the twentieth century."[1] This orientation translated

[1] Doug Owram, *Born at the Right Time: A History of the Baby Boom Generation* (Toronto: University of Toronto Press, 1996), 12.

into a social norm that stipulated a male breadwinner and a female household manager.[2] In the postwar period, and the early Cold War, great expectations were placed upon families in North America in general. The concepts of domesticity, traditional gender roles and the exultation of motherhood were not new, but the Cold War modified these discourses in particular ways. According to Mary Louise Adams in her study of postwar sexuality, "As represented by married, middle-class heterosexual couples and their legitimate offspring, the ideal family was at once seen as a source of affectional relationships, the basis of a consumer economy, a defense against communism, and a salient metaphor for various forms of social organization."[3] The promotion of the family as a defence against communism occurred in part because the middle-class family was seen as the chief support of the economy, as well as the primary site of moral education in democracy. The Western family was to guard against the lure of communism by raising healthy, morally responsible children who would continue to fight against this menacing ideology. This strategy contributed to the fear that the survival of the middle-class family in Western countries and democracy were inextricably linked.[4] Thus, the Cold War served to intensify the sense of crisis which had surrounded the Canadian family throughout the twentieth century.[5] Women were assigned a central role in the preservation of this family and were told by "Every magazine, every marriage manual, every advertisement, and the entire cultural milieu...[that] the family was based on the single, male wage-earner and the child-rearing, home-managing housewife."[6] This same

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[2] Owram, 22.
[3] Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997), 20.
[4] *Ibid.*, 25.
[5] Cynthia Comacchio, *The Infinite Bonds of Family: Domesticity in Canada, 1850-1940* (Toronto: University of Toronto Press, 1999), 4. See this source for a discussion of this crisis discourse.
[6] Owram, 22.

culture inculcated the message that mothers were not only responsible for the well-being of their children, but that the collective well-being of society was better served when women stayed at home.[7]

Though strongly associated with North America in the 1950s and 1960s, suburbs were not a unique phenomenon to this time. These developments had sprung up in many large cities following the Industrial Revolution when middle-class families, financially able to do so, chose to build homes away from the increasing noise, pollution and overcrowding of the city centres. As would be the case a century later, improvements in transportation, most notably railways and streetcars, had long made suburbs possible.[8]

Despite similarities, suburbs in the postwar period were different from those that had come before because they were extremely child-centered.[9] Housing had been in decline since the start of the Depression. After the war, the availability of mortgages, the low land costs and builders' incentives created a huge increase in both single-family construction and owner-occupied houses[10]. In addition, the 1950s and 1960s were marked by a strong Canadian economy, high employment and general prosperity, conditions that encouraged increased home ownership.[11] Perhaps more importantly, as discussed above, postwar couples, having survived Depression and war, embraced a vision of the nuclear family which emphasized the need for and centrality of the secure, single-family home.[12] In the fifteen years after the end of World War Two, more than

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[7] Veronica Strong-Boag, "Home Dreams: Women and the Suburban Experiment in Canada, 1945-1960," *Canadian Historical Review* 72, 4 (1991): 475.
[8] Owram, 57-9. For a detailed case study of the development of a nineteenth-century middle-class neighbourhood, see Richard Sennett, *Families Against the City: Middle Class Homes of Industrial Chicago, 1872-1890* (Cambridge: Harvard University Press, 1970).
[9] Owram, 59.
[10] Strong-Boag, 487.
[11] *Ibid.*, 474.
[12] Owram, 61.

one million Canadians moved to the suburbs. Through the early 1950s, Ontario alone converted 6,000 to 8,000 acres of farmland into suburban housing every year.[13] Young families were attracted to the suburbs because of their large lots, open spaces and single-family homes. An increase in car ownership also made commuting from the suburbs much more feasible for the majority of people.

The suburbs came to both reflect and reinforce the domestic ideology's emphasis on strict gender roles, discussed above, by providing a female counterpart to the now male-dominated cities.[14] Those describing Canadian suburbs often expressed an awareness of this dichotomy. For example, in 1958, a speaker for a Toronto construction company commented that "A woman is there all the time, she lives there. A man just boards there: he gets hid meals there. She is there all day."[15] Most Canadians accepted that men and women had different if complementary roles and "Residential suburbs that enshrined the notion of largely separate spheres for the two sexes proved attractive because most Canadians preferred women at home and out of the labour market."[16] This type of housing also responded to anxieties surrounding the Cold War as "The threat of the Cold War and the Korean War encouraged citizens to prize the private consumption and accumulation of products in the nuclear family household as proof of capitalism's success."[17] Images of contented housewives in their roomy suburban homes were used as evidence that capitalist prosperity could guarantee individual happiness and the eventual triumph over communism.[18] An alternative portrayal of suburban life was found in the

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[13] Owram, 55 and 69.
[14] Strong-Boag, 471.
[15] Quoted in Strong-Boag, 489. Mrs. Woods, Saracini Construction, "What the Experts Say About Kitchens," *Canadian Builder* (June 1958): 50.
[16] *Ibid.*, 483.
[17] *Ibid.*, 474.
[18] *Ibid.*

work of American writer Betty Friedan who claimed that not all women were happy in their new environments. Historians have since validated both interpretations and "Interviews with former suburbanites reveal that equal numbers remember the new, child-friendly lifestyle fondly, while others chafed at their lack of amenities, opportunities for employment, and often cash-strapped existence."[19] Nevertheless, by 1961, 45% of all city residents in Canada lived in these communities.[20] Thus, many of the mothers of the 1960s and 1970s, consumers of the expert advice on child-rearing, lived in these segregated, child-centered communities and were often isolated from other sources of help.[21] Though often diverse and populated with war veterans, immigrants and middle-class native born, most Canadian postwar suburbs were strongly united by their child-centric nature.[22]

That suburbs were constructed and appreciated as child-friendly had much to do with the phenomenon of the postwar baby boom. In Canada, the baby boom began in 1946 and peaked in 1959. The Canadian birth rate went from just over 300,000 births nationally in 1945 to 372,000 by 1947 and to more than 400,000 by 1952. Only in 1966 would the number of births per year drop below 400,000 again. A high marriage rate, prosperity and the retreat to domesticity all contributed to this higher birth rate. In this context, babies became a predominant topic of conversation and interest for the many young couples in the suburbs.[23] In addition, the parents of these babies, who had

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[19] Valerie Korinek, *Roughing it in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000), 5.
[20] Allison Prentice et. al., *Canadian Women: A History* (Toronto: Harcourt Press, 1988), 291.
[21] Julia Grant, *Raising Baby by the Book: The Education of American Mothers* (New Haven: Yale University Press, 1998), 203.
[22] Strong-Boag, 473; Owram, 59. For a more detailed case study of how suburbs within one country can be diverse and yet share over-riding characteristics, please see Kenneth T. Jackson, *Crabgrass Frontier: The Suburbanization of the United States* (New York: Oxford University Press, 1985).
[23] Owram, 4-6.

survived war and Depression, but now lived in a time of prosperity and optimism, had both heightened expectations and anxieties in regard to child-rearing.[24] These feelings may have explained, in part, the continued presence of expert advice in the family, which will be discussed later.

The Growth of Counter-Culture in Canada

In the 1960s, dramatic changes began in Canadian society. First, in the late 1960s, after almost two decades of economic security, the Canadian economy experienced a marked downturn, which would become a near recession in the 1970s. Historian Doug Owram speculates that the generally optimistic spirit of the early 1960s had been due to prolonged financial stability. For example, between 1964 and 1967, the Canadian economy created nearly 145,000 new jobs, causing unemployment to drop below 4% by 1965.[25] In contrast, unemployment increased from 4.7% in 1969 to 6.3% in 1972. The decline in the economy eroded the idealism and confidence of the 1960s.[26] Also, Canada shifted from a predominantly white, Anglo-Saxon Protestant country of just over 11 million in 1939 to an officially bilingual, multicultural society of over 25 million by 1987.[27]

Amid these demographic and economic changes, the 1960s was also a decade of great social ferment. Though popularly associated with a strong youth culture, the upheaval of these years was, in fact, rooted in a larger crisis of authority which shook many Western countries. As previously mentioned, the Cold War, as well as a strong economy and the cult of domesticity, formed the basis of a powerful political and social

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[24] Owram, 32-3.
[25] *Ibid.*, 172.
[26] *Ibid.*, 306 and 311.
[27] Prentice, 289.

consensus in the 1940s and 1950s. However, as the dynamics of the Cold War became increasingly complicated, the credibility of Western powers, most especially that of the United States, was undermined, resulting in the breakdown of this agreement by the 1960s. Perhaps the most important element in this process was the establishment of Communism in third-world countries. In these areas, Communism appeared to be democratically chosen by people newly-free of Western colonialism.[28] In consequence, Canadians began to question the rightness of their alliance with the United States and other Western nations. As these doubts became more widespread, there was an increase in the anti-Americanism of Canadian politics. For many Canadians, and some Americans, the problematic and complicated execution of the Vietnam War, beginning in 1957, seemed to point at the hollowness of Cold War rhetoric.[29]

The Civil Rights' movement in the United States also profoundly shaped the 1960s for both Americans and Canadians. The rather harsh response of governments in the American south to demands for civil rights caused many Canadians to question even more their Cold War alliances. In addition, the idealist and reformist vision of the civil rights' movement influenced directly Quebec's own Quiet Revolution.[30] The social agitation characteristic of the 1960s was also expressed in the student's movement, second-wave feminism and Native rights campaigns. In this context of widespread reform people, most especially parents, began to question the appropriateness of much of the expert advice on child-rearing.

The 1960s is most identified with a more rebellious and increasingly politicized youth. Young people in Canadian society were the first to articulate new values during

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[28] Owram, 161 and 163.
[29] *Ibid.*, 165.
[30] *Ibid.*, 165-8.

this decade which would gradually disseminate into the mainstream throughout the 1970s.[31] First, the 1960s was a period of heightened student activism, influenced greatly by Marxist ideas. For example, the New Left was a student group who believed society was divided into those with access to power and those without it.[32] In some ways, second-wave feminism, which will be discussed in detail below, was related to the growth of this student movement. In addition, between 1965-75, a dramatic shift occurred in Canadian sexual values, marked especially by the collapse of the social consensus dictating that women should remain virgins until marriage.[33] In effect, prohibitions against premarital sex moved out of mainstream views and retreated into very conservative circles.[34]

To summarize, historian Doug Owram suggests, by the early 1960s, Canadian society as a whole was bombarded with three related messages: that sex was natural and sexual desire important for an individual; that censorship was to be fought against and that, with the increased secularization of society, ideas regarding sin were no longer as important.[35] These ideas would gradually take hold in the Canadian public consciousness.

Some of these general changes affected the lives of Canadian women in particular ways. In the late 1950s and 1960s, it was increasingly common for young men and women to live on their own or with a group of peers before marriage. Even by the early 1960s, young Canadians were starting to delay marriage.[36] Perhaps related to this, the

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[31] Owram, 305.
[32] *Ibid.*, 228.
[33] *Ibid.*, 249.
[34] *Ibid.*, 262.
[35] *Ibid.*, 261.
[36] Prentice, 319.

birth rate decreased by 1971, from 28.9 births per 1,000 total population in 1947, to 16.8 per 1000. This decline in fertility was likely due to an increase in contraceptive knowledge as well as the availability of the birth-control pill.[37] The pill, first approved in Canada for birth-control use in 1961, helped in reducing taboos against premarital sex as it decreased fears of unwanted pregnancies.[38] Divorce rates also began to increase during this time, especially after the liberalization of the divorce law in 1969.[39]

The 1960s also saw a rise in the number of women attending post-secondary institutions in Canada. By 1970, women accounted for 37% of full-time undergraduates up from 21% in 1945. Though these women were concentrated in certain areas, such as household science, nursing, secretarial science and occupational therapy, they were certainly a greater presence on university campuses than in the years prior to World War Two.[40]

The chapter will now turn to a more detailed discussion of the literature on Canadian feminism and the growth of women in the paid workforce. It is likely that these two factors had a great deal to do with the changing parenting context, and by extension, elements of the parenting advice, of the 1960s and 1970s. After establishing this context, I will turn to a discussion of the understandings of the evolution of the expert in Canada during these two decades.

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[37] Prentice, 311, 321-322.
[38] Owram, 269.
[39] Prentice, 323.
[40] *Ibid.*, 327.

Feminism

In the early 1960s, few expected a resurgence, or "second-wave", of feminism.[41] Many of the objectives of "first-wave feminism", a term now applied to the women's movement of the nineteenth century, chiefly the vote, had long been achieved. In Canada, observers were more concerned with national unity than the status of women and were, consequently, quite surprised when feminism seemed to have a large appeal again. Nevertheless, by the 1960s, a growing number of women's groups, crucial to the development of both waves of feminism, had emerged and were articulating two primary complaints regarding the treatment of women in Canadian society: that women still faced overt discrimination in the workplace and that they were often expected to sacrifice a sense of feminine identity to achieve the same rights as men in this domain.[42] Linked to this latter concern was a growing need on the part of women to have their own experiences and qualities valued by society.[43] More precisely, scholars mark the beginning of second-wave feminism in Canada with the 1960 establishment of Voice of Women. This women's group was formed primarily to lobby for world peace.[44] However, its members quickly became involved in broader issues of the environment, human rights and the status of women. Groups, like Voice of Women, were able to form

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[41] Naomi Black, "The Canadian Women's Movement: The Second Wave," in Sandra Burt, Lorraine Code and Lindsay Dorney, eds., *Changing Patterns: Women in Canada*, (Toronto: McClelland & Stewart Inc., 1993), 151; Prentice, 343.
[42] Black, 151-2.
[43] *Ibid.*, 153; Prentice, 342.
[44] Black, 157.

a bridge between the remnants of the older women's movement and the emerging second wave.[45]

In 1966, existing French-speaking and English-speaking groups began to reorganize. This marked another important development in the evolution of Canadian feminism. That year, as part of this process, Laura Sabia, president of the Canadian Federation of University Women, organized the Committee on Equality for Women. Sabia asked thirty-two representatives from various women's organizations, including the Woman's Christian Temperance Union, the Young Women's Christian Association, the Imperial Order of the Daughters of the Empire, the National Council of Women of Canada and the Voice of Women to form the Committee with her.[46] The Committee's main objective, which was first promoted in 1966 by *Chatelaine* editor Doris Anderson, was to pressure the federal government to call for a Royal Commission on the status of women in Canada. At first, the Liberal government of Lester Pearson was not receptive to requests for such a commission. However, whether it was Sabia's threat to march two million women on Ottawa or a more general concern with ensuring the increased participation of women in the Canadian labour force, the government did decide to establish the Royal Commission on the Status of Women in 1967.[47] Its general mandate was to report on the condition of women in Canada and to recommend steps to ensure them equal opportunities.[48] The Commission held hearings over a ten-month period and published its report in 1970. This report, which laid out four basic precepts, provided an agenda for second-wave feminists in Canada. These principles, which all in their way

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[45] Prentice, 336-337.
[46] Prentice, 343 and 345.
[47] Black, 157-159.
[48] Prentice, 349.

touched upon child-rearing, were that women should be free to choose to work outside the home or not and that society should facilitate such choices; that care of children was the responsibility of mothers, fathers and society; that society needed to accord women special privileges on account of maternity and that immediate, temporary measures were needed to counteract the sexual discrimination present in Canadian society. To achieve these comprehensive aims, the Commission made 167 more specific recommendations.[49] In response to the Commission report and the perceived lack of immediate government action, in 1972 the Committee on Equality for Women became the National Action Committee on the Status of Women (NAC). NAC quickly developed into an umbrella group for other feminist organizations in Canada and prioritized three goals in its early years: an increase in daycare, the insertion of "sex" as a prohibited basis of discrimination and the decriminalization of abortion.[50]

The feminists discussed thus far were those who saw government cooperation as the key to improving Canadian women's status. However, other groups in Canada evolved somewhat different agendas and strategies. Women's liberation developed throughout the 1960s and was rooted in the Student Left movement. Female members of this organization felt that they were exploited and their concerns ignored in the student movement so they broke off to form women-only groups.[51] Though feminist in nature, these new women's liberation groups primarily focused, as the Student Left did, on a critique of capitalism and its distribution of power.[52] Unlike the feminists of NAC, they distrusted cooperation with the government. They also brought to the women's

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[49] Black, 160, 166-7.
[50] Prentice, 349-50.
[51] Black, 160-1.
[52] *Ibid.*, 165.

movement views of the 1960s counter-culture, which included a rejection of mainstream standards of dress and sexuality.[53] A third group of feminists in Canada came to be known as "radical" and broke away from the group discussed above in the early 1970s due to their insistence that gender, not class, was central to women's oppression in Canadian society.[54] Pursuant to this viewpoint, radical feminists worked towards the elimination of all oppressive gender roles in society.[55]

Despite the diverse backgrounds and objectives of various feminist groups in Canada, they did share several core ideas and worked together on occasion. For example, they were united in the 1970s on campaigns to include "sex" in human rights codes and to reform abortion law.[56] These were two objectives more spelled out by NAC initially but embraced by most Canadian feminists. Many early second-wave feminists were also united in their repudiation of motherhood as the primary role for women in society. They often depicted pregnancy and motherhood in negative, confining terms.[57] For example, American writer and feminist Adrienne Rich, in her very influential 1976 book *Of Woman Born,* argued that much of the institution of motherhood, in contrast to biological mothering, had been historically under oppressive male control.[58] Though not all feminists agreed with this stance, many would maintain that certain aspects of mothering,

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[53] Prentice, 353.
[54] Prentice, 357.
[55] Black, 165.
[56] Prentice, 361.
[57] Jule De Juger Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion* (Chapel Hill: The University of North Carolina Press, 2000), 74.
[58] Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada,* (Toronto: University of Toronto Press, 1994), 5.

such as breast-feeding, as we will see below, should never dominate completely a woman's life.[59]

North American feminism might have had an influence on child-rearing advice. In Chapter 3, I will discuss how the advice on feeding did reflect an awareness, not present during the period of scientific motherhood, that the father could participate in infant care. This idea, in turn, may have been influenced by feminist calls, affirmed in the 1970 report of the Royal Commission on the Status of Women, for more sexual equality in parenting. More explicitly, though not related per se to feeding, sleeping or toileting advice, American expert Dr. Benjamin Spock, responding to long-standing feminist criticism, attempted to remove sexism from the 1976 edition of his popular *Baby and Child Care*.[60] After a lengthy and new examination of sexism in American society, Spock shifted in this book to using the feminine pronoun to refer to the baby. Therefore, though feminism may not have had a large measurable impact on the specific advice examined in this thesis, we are reminded of Spock's explicit awareness of this movement every time he talks about the baby.

La Leche League

Running parallel in some ways to the development of second-wave feminism and also as a result of the growing scepticism about experts, La Leche League, a nonprofit organization dedicated to helping mothers breastfeed, began in Chicago in 1956.[61] This group, though not discussed very much by scholars of Canadian women, may have contributed greatly to the increase in expert support for breast-feeding throughout the

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[59] Lynn Y. Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America," *The Journal of American History* 80, no. 4 (March 1994): 1377.
[60] Ann Hulbert, *Raising America: Expert, Parents, and a Century of Advice about Children* (New York: Knopf, 2003), 269-72.
[61] De Juger Ward, 7.

1960s and 1970s. More broadly, in the American context, Rima Apple, argues that La Leche League, along with the Boston Women's Health Book Collective, an organization established by members of the women's liberation movement in the early 1970s to provide health information for women, exemplified "The struggle to remove authoritarian physicians, but importantly not medicine and science, from the center of child-care advice and to insert mothers as active participants in decision making about their families' health."[62] The founders of La Leche League were seven mothers who, by successfully breast-feeding their babies, were atypical in Western societies at the time. They held their first meeting in October of 1956 and discussed, with five of their pregnant friends, some of the reasons why so many mothers were not able to breastfeed. At the second meeting, thirty women were invited and by the third, strangers were attending. Before the end of a year, La Leche League meetings had been organized around five distinct themes which outlined the advantages of breast-feeding, specific nursing techniques, childbirth, the role of the father and infant nutrition.[63] In general, along with its strong advocacy of breast-feeding, "At the heart of the La Leche League's philosophy was the notion that the needs of the infant-as interpreted by the mother rather than a doctor- should determine the practice and pace of mothering."[64] The League justified this stance by emphasizing that the baby needed and belonged to, first and foremost, its mother, not its doctor.[65] They had the support of two Chicago-area doctors Ratner and White, who were critical of scientific motherhood. In response to a growing number of questions from the public, the league began to publish brochures and a manual

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[62] Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (London: Rutgers University Press, 2006), 135 and 138.
[63] De Juger Ward, 12-13, 16.
[64] Weiner, 1368.
[65] *Ibid.*, 1367-1368.

on breast-feeding, entitled *The Womanly Art of Breast-Feeding.* Also, by 1958, multiple groups were being conducted all over Chicago. In 1964, the name of the organization was changed to La Leche League International Incorporated with 115 groups in the United States and 6 groups abroad.[66] By 1972, there were 80 groups in Canada.[67]

The philosophy of the league differed from that of mainstream medicine by its insistence that, in regard to breast-feeding, mothers were the best advisers for other mothers. Though the league consulted sympathetic doctors, from its inception, like Ratner and White, and always valued medical evidence, medical expertise did not constitute the basis of its sessions.[68] Into the 1950s, with the exception of Spock, medical proponents of scientific motherhood were still dominate in the field of child-rearing and "To those suspicious of the intrusion of experts into family life, the league presented a social role for mothers that restored a sense of autonomy to the private domestic realm. Health benefits to mother and child from breast-feeding, childbirth as a natural process, trust in one's own instincts- these notions found favor among women who questioned 'scientific motherhood'."[69] More specifically, in the 1950s, before many doctors and experts did, La Leche League spoke against strict feeding schedules and "The idea that the child, her needs interpreted by the mother, should set the schedule for feedings and later for weaning distinguished the league from physicians who favored a breast-feeding regimen regulated by external norms of time."[70] In this way, the league advocated feeding on demand as well as prolonged breast-feeding, believing that nursing, as a key

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[66] De Juger Ward, 17-18, 20 and 22.
[67] Beryl Oxley, "Should You Breast-Feed Your Baby?" *Chatelaine* 45, no. 8, August 1972, 71.
[68] Apple, 2006, 136.
[69] Weiner, 1358.
[70] *Ibid.*, 1368-9.

component of good mothering, should continue till the baby outgrew the need for it.[71] They felt that allowing the child to determine when he or she wished to be weaned was important for both the baby's emotional and physical health.[72] As I will discuss more in Chapter 3, these ideas ran counter to those advocated by many doctors into the 1960s. However, my analysis of the advice of the 1960s and 1970s will reveal a strong expert shift towards these principles of feeding on demand.

Many aspects of La Leche League's philosophy appealed to second-wave feminism as it developed in the early 1960s. Nevertheless, despite shared concerns over medical interference in the lives of women, it is important not to confuse La Leche League members with feminists. Though

feminists found the league's emphasis on "natural" methods, such as breastfeeding and natural childbirth, appealing, many of them, as previously discussed, rejected their larger conceptualization of motherhood.[73] Indeed, according to Jule De Juger Ward in her analysis of the history of the League based on its publications, "It is perhaps La Leche League's most deeply held tenet that the physical, emotional, and psychological health of the baby and the mother depend on an early period of mother-infant proximity that sets the organization most at loggerheads with the hopes of second-wave feminism."[74] At a time when feminists were striving for greater workplace equality for women, this emphasis on full-time motherhood seemed very conservative. For their part, La Leche League members in the 1960s and 1970s rejected the feminist tenet that women could work for wages and mother at the same time. They blamed a materialist culture for

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[71] De Juger Ward, 57 and 62.
[72] Weiner, 1368.
[73] Weiner, 1377.
[74] De Juger Ward, 86.

pushing women into the workforce and insisted that it was still appropriate to define female success through motherhood alone.[75] Thus, though La Leche League members and feminists did have a lot in common, their views on motherhood and child-rearing were, in some ways, quite opposed.

Children's Rights

As with second-wave feminism and La Leche League, a concern for children's rights gained momentum throughout the last half of the twentieth century in many Western countries. However, it was not new to this period. In the nineteenth century, romanticism asserted broadly that all children had a right to a childhood. Though never explicit about what exactly this meant, rights of children were commonly assumed to include the right to play, to have a home life, to be protected and to be dependent on adults. In sum, "Children's rights became defined almost as the opposite of adults rights: if adults, faced with unemployment, claimed a right to work, children had a right not to work."[76]

The first formal statement of children's rights was adopted by the League of Nations in 1924. In 1959, the United Nations passed the Declaration of the Rights of the Child. Both these documents reflected earlier ideas and focused on the duty of adults to protect, feed and educate children. However, by the 1970s, a new emphasis evolved on allowing children the freedom to develop as individuals and on validating their experiences, just as women were attempting to do through second-wave feminism. Though children's liberation was short-lived as a movement, it became increasingly common throughout the decade to see children as possessing the rights to autonomy and

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[75] Weiner, 1374 and 1381.
[76] Hugh Cunningham, *The Invention of Childhood* (London: BBC Books, 2006), 224.

self-determination.[77] These ideas may have been echoed in expert child-rearing advice, for instance in calls for self-demand feeding.

Women, Work and Daycare

As I previously explained, following World War Two, a new cult of domesticity idealized the mother in the private domain of the home. The media, which had during the war encouraged women to do their patriotic duty by working outside of their homes, now perpetuated this image and helped to contribute to the large-scale exit of women from the labour force.[78] Women were expected to quit work upon marriage, and many did. The strong economy of the 1950s and 1960s meant that most men were paid enough to maintain their families.[79] Working mothers were generally ignored and marginalized as a group.[80] However, changes in the 1950s would result in the massive increase of married women in the paid workforce. First, the growth of the service sector in the 1950s and 1960s created a new demand for workers. Also, as the economy dipped in the 1960s and 1970s, one income was often no longer enough to maintain the standard of living in a lot of middle-class families. Consequently, a new group of married women entered the paid workforce. The 1950s and 1960s also witnessed the creation of many part-time positions which would have been appealing for mothers. As already mentioned, divorce rates increased in the 1960s and 1970s, forcing more single mothers into the workforce alongside their married counterparts. Mothers were also encouraged to enter or re-enter the workforce as governments strengthened laws relating to maternity leave in response

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[77] *Ibid.*, 224-226.
[78] Alvin Finkel, *Social Policy and Practice in Canada: A History* (Waterloo: Wilfrid Laurier University Press, 2006), 194.
[79] Susan A. McDaniel, "The Changing Canadian Family: Women's Roles and the Impact of Feminism," in *Changing Patterns: Women in Canada,* 425.
[80] Finkel, 194.

to the 1970 Royal Commission on the Status of Women and the subsequent demands of feminist groups like NAC. Finally, improvements in birth control made it more possible to plan women's pregnancies around educational and career requirements.[81] All these factors contributed to the dramatic increase of mothers in the workforce. In fact, in 1941, even during the war, only 4.1% of married women had been engaged in paid work. This number increased to 1 in 10 by 1951 and 22.9% in 1963.[82] By 1978, 41.2% of mothers with children under six years old were working outside the home.[83] Though comparable statistics are difficult to find prior to this date, the participation of married women, aged twenty-five to thirty-four, who were likely to have small children, did increase from 18.7% in 1961 to 32.8% in 1970.[84]

By the 1960s, it was increasingly acceptable for mothers with school-aged children to participate in the labour force. For example, a 1960 Gallup Poll found that 65% of respondents agreed that married women could work if they wanted to and if they had no young children.[85] However, the same poll found that 93% of respondents still felt that mothers should concentrate on the home when their children were younger. Public opinion polls also demonstrated that many Canadians continued to believe throughout the 1960s that the role of the father was to provide financially for his family.[86] This idea would not dissipate quickly. In the meantime, in practice, "women...retained responsibility for the household and the family at the same time as their participation in

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[81] Maureen Baker, "Definitions, Cultural Variations, and Demographic Trends," in *Families: Changing Trends in Canada,* ed. by Maureen Baker (Toronto: McGraw-Hill Ryerson Limited, 2001), 18.
[82] Finkel, 198.
[83] Maureen Baker, "Paid and Unpaid Work: How Do Families Divide Their Labour," in *Families: Changing Trends in Canada,* 106.
[84] Ann Porter, *Gendered States: Women, Unemployment Insurance, and the Political Economy of the Welfare State in Canada, 1945-1997* (Toronto: University of Toronto Press, 2003), 94-5.
[85] Monica Boyd, *Canadian Attitudes Toward Women: Thirty Years of Change* (Ottawa: Labour Canada, 1983), 45. Neither Boyd nor the Gallup Poll itself seem to provide any exact ages for "young" children.
[86] Finkel, 198.

the paid labour force had increased massively."[87] Therefore, in the minds of many Canadians, men remained the providers while women were responsible for the care of their children, whether they worked or not. One outcome of these attitudes was that in the 1960s many women had a "two-phase work cycle" in which they worked for pay prior to having children and then re-entered the workforce when all children were in school.[88] A Gallup Poll of 1970 confirmed the persistence of many of these attitudes and found that 77% of respondents agreed with the idea that married women might work if they had no young children; however, 80% still opposed women working if they did have young children.[89] In practice, as more women with young children worked in the 1970s, the need for daycare, always felt to some degree in Canadian society, became even more pressing.

Despite the increase of the proportion of Canadian mothers working outside the home, historian of social policy Alvin Finkel suggests that "State and capitalist desires to limit public spending meshed with generalized patriarchal social attitudes to hamper efforts to create a state-operated program of free universal daycare."[90] Still in the 1990s, child care was still often seen by both governments and the general public as the private responsibility of families, even when they could not afford it.[91] Though the licensing and regulation of daycare technically falls under provincial jurisdiction, during World War Two, the federal government, concerned about potential labour shortages, did assume the responsibility for daycare costs by paying fifty percent of it for those women who worked in essential services. This involvement ended with the war and the provincial

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[87] Black, 152.
[88] Baker, 97.
[89] Prentice, 368-9.
[90] Finkel, 194.
[91] McDaniel, 431.

government did nothing to fill the ensuing void in daycare provision.[92] However, by the late 1960s, due to the growing numbers of mothers in the workforce, there was a rising public awareness that finding adequate daycare was a pressing problem for many Canadian families.[93] At this point, the federal government stepped in again but a "combination of long-standing patriarchal ideology and neo-conservative ideology that developed as a response to sluggish economic growth after 1970 prevented more than a token response in public policy."[94] A 1989 Health and Welfare report describes in more detail this patriarchal ideology:

> The implicit assumptions underlying child care policy seem consistent with a combination of patriarchal and individual responsibility models of the family. For example, existing tax policy requires that, in two-parent families, deductions for child care must be taken by the parent with the lowest income. The underlying assumption seems to be that child care is not the responsibility of the primary income earner (usually the father) nor a requirement for his ability to work, so he may not claim the child care expense. Rather, child care is the responsibility of the secondary earner (usually the mother) and often is a requirement for her to undertake paid work, so she may claim the expense. This is consistent with the assumptions of gender inequality and gendered division of labour common to the patriarchal model of the family and the separate spheres model of the work-family relationship.[95]

Thus, the overall contribution of the federal government to child care initiatives in Canada has been inconsistent.[96] Beginning in 1966, the federal government did, as part of the Canadian Assistance Plan (CAP), subsidize the costs of daycare for low-income families. However, federal involvement in this area was not intended and only occurred

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[92] Baker, 250-1.
[93] Finkel, 194.
[94] *Ibid.*
[95] Quoted in Rebecca Kelley Scherer, "Federal Child Care Policy Development: From World War Two to 2000," in *Changing Child Care Policy: Five Decades of Child Care Advocacy and Policy in Canada*, ed. by Susan Prentice (Halifax: Fernwood Publishing, 2001), 198. Health and Welfare Canada, *Status of Day Care in Canada 1989: A Review of the Major Findings of the National Day Care Study* (Ottawa: Health and Welfare Canada, 1989), 803-804.
[96] Kelley Scherer, 198.

because of the somewhat broad mandate of the CAP to provide federal cost-sharing with the provinces for "non-profit services that have as their objective the lessening, removal, or prevention of the causes and effects of poverty, child neglect, or dependence on public assistance."[97] The federal government did introduce, through the *Income Tax Act*, in the 1970s, child tax deductions for the wealthy and child tax credits for the poor aimed at daycare costs.[98]

Provincial expenditures on daycare in the postwar years were even less than federal commitments. Ontario was perhaps the most involved province with grants available for preschoolers. However, this did not help parents with school-age children.[99] Ultimately, many Canadian parents throughout the 1970s and 1980s, had to make due with a combination of baby-sitters, unlicensed daycares and older children's help. These haphazard arrangements had been highlighted by several groups and individuals during the hearings of the Royal Commission on the Status of Women. Many submissions had called for the Canada-wide implementation of a system of daycare centers for the cost of which the federal government would contribute the most. The Commission report, though it did call for an expanded system, in keeping with its principle that child care was the responsibility of the mother, father and society, favoured a sliding scale of fees for daycare based on family income.[100] However, most provinces and the federal government chose not to encourage the growth of licensed daycares with high standards, in accordance with public opinion, discussed earlier and expressed in Gallup polls, and a

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[97] Quoted in Kelley Scherer, 189. *Canadian National Child Care Study: Canadian Child Care in Context: Perspectives from the Provinces and Territories. Volume 1,* ed. by A. Pence (Ottawa: Health and Welfare Canada, 1992), 27.
[98] Kelley Scherer, 190.
[99] Finkel, 195-6.
[100] Black, 166; Finkel, 210.

flagging economy. The governments' position was that, as unemployment increased and labour shortages became a thing of the past, there was little reason to view daycare as a necessary public expenditure.[101] Also, the strong 1960s consensus on the Canadian welfare state, maintained by Canadian parents as well as other citizens, began to crack by the 1970s. It was clear by this time that new social programs could not be paid for within the existing system. Therefore, federal and provincial governments did not wish to take on the responsibility of financing daycare.[102] The result was that children were often left in inadequate situations. In fact, a 1972 study by the Canadian Council of Social Development, which examined 1,412 daycares across the country, found that many centers made poor provisions for the health, education and social development of the children in their care.[103] Similarly, in 1984, a study found that only 8.8% of children under 13 who required care were even in licensed daycares.[104]

To conclude, in the whole period under review in this thesis, an increasing number of mothers worked outside the home. However, at the same time, the government did little to actively help with the provision of daycare for all Canadians. The problems resulting from these two realities became increasingly apparent in child-care advice manuals, which devoted more pages to alternate child-care arrangements when the mother worked, as well as in the magazine *Chatelaine.*

Experts-Medical

In the 1920s and 1930s, at the height of the popularity of scientific motherhood, the prominent experts in child-rearing were medical doctors. Their pre-eminent position

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[101] Finkel, 211-212.
[102] Finkel, 212.
[103] *Ibid.*, 207.
[104] *Ibid.*, 213.

in this field was due to developments that occurred throughout the early twentieth century. The nineteenth century had witnessed the professionalization of medicine in Canada. As part of this process, the Canadian Medical Association was formed in 1907.[105] Also, by the end of the nineteenth century in Canada, physicians who wished to be licensed required a medical degree.[106] To further gain legitimacy and prestige, doctors increasingly associated themselves with the new discoveries of scientific medicine, especially the germ theory of disease. This theory, by postulating that specific diseases were caused by specific germs, contributed to specialization in medicine and a hierarchy within the profession.[107] The advent of specialties, in turn, increased medical prestige further. In 1920, the Canadian Royal College of Physicians and Surgeons was founded to train, examine and license specialists.[108]

Pediatrics slowly became a recognized specialty but was initially relegated to research on infant formula.[109] American and British pediatrics had developed in the late nineteenth century.[110] In 1888, forty-three physicians formed the American Pediatric Society.[111] Canadian pediatrics developed later; by 1914 there were only two pediatricians in Canada and, in 1929, only forty-eight. In 1922, the specialty was reinforced by the creation of the Society for the Study of the Diseases of Children.[112] The number grew in the 1930s and the discipline was able to broaden its interests into

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[105] Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 1999), 122.
[106] Wendy Mitchinson, "The Medical Treatment of Women," in *Changing Patterns: Women in Canada,* 394.
[107] *Ibid.,* 394-5.
[108] Duffin, 124.
[109] Cynthia Comacchio, " 'The Rising Generation': Laying Claim to the Health of Adolescents in English Canada, 1920-1970," *Canadian Bulletin of Medical History* Vol. 19 (2002): 142
[110] Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal-Kingston: McGill-Queen's University Press, 1993), 23.
[111] "Introduction," in *Formative Years: Children's Health in the United States, 1880-2000,* ed. by Alexandra Minna Stern and Howard Markel (Michigan: The University of Michigan Press, 2002), 4 and 7.
[112] Comacchio, 1993, 23.

other aspects of child health; however, by the 1950s, the bulk of American pediatricians, and most likely those in Canada as well, ended up treating minor ailments and sending the more serious and interesting cases to subspecialties. American pediatricians were not satisfied with the scope of their work and, once again, had to redefine their specialty. In effect, "This entailed a return to the specialty's original mission and the fashioning of pediatricians into advisers and counselors involved in almost all dimensions of the world of children- from tonsillitis to thumb-sucking to low school performance to issues of sexuality and body image," a movement that might have influenced their Canadian counterparts.[113]

All doctors participated in this medicalization of society, a process which saw their influence spread into matters previously seen as non-medical, such as sexuality.[114] Due to this process, occurring throughout the twentieth century, medical doctors have retained a prominent place in society and possess a great deal of power in defining what is "normal" in diet, exercise and sexuality as well as physical and mental health.[115]

According to the history of western medicine by medical historian Jacalyn Duffin, even before professionalization, there always existed a contract between the patient and the medical practitioner. This contract assumes that the physician or other provider has certain skills that will meet patient expectations in regard to treatment and prognosis. When these expectations are fulfilled, the patients grant doctors even more authority and control; in effect, they accept them as a profession. Patients' faith in medicine began to increase in the mid-nineteenth century, with the advent of anesthesia and antisepsis.[116]

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[113] Stern and Markel, 11-12.
[114] Mitchinson, 402.
[115] *Ibid.*, 392.
[116] Duffin, 115, 122-3.

Then, for a period, especially in the 1930s and 1940s, patient expectations were being met, and often surpassed, by medical doctors and what historians call "their biomedical paradigm" of health. This paradigm was originally developed in the early twentieth century when scientists began identifying specific bacteria with the use of the microscope. The focus of this model was on isolating the cause of, understood as bacteria or germs, and cure for diseases with resulting strong ties between medicine and laboratory science.[117] In the 1930s, new sulfa drugs, discovered and distributed by medical science, were decreasing dramatically the morbidity and mortality associated with bacterial infections. A decade later, penicillin was having similar effects on infections like meningitis, pneumonia and sepsis. New vaccines against dreaded diseases like polio also excited the idea that a disease-free future might be possible for Canadians. Beginning in World War Two, many Western nations supported biomedical research and overall health expenditures increased sharply between 1945-1970. Indeed, according to Allan M. Brandt and Martha Gardner in *Medicine in the Twentieth Century,* "By mid-century the dramatic success of the biomedical paradigm had created great prestige for medical researchers and practitioners, public adulation for the profession, and heightened expectations of new triumphs."[118] In this context of optimism and seemingly constant health improvements it is not surprising that, in the 1930s and 1940s, medical doctors were considered the leading experts in many areas, including child-rearing. However, this huge confidence in medical science would quickly be eroded by various developments.

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[117] Allan M. Brandt and Martha Gardner, "The Golden Age of Medicine?" in Roger Cooter and John Pickstone, eds., *Medicine in the Twentieth Century* (Amsterdam: Harwood Academic Publishers, 2000), 23.
[118] *Ibid.*, 23-29.

First, in Canada, following World War Two, there was an emerging idea that medical services were the right of every citizen. Consequently, a third party, the state entered into the traditional doctor-patient contract and inevitably decreased the authority of the doctor. In the 1940s, the government of Mackenzie King, encouraged by Ian Mackenzie, the minister of pensions and national health, began to seriously examine the possibility of national health insurance.[119] The government was motivated by popular fears of social instability, including complaints over existing social services following the Depression, the generally poor health status of Canadians and a growing public consensus that World War Two needed to result in positive social outcomes.[120] A committee, chaired by the deputy minister of health Dr. J. Heagerty, was appointed in 1941 to formulate health policy.[121] Proposals for a national health insurance program, supported at the time by the Canadian Medical Association, were formulated by this committee and presented at the 1945 Dominion-Provincial Conference but, due to disputes over the financial arrangements, were rejected by the provinces.[122] Saskatchewan, led by the socialist Co-operative Commonwealth Federation Party under Premier Tommy Douglas, would choose to pursue its own hospital insurance program in 1947. This plan, which would be copied by five other provinces during the 1950s, was implemented to provide adequate funding. As new facilities were required in the postwar period, the financial contributions of municipal governments, religious groups

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[119] Donald Swartz, "The Politics of Reform: Conflict and Accommodation in Canadian Health Policy," in Leo Panitch, ed., *The Canadian State: Political Economy and Political Power* (Toronto: University of Toronto Press, 1977), 319.
[120] Malcolm G. Taylor, *Health Insurance and Canadian Public Policy: The Seven Decisions that Created the Canadian Health Insurance System and Their Outcomes* (Kingston and Montreal: McGill-Queen's University Press, 1987), 4-7.
[121] Swartz, 320.
[122] Eugene Vayda and Raisa B. Deber, "The Canadian Health-Care System: A Developmental Overview," in *Canadian Health Care and the State: A Century of Evolution,* ed. by C. David Naylor (Montreal and Kingston: McGill-Queen's University Press, 1992), 127.

and, on a limited basis, patients, were no longer enough. In addition, hospital-insurance plans proved to be a popular if expensive option.[123] Thus, the response of the public, including as always parents, proved influential in the development of health care policy.

The next activity at the federal level was precipitated in 1955 when Ontario Premier Frost had health insurance put on the upcoming Federal-Provincial Conference agenda. Ironically, this time it was the federal government and the Canadian Medical Association which had reservations about such programs.[124] Nevertheless, because of increased public pressure, once again, and of the success of the Saskatchewan scheme, the Hospital Insurance and Diagnostic Services Act was passed in 1957.[125] It was a federal cost-sharing program that allowed for all Canadians to be covered for hospital services.

Saskatchewan took the lead in expanding this program to comprise all medical care. The province implemented a comprehensive medical care plan in 1962. Another factor influencing federal government policy was the 1964 Report of the Royal Commission on Health Services, which recommended comprehensive, universal health insurance plans in each province.[126] By the 1960s, and unlike in 1945, the medical profession no longer had a privileged place in working with the government to determine health care legislation. In fact, the minority Liberal government seemed disinclined to listen to the advice of the Canadian Medical Association. This may have been due to the simple fact that the CMA no longer concurred with the government about health insurance plans and that the Liberal party had become fully committed to fulfilling its

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[123] Taylor, 127.
[124] *Ibid.*, 106 and 108.
[125] *Ibid.*, 107.
[126] Duffin, 131.

historical promises for social security.[127] Additionally, Prime Minister Lester B. Pearson wished to check the growing power of the New Democratic Party and respond to the ideas of progressive members in his own Cabinet.[128] In 1966, the federal government passed the Medical Care Act, implemented in 1968, to offer equal cost sharing to the provinces and universal, transferable and comprehensive health insurance to all Canadians. The medical profession remained opposed to medicare and many observers argued it was because they feared the threat to their incomes. This perception, as well as the involvement of the state in the provision of health care, undermined the power and prestige of the Canadian medical profession.

Also, by the 1950s, it was clear that the modern biomedical paradigm, with its focus on combating microbes in the laboratory, had serious limitations. Bacteria were adjusting and becoming resistant to antibiotics, ensuring that infections would not be wiped out. In addition, biomedicine could really offer very little to help fight chronic conditions like cancer, strokes and heart disease, all of which began to rise in this period.[129] Finally, faith in doctors and the new wonder drugs they produced was severely shaken by the realization, crystallized during the thalidomide tragedy of the early 1960s, that most drugs had undesirable side effects of some sort. In the case of thalidomide, doctors in Canada and around the world had prescribed this newly-developed drug to alleviate morning sickness in pregnant women only to find out that the drug actually crossed the placenta barrier and caused serious malformations in the

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[127] Taylor, 352.
[128] *Ibid.*, 353.
[129] Brandt and Gardner, 30-31.

fetus. After this point, there was a greater skepticism towards science, doctors and prescription medications in many Western nations.[130]

The counter-culture of the 1960s was also characterized by a general distrust of any authority, including, but not limited to, medical authorities. Throughout the twentieth century, biomedicine had been based on the separation of the mind and body with an emphasis on clinical exams and laboratory tests; the focus had been on "the body rather than the mind, and in which the body appears as divisible into parts that can be repaired on breakdown."[131] The counter-culture was opposed to and questioned this orientation in medicine.[132] In addition, psychologists, who will be discussed later, were, by definition, interested in the mind and its possible connections to the body. We will ask later how this direction, which set them apart from medical doctors, may have contributed to their increasing influence in child-rearing advice and other areas. In the 1960s and 1970s, some medical ethicists began to argue that technology distanced doctors and patients while at the same time modern medicine did not provide the patients with enough information to ensure informed consent.[133] This new focus on informed consent was partially a product of the emerging awareness of Nazi medical experimentation on prisoners.[134] Finally and perhaps most damning for the medical hegemony, was the fact that, "from the mid-1970s, critics began to draw attention to the fact that epidemiological analyses of the Western population indicated that more of the

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[130] Duffin, 125-6.
[131] Mike Saks, "Medicine and the Counter Culture," in *Medicine in the Twentieth Century,* 113.
[132] *Ibid.*
[133] *Ibid.;* Brandt and Gardner, 32.
[134] Brandt and Gardner, 32.

improvement in health over the past century had arisen from factors such as enhanced food supplies and better sanitation than from interventions by orthodox biomedicine."[135]

By the 1970s, medical doctors in Canada were worried about their future position in Canadian society. Consequently, in 1971, the Canadian Medical Association called for a series of meetings to be held with representatives from the Canadian Labour Council, provincial medical associations and members of the federal Cabinet. The stated objective was to receive constructive criticism and advice on the role of Canadian doctors in society. In effect, they wished "to develop realistic goals and objectives that will enable the association to concentrate its efforts on specific areas of responsibility and to complement the activities of its Divisions, other health oriented associations and government in the planning, development and operation of comprehensive health and social services."[136] The meetings were held in March of 1971. Generally, the CMA was informed that "Physicians must...expand their areas of interest and must accept a major role at community level in becoming more involved with others in the establishment of plans and priorities in broad social areas." The CMA was also told at these meetings that health care was increasingly fragmented and, to be helpful, doctors should adopt a team approach.[137] Both these recommendations reflected the fact that, due to the developments outlined above, Canadian doctors no longer enjoyed the same power and prestige they once did. To maintain any influence within the health field, they were expected to work in a cooperative manner and to adopt a broader, social perspective.

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[135] Saks, 116.
[136] John Sutton Bennett, *History of the Canadian Medical Association: 1954-1994* (Ottawa: The Association, 1996), 47-48.
[137] *Ibid.*, 40-44.

Dietetics and Nutrition

Related to developments in medical research, throughout the twentieth century both interest and knowledge grew in the field of human nutrition. In the 1850s, a German Justus von Liebig was the first to separate food into proteins, carbohydrates, minerals and water. He claimed that, using this knowledge, diets should be judged on the basis of these chemical components, rather than simple quantities of food consumed.[138] Researchers continued to identify vitamins and minerals throughout the first decades of the twentieth century, including vitamins A and D.[139] Initially, they concentrated on deficiency-illnesses, such as rickets. Studies in the early twentieth century were able to isolate vitamin D, the lack of which causes rickets, in cod-liver oil. Thus, many doctors in the 1920s, '30s and beyond endorsed giving this product to children on a daily basis.[140] However, doctors in these decades, as we will see in Chapter 3, certainly did not possess the same knowledge as their counterparts in the 1960s and 1970s on which vitamins were found in which foods and how they were absorbed by young children.

In the early twentieth century, a variety of titles, including "home ecologists" and "nutritionists", existed to identify the new experts in nutrition.[141] The field of Canadian dietetics primarily grew out of the University of Toronto's household science program, established in the early years of the twentieth century. Dietetics is based on the "philosophy that optimal nutrition is essential for the health and well-being of every

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[138] Judith Sealander, "Perpetually Malnourished? Diet, Health, and America's Young in the Twentieth Century," in *Children's Health Issues in Historical Perspective,* ed. by Cheryl Krasnick Warsh and Veronica Strong-Boag (Waterloo: Wilfrid Laurier University Press, 2005), 162-3.
[139] Aleck Ostry, "The Early Development of Nutrition Policy in Canada," in *Children's Health Issues in Historical Perspective,* 195; Rima D. Apple, " 'They Need it Now': Science, Advertising and Vitamins, 1925-1940," *Journal of Popular Culture* 22, no. 3 (1988), 66-69.
[140] Apple, 1988, 69 and 79.
[141] Sealander, 2005, 163.

person." The discipline developed rapidly and, by 1908, the first qualified dietician was appointed at the Hospital for Sick Children in Toronto. By 1935, when the Canadian Dietetic Association was formed, twelve Canadian hospitals were offering courses on the subject.[142]

Perhaps due to the evolving nature of dietetics and nutrition research in the twentieth century, many doctors in both the United States and Canada continued to use weight or weight-height ratio to measure malnutrition or health, rather than vitamin, mineral or fat intake.[143] The definition of malnutrition remained elusive even into the 1920s but the concern was clearly on children who did not receive enough to eat. By the 1930s, a reliance on simple measures like weight and height were no longer considered appropriate as doctors asserted that the diagnosis of malnutrition required their expertise and the use of x-rays or dental examinations.[144]

By the 1970s, a shift had occurred in the definition of malnutrition. The decades of postwar affluence in North America, which also witnessed an increase in agricultural productivity, created a new problem with obesity. Indeed, as said by historian Judith Sealander, "Ironically, the children of the working class and the impoverished, in the first half of the century most in danger of weighing too little, were now the most likely to tip the scales as too heavy." As a result, malnutrition in the last decades of the twentieth century was more commonly defined in terms of excessive weight and over-eating. More specifically, in the American context, in 1968 the National Research Council decreased the caloric intake stipulated in its Recommended Daily Allowances.

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[142] M.T. Clandinin, "Dietetics," in *The Canadian Encyclopedia* [online], accessed 1 March 2007; available from www.thecanadianencyclopedia.com; Internet.
[143] Jeffrey P. Brosco, "Weight Charts and Well Child Care: When the Pediatrician Became the Expert in Health Care," in *Formative Years: Children's Health in the United States, 1880-2000*, 100.
[144] *Ibid.*, 107.

A 1977 report issued by the U.S. Senate's Select Committee on Nutrition and Human Needs confirmed that too many Americans were over-weight.[145] This new definition of malnutrition, which focussed on over-eating and obesity, rather than caloric inadequacies, would be increasingly reflected in the feeding advice of child-rearing experts in the 1970s.

As I will discuss in Chapter 3, experts in the 1960s and 1970s made more specific references to vitamins, minerals, fats and proteins in their books than earlier advisers. This was probably due to the pace of medical research. For example, by 1950, nutritional studies had confirmed the role of vitamins C and D in the prevention of rickets.[146] Dr. Chant Robertson was both a parenting expert and a nutritional researcher. Her book, co-written by Dr. Margaret Wood, reflects her background and is full of information on vitamins and minerals in baby foods. Most of the experts analyzed in this thesis discussed vitamins and highlighted the importance of iron in the infant diet. Additionally, as noted above, experts like Couture, Spock and Leach, became concerned in the 1970s with the problems of the over-weight child. However, it is important to observe that, despite Sealander's comment, child-rearing experts in the period under review did not explicitly associate problems of malnutrition with social class.

Experts-Psychology

If medical doctors dominated the class of child-rearing experts from the early to the mid-twentieth century, after that point, and certainly by the 1960s, manuals were written by an equal number of psychologists. In addition, psychological tenets began to permeate to a much greater degree all child-rearing advice, including that given by

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[145] Sealander, 2005, 177-8.
[146] Comacchio, 1993, 232.

doctors.[147] This process paralleled the growth of popular psychology. The discipline of psychology coalesced somewhat later than medicine. In the early twentieth century, the boundaries between medicine and psychology were still quite permeable.[148] However, child-rearing manuals of the time, such as *Infant Care,* published first in 1914 by the United States Children's Bureau, avoided incorporating child psychology. The writers found the literature on the subject to be too confusing and unclear.[149] This state would change as psychology professionalized.

Even before World War Two, psychologists in Canada and elsewhere had wanted to increase both their professional status and their practical relevance. They wanted psychology to be seen as a unique and independent discipline. The first psychology course had been taught in Canada in 1838 as part of the Department of Philosophy at Dalhousie University. However, independent faculties of psychology were not founded at Canadian universities until the 1920s. This would be an important step in the professionalization of psychology. Historian Mona Gleason identifies four other major pre-war developments which would shape the future of psychology in Canada, two of which directly related to childhood. These were psychology's involvement with the Canadian National Committee on Mental Hygiene (CNCMH), psychology's work in schools, psychology's work in child guidance clinics and psychology's work with officer selection in World War Two.[150]

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[147] Apple, 2006, 117.
[148] Comacchio, 2002, 142.
[149] Nancy Pottishman Weiss, "Mother, The Invention of Necessity: Dr Benjamin Spock's *Baby and Child Care,*" *American Quarterly* 29, no. 5 (1977): 522 and 531.
[150] Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), 19-21.

The Canadian National Committee on Mental Hygiene had been founded in 1918 to serve as a national body dedicated to educating the public about the "dangers of inherited mental deficiency." Members were firmly eugenists and many were highly placed professionals in medical and university circles. In its early years, the CNCMH, using psychologists, conducted surveys of mental institutions and scrutinized schoolchildren. The hereditary orientation of the CNCMH did limit the role of psychologists but this began to change in the late 1920s. In these years, there was a growing popular and professional acceptance of the role of environmental factors in determining mental abilities. Simultaneously, throughout the 1930s, eugenic reasoning, so prevalently applied in Nazi Germany, was viewed with increased suspicion.[151] These developments were necessary for the growth of psychology in Canada as "The future of psychology as a vibrant and viable social science depended on its movement away from the hereditary, and therefore unchangeable, basis for mental hygiene to the environmental, and therefore treatable and pliable, basis."[152] Psychology's affiliation with the CNCMH did bring the discipline out of the laboratories and into schools and asylums.[153] It also provided important contact with influential people. Ultimately, however, psychology would have to move away from the goals of the CNCMH to further its own influence in Canadian society.

Throughout the 1920s and 1930s, and well after the CNCMH's existence, psychology continued to expand its work in schools. In this venue, psychologists primarily diagnosed normalcy in children through the use of I.Q. testing and behaviour

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[151] Gleason, 1999, 22-24.
[152] *Ibid.*, 24.
[153] *Ibid.*, 19.

assessments.[154] This phenomenon was also widespread in the United States where, following the development of standardized tests, discussed below, and after World War One, school superintendents eagerly embraced intelligence testing in schools.[155] Additionally, psychological principles became part of the counselling approach used with children as well as in teacher training and curriculum development.[156] For example, school health programs by the post-war period utilized psychological research on child development. Also, in the postwar period, psychologists claimed that they could determine what constituted a well-adjusted child.[157]

Linked strongly to this role in schools, psychologists in the interwar period also staffed the new child guidance clinics. The first such clinic opened in 1919 and spread throughout the 1920s and 1930s. In philosophy, the clinics were strongly shaped by the 1931 White House Conference on Child Health and Protection. At this conference, mental health was defined as "the adjustment of individuals to themselves and the world at large with the maximum of effectiveness, satisfaction, cheerfulness, and socially considerate behaviour, and the ability to face and accept life's realities."[158] Canadian mental health professionals, in accordance with this definition, geared child clinics towards shaping and changing the behaviours of both the children and their parents. In this way, the clinics sought to identify and treat poorly-functioning families, not simply children.[159] Thus, by World War Two and far after, psychology as a discipline had gained access to Canadian families through both schools and child clinics. These points

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[154] Gleason, 1999, 25.
[155] Judith Sealander, *The Failed Century of the Child: Governing America's Young in the Twentieth Century* (New York: Cambridge University Press, 2003), 200-1.
[156] Gleason, 1999, 20.
[157] *Ibid.*, 28.
[158] *Ibid.*
[159] *Ibid.*, 27-8.

of entry would increase in the post-war period and facilitate both the popularization of psychology and the creation of the psychological "expert" in child-rearing.

One final area of psychological interest in the period also bears mentioning. Psychologists in Canada and the United States, with the outbreak of World War Two, were eager to implement testing of military personnel. They hoped that this activity, in conjunction with their work in schools and clinics, would confirm their worth to Canadian society.[160] In 1906, a French psychologist named Alfred Binet had developed the concept of "intelligence quotient" with accompanying tests to measure it. These tests, modified by two American professors to be applied to mass numbers, had been used in the United States to test personnel during World War One.[161] With the outbreak of war again, at first, the Canadian government and army were reluctant to utilize this knowledge but, in 1941, psychological screening was introduced for all military recruits. Psychologists were able to use their success with personnel testing as another, and perhaps even more visible, sign of their benefit to Canadian society.[162] It also increased psychology's reputation for scientific methods and practical usefulness.[163]

From the late 1930s, psychology in Canada also made some important further steps towards formal professionalization. In 1939, the Canadian Psychological Association (CPA) was formed. By 1942, the CPA had only eighty members but, by the late 1940s, membership was growing considerably with the increased popularity of psychology. Between 1945 and 1955, total CPA membership increased from 158 to 727. The CPA's decision to make a doctoral degree a requirement for certification increased

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[160] Gleason, 1999, 33.
[161] Sealander, 2003, 198-9.
[162] Gleason, 1999, 31-3.
[163] *Ibid.*, 20.

further the discipline's reputation for high educational standards. It also gave the impression of an agreed upon body of knowledge.[164]

In the postwar period, Canadian psychologists had the principal goal of popularizing their own ideas. Indeed, "An important part of the psychologist's postwar work was therefore devoted to educating Canadians in the importance of achieving and sustaining healthy personality development by popularizing their advice and making it accessible."[165] Psychologists wished to increase their involvement with the family and bring parents especially into their sphere of influence. To do so, "families were presented with psychological criteria of normalcy [that opened] the door to the normalizing activities of any member of a developing network of intervening social agencies."[166] A large component of these criteria was the claim by psychologists that the basis of the modern Canadian family was emotional.[167] This claim then justified the existence of psychologists to help with any problems within the family. In effect, "The presentation of the war as a watershed event, the aftermath of which threatened to bring about family breakdown and rapid social change, provided psychologists with the opportunity to reinterpret or construct postwar problems as concerns best approached through psychological expertise."[168]

In light of this new focus on the emotional well-being of the child, mothers were increasingly concerned about their parenting abilities. These anxieties rose especially after the popularization in Canada of the work of a British psychologist, Dr. John

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[164] Gleason, 33-5.
[165] *Ibid.*, 83.
[166] *Ibid.*, 87.
[167] *Ibid.*, 88.
[168] *Ibid.*, 95.

Bowlby.[169] His research in the 1950s examined what he called "maternal deprivation" in the emotional attachment of children. Bowlby concluded that children could be deprived and emotionally damaged if the mother worked outside the home.[170] This emphasis on emotional well-being as key to healthy development seemed to confirm what psychologists in Canada were saying to parents. In this context and, given the decline in respect for medical doctors, it is hardly surprising that by the 1960s and 1970s psychologists were joining the ranks of well-known child-rearing experts. It seemed like a natural expansion of their activities given their long-standing involvement in schools and clinics, as well as their more recent engagement with the Canadian family.

Conclusion

In this chapter, I have tried to show how the connected worlds of parents and experts changed in the 1960s and 1970s. This necessitated a discussion of World War Two and its aftermath, beginning with the end of this conflict. Generally speaking, parents' lives became much more child-centred than in previous generations. The postwar baby-boom and the construction of suburbs only served to re-enforce this trend. Additionally, parents of the baby-boomers had survived Depression and war to emerge in an optimistic and financially secure society. This environment stimulated heightened expectations for the next generation. At the same time, experts were beginning to express fears regarding the psychological health of children. Thus, since the 1960s, Canadian parents have been burdened with both increased expectations for their children and increased anxieties.

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[169] Prentice, 310.
[170] Grant, 211.

The 1960s and 1970s have been popularly known as decades of great change and ferment in many Western societies. As I hope my review has shown, this characterization is valid. In a climate of uncertainty and rebellion, many people, including parents, began to question authority and the role of experts in their lives. Second-wave feminists, who emerged in Canada in the late 1960s, and groups like La Leche League, also questioned more specifically the place of medical experts in the lives of women and mothers. Simultaneously, more mothers were entering or re-entering the paid workforce, provoking a readjustment of public opinion and a discussion of parenting responsibilities.

The role of child-rearing experts, primarily medical doctors in earlier periods, also underwent change in the 1960s and 1970s. In Canada, medical doctors had to adjust to the crumbling of their biomedical paradigm, the involvement of the state in the provision of medical care and the new demands of mothers as consumers. Perhaps even more significantly than these developments, medical doctors in the 1960s and 1970s had to share the child-rearing advice arena with psychologists. This profession had consolidated substantially in the immediate postwar period. The result was an increase in the number and prestige of psychologists in Canadian society. Even popular pediatricians, like Dr. Spock, found it necessary to incorporate more psychological tenets into their child-rearing advice.

In the next two chapters, I will analyze in detail the expert advice of the 1960s and 1970s on feeding, crying and toilet training. I will attempt to demonstrate both how that advice changed in the two decades under review, reflecting the social climate discussed in this chapter, and how scientific motherhood ideas persisted.

Chapter 3-Advice on Feeding in the 1960s and 1970s

This chapter will begin my analysis of child-rearing advice in the 1960s and '70s with an examination of how experts looked at infant feeding, a central concern in any time period. I have decided to divide the pages that follow into three major topics covered by almost all experts: breast- versus bottle-feeding, feeding on demand and the introduction of solid foods. In this chapter, I hope to show both how the advice changed over time, moving further away from scientific motherhood, but also how some ideas from the 1920s and 1930s persisted even in such a different social and parenting context.

Breast- versus Bottle-Feeding

The advocates of scientific motherhood and experts in the 1960s and '70s all favoured breast-feeding. In 1963, only 38% of mothers in Canada even initiated breast-feeding. By 1982, this number had increased to 75%.[1] To confirm this trend, though certainly not starting it, in 1979, the Canadian Pediatric Society shifted from a long-held stance of neutrality on infant feeding methods to one which openly supported breast-feeding as the preferred method.[2] At this time, the society recommended that infants be breast-fed for at least six to nine months.[3] The entire expert discussion of breast- versus bottle-feeding can only be understood in light of these larger trends in Canada society.

In their promotion of breast-feeding both advocates of scientific motherhood, as we saw in Chapter 1, and experts of the 1960s and 1970s, highlighted that breast-feeding was natural and designed to meet the needs of infants. In 1960, at the very start of the period under review, Dr. Ernest Couture, the Canadian obstetrician employed by the

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[1] Ellen McNally, Suzanne Hendricks, and Isadore Horowitz, "A Look at Breast-Feeding Trends in Canada, 1963-1982," *Canadian Journal of Public Health* 76 (March/April 1985): 101.
[2] Stephanie Knaak, "Breast-Feeding, Bottle-feeding and Dr. Spock: The Shifting Context of Choice," *The Canadian Review of Sociology and Anthropology* 42, Iss. 2 (May 2005): 198.
[3] McNally, Hendricks, and Horowitz, 101.

federal Department of National Health and Welfare and introduced in the first chapter, re-printed the second edition of his very popular manual *The Canadian Mother and Child*, first published in 1940. He asserted that breast-milk was the best food for any baby.[4] Spock in his 1962 *The Common Sense Book of Baby and Child Care* shared this idea, saying that breast-feeding was natural and that "On general principle, it's safer to do things the natural way unless you are absolutely sure you have a better way."[5] The naturalness of breast-feeding was also emphasized in articles from the early 1960s in *Chatelaine.* For example, in July 1963, Dr. Alton Goldbloom, a regular columnist on topics of child-rearing and credited as a well-known Canadian child specialist, reminded his readers that the function of the human female breast was to secrete a milk perfectly adapted to the growth of human infants. He asserted that cow's milk was not so well suited as it had more protein and salt and less sugar than needed by infants.[6]

Expert advice would continue to argue for the naturalness of breast-feeding throughout the late 1960s and into the 1970s. In 1967, the third edition of *The Canadian Mother and Child* reiterated that breast milk was the best possible food for human infants.[7] Dr. Elizabeth Chant Robertson, a pediatrician and columnist for *Chatelaine* in the 1960s and 1970s, and her colleague Dr. Margaret I. Wood, stressed in their 1971

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[4] Dr. Ernest Couture, *The Canadian Mother and Child* (Ottawa: Department of National Health and Welfare, 1960), 76. As discussed in Chapter 1, Couture did participate in the writing of this edition. My analysis will, therefore, in the interests of simplicity, credit him as the author.

[5] Benjamin Spock, *The Common Sense Book of Baby and Child Care* (New York: Duell, Sloan and Pearce, 1962), 63.

[6] Alton Goldbloom, "How Breast-Feeding Benefits Mother and Baby," *Chatelaine* 36, no. 7, July 1963, 81. Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada,* (Toronto: University of Toronto Press, 1994), 51, 54 and 85. Dr. Goldbloom was a prominent pediatrician trained by the American Dr. L. Emmett Holt, introduced in Chapter 1. He was employed at the Montreal's Children's Memorial Hospital and wrote a popular advice manual *The Care of the Child* in 1928 that was re-printed in 1935, 1940 and 1945.

[7] Department of Health and Welfare Canada, *The Canadian Mother and Child* (Ottawa: Department of National Health and Welfare, 1967), 86. Though building on his work, Couture did not seem to be involved in the creation of the 1967 or 1979 editions. Since no single person is credited as the author, I will refer to the Department or Couture's successors in my discussion.

book that nearly every baby thrived on milk produced by his or her mother.[8] Spock also repeated in the 1975 edition of his book that breast-feeding was natural.[9] This attitude seems to have escalated throughout the 1970s. The fourth edition of *The Canadian Mother and Child*, published in 1979, argued that a baby's food should provide all the necessary nutrients and, therefore, "Toward these ends, greater attention is now being given to encourage and help mothers to breast feed their infants."[10] It said further that breast milk was the best food for babies and that no formula was superior. Couture's successors stated "Breast milk is so good that some authorities say it is the only food a baby really needs up to 4 or even 6 months of age."[11] Within the general and growing expert consensus of the 1970s on the suitability of breast milk for the infant's needs, it is important to note that Dr. Penelope Leach, the popular British psychologist and expert introduced earlier, dissented in some ways. She said in her 1975 book that "From the baby's point of view, despite hotly partisan writings on the subject, there is probably little difference between satisfactory breast-feeding, and careful bottle-feeding."[12] She also added, somewhat tartly, that to "maintain that [breast-feeding] is a natural function, and therefore easily possible for all mothers, is as idiotic as it would be to maintain that there

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[8] Dr. Elizabeth Chant Robertson and Dr. Margaret I. Wood, *Today's Child: A Modern Guide to Baby Care and Child Training* (Toronto: Pagurian Press, 1971), 39. Valerie Korinek, *Roughing it in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000), 216; Arnup, 51. Dr. Chant Robertson was a nutritional researcher at the Hospital for Sick Children in Toronto and contributed a regular column to *Chatelaine* from 1941 to 1960. She also spoke on CBC radio as a child expert. Dr. Wood was, in 1971, a practising pediatrician on staff at the Hospital for Sick Children. Both doctors were also mothers, a fact they brought up when discussing breast-feeding. Throughout the period under review, there was a growing number of female child-rearing experts, reflecting the increase in the number of women in the paid workforce, discussed in Chapter 2.

[9] Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster of Canada, 1975), 72.

[10] Department of Health and Welfare Canada, *The Canadian Mother and Child* (Ottawa: Ministry of National Health and Welfare, 1979), 140.

[11] *Ibid.*, 141.

[12] Penelope Leach, *Babyhood: Infant Development From Birth to Two Years* (London: Penguin Books, 1975), 44.

is no such thing as constipation."[13] However, this expert did state in her 1978 book that breast milk, being intended for infants, was physically better.[14] Thus, proponents of scientific motherhood and child-rearing experts of the 1960s and 1970s, whatever their other views on infant feeding methods, were in wholehearted agreement about the natural compatibility between the properties of breast milk and the needs of the human infant.

After having stressed the suitability of breast milk for infant consumption, most manuals would proceed to list the other advantages of breast- and sometimes bottle-feeding (See Appendix 1). It is mostly in these lists that one can discern, first, an expert preference for breast-feeding similar to that expressed in the era of scientific motherhood and, then, a subtle increase in that expert endorsement throughout the two decades under review. Despite this trend, it is important to note that some experts in the 1960s and 1970s, unlike in the era of scientific motherhood, did appreciate that bottle-feeding allowed the father to participate.[15] This recognition may have been related to the growth of feminism, which stressed partnership in parenting, and to the rise of women's work outside the home.

In 1960, Couture said that breast milk provided babies with a greater resistance to infection and resulted in fewer stomach infections. The mother, in turn, benefited from nursing as the practice returned the reproductive organs to normal and entailed no fussing with formula preparation. Couture also asserted that the baby got the full attention of the

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[13] Leach, 1975, 43.

[14] Penelope Leach, *Your Baby and Child: From Birth to Age Five* (New York: Alfred A. Knopf, 1978), 48. Leach's intention in writing her books, as discussed in Chapter 1, was to provide parents with information on child development. However, though she included in *Babyhood* a comprehensive bibliography of research, she did not cite it directly to support her arguments on breast-feeding.

[15] Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal-Kingston: McGill-Queen's University Press, 1993), 138. Experts during the period of scientific motherhood directed their advice almost exclusively to mothers whereas, increasingly in the decades under review, manuals were written to portray at least some paternal involvement in infant care.

mother while nursing.[16] However, he did highlight that "One advantage of bottle-feeding is that it gives Daddy a chance to feed the baby occasionally, and this helps develop a happy relationship between father and baby."[17] Spock in 1962 argued that breast-feeding would help the mother physically. He also said that breast milk was always pure and, therefore, this method involved no bottles to sterilize or formulas to prepare. Spock further pointed out that breast-feeding saved money. Finally, like Couture, he highlighted psychological considerations and said that mothers "tell of the tremendous satisfaction they experience from knowing that they are providing the baby with something no one else can give him, from seeing his devotion to the breast, from feeling his closeness." Spock believed, most likely influenced by Freudian ideas, that this process would increase the love between mother and child.[18]

Despite this apparent enthusiastic endorsement of breast-feeding, Spock understood that the method was not very popular in the early 1960s due to the work of women outside the home and fears that nursing was tiring and would spoil the woman's figure. In regard to the employment of women he said, in recognition of the larger trends discussed in Chapter 2, that the mother might hesitate to breast-feed if she had to go back to work right away. However, he maintained that, despite this reality, "If she has to be out of the home only 8 hours a day, she can still nurse her baby except for one feeding. Even if she can't nurse after she resumes work, it would still be worth while to breast-feed the baby temporarily if she has a month or two."[19] The latter concern about the loss

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[16] Couture, 1960, 76.
[17] *Ibid.*, 80.
[18] Spock, 1962, 63-4. A. Michael Sulman, "The Humanization of the American Child: Benjamin Spock as a Popularizer of Psychoanalytic Thought," *The Journal of the History of the Behavioral Sciences* 9, no. 3 (1973), 259. Freud asserted that physical contact was necessary for the emotional health of both mother and child.
[19] Spock, 1962, 66-7.

of figure, according to Spock, was based on the misconceptions that a nursing mother had to eat excessively in order to produce milk and that nursing caused the breasts to sag.[20] Citing his own medical experience, Spock denied these claims; however, he was careful to note that breast-feeding, despite the importance placed on it by some psychologists and psychiatrists of the time, was not the be-all-end-all of the mother-child relationship in the early months. He urged mothers to "think of breast feeding not as a test of your devotion to the baby (plenty of undevoted mothers in past ages have nursed their babies), or as a test of your physical and emotional adequacy as a woman (which it hardly is at all), but simply as a good thing if you really enjoy it and it works, but no cause for despair if not."[21] Thus, though Spock supported breast-feeding in the early 1960s, he was amiable in his recognition that many women were choosing not to do so. He conceded that "in these days when breast feeding is the exception rather than the rule, a mother who is attempting it may occasionally be subjected to a surprising amount of scepticism on the parts of friends and relations who are otherwise quite sympathetic."[22] This admission that breast feeding was, in fact, not the norm in North American society at the time was also reflected in the lengthy description provided, by both Spock and Couture, on the proper sterile method of preparing formula.[23] Discussions of formula preparation, included perhaps because so many women used bottles, were also prevalent in child-rearing texts from the 1930s and 1940s.[24]

The moderate endorsement of breast-feeding expressed by both Spock and Couture in the 1960s was echoed in the pages of *Chatelaine.* In 1960, the columnist

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[20] Spock, 1962, 64.
[21] *Ibid.,* 64-8.
[22] *Ibid.,* 80.
[23] *Ibid.,* 109-116; Couture, 1960, 80-86.
[24] Arnup, 100-101; Comacchio, 1993, 121-2.

Elizabeth Chant Robertson cited advantages similar to those mentioned by Spock and Couture. She said that breast-feeding was a simple method, with no bottles to sterilize, which was also satisfying for the mother. She argued, like Couture, that breast-fed babies rarely suffered from constipation or other digestive difficulties, and agreed with Spock on the fact that breast-feeding would not prove detrimental to the mother's figure.[25] Alton Goldbloom, writing in 1963, said that, though bottle-feeding was quite safe, breast-feeding allowed the mother's uterus to return to its normal, pre-pregnancy state more quickly. In addition, he believed that "The nursing mother has a far greater sense of well-being and is free from that concealed feeling of guilt which, admitted or not, concerns every woman who has refused, or been unable to nurse her infant." Here, Goldbloom seemed to imply that this sense of guilt was inevitable for women who did not nurse. He also argued that, along with less guilt for the mother, breast-feeding brought the mother and child closer.[26] However, like Spock and Couture, Goldbloom felt obligated to point out that breast-feeding was not very popular. He did claim that there was a growing trend among mothers, especially well-educated mothers, to use this method by citing a study of Toronto fellow pediatrician Martin Wobfish. According to Goldbloom, this doctor was interested in how many women initiated breast-feeding, how long they nursed and factors, such as education level and income, which correlated with successful nursing.[27]

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[25] Elizabeth Chant Robertson, "The Care and Feeding of a Baby...and Yourself," *Chatelaine,* 33, no. 10, October 1960, 166.

[26] Alton Goldbloom, "How Breast Feeding Benefits Mother and Child," *Chatelaine,* 36, no. 7, July 1963, 81-2.

[27] *Ibid.,* 82. Goldbloom underlined that "there does seem to be a definite trend toward breast-feeding, especially by younger, better-educated mothers (and many more young women are receiving a superior education in this generation than heretofore)." This statement reflects an awareness of the growing number of women enrolled in post-secondary institutions, discussed in Chapter 2. Though the experts reviewed in this study rarely refer to class differences, Goldbloom also added that Wobfish had found women with sufficient income to hire household experienced more success nursing their babies.

Wobfish found in his sample of six hundred mothers that more than 58% were nursing when they left the hospital.[28]

In the late 1960s and early 1970s, doctors and other experts continued to endorse breast-feeding as the preferred method. However, in parallel with an increase in the popularity of breast-feeding, experts became more confident in suggesting it and slightly more negative in their discussions of bottle-feeding. Scholars have analyzed numerous factors in the shift back towards breast-feeding, including scientific developments, La Leche League and the natural childbirth movement.[29] The Canadian material analyzed here seems to corroborate their findings. In 1967, Couture's successors continued to stress that breast milk was free from germs and, therefore, less likely to cause diarrhoea in infants. They repeated that nursing helped return the mother's uterus to normal and again mentioned the advantages of having no formula to prepare and developing a closer relationship with the child. In response perhaps to arguments for bottle-feeding, the 1967 edition stated that "[Nursing] may seem to be demanding of mother's time, that is to tie her down, but actually most mothers want to provide most of the care for their babies in the early months."[30] Despite this preference for nursing, the authors did include again Couture's earlier suggestion that bottle-feeding gave the father a chance to participate and helped build the relationship between father and baby.[31]

A 1970 article in *Chatelaine* articulated a more explicit rejection of bottle-feeding. Dr. Johanne Bentzon outlined many of the advantages of breast milk already

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[28] Alton Goldbloom, "How Breast Feeding Benefits Mother and Child," *Chatelaine,* 36, no. 7, July 1963, 82. This number seems a bit high given the previously discussed statistic of 38% in 1963, which was based on surveys sent to over 1,000 Canadian mothers.
[29] Knaak, 199.
[30] Department of Health and Welfare Canada, 1967, 87.
[31] *Ibid.,* 91.

discussed, such as being handy, fresh, sterile and cheap. She, like other experts, also mentioned the positive emotional experience for both mother and baby, as well as a decreased incident of gastrointestinal problems. She did concede, as did *The Canadian Mother and Child* in the above quotation, that nursing could restrict a mother's activities, though she denied it reduced bust size. Bentzon was also one of the first experts reviewed in this study to mention the beneficial nature of colostrum, a fluid secreted by the breasts before the milk came in. She highlighted that this fluid contained many important proteins and minerals helpful for the baby. Overall, Bentzon concluded that "Mothers who, after careful consideration, choose not to breast-feed need not feel guilty, but those who want to should be given every encouragement."[32] Though the author seemed here to be exonerating mothers who did not breast-feed, she then stated that there were rarely physical obstacles to breast-feeding; the implication then was that few mothers faced any real impediment to nursing. She also added that available formulas were convenient but expensive and that bottle-fed babies should never be left alone with a propped bottle.[33] Dr. Spock had advised against propping a bottle as early as 1962, but his opinion was not as strong as Bentzon's. He had said "I agree that it does no harm for a loving but busy mother to prop some of the bottles if she can make it up to the baby in other ways."[34] Thus, Dr. Bentzon's comments suggest a stronger endorsement of breast-feeding than was being made by doctors a decade previously. Additionally, experts in this period, including Bentzon, often alluded to the feminist argument, outlined in Chapter 2, that breast-feeding could tie a woman to the home, away from career

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[32] Dr. Johanne Bentzon, "Feeding Your Baby," *Chatelaine,* 43, no. 4, April 1970, 113. Dr. Bentzon had become a regular contributor to *Chatelaine* in 1965 as a medical expert on children's health issues. She was also, as she affirmed in a 1968 article, a mother, like Chant Robertson, Wood, and Leach.
[33] *Ibid.,* 114. In this article, Bentzon did not reference any specific research to support her arguments.
[34] Spock, 1962, 117-118.

opportunities. However, given how quickly they moved on from this point, they did not seem to believe that this one problem outweighed all the advantages to breast-feeding. The expert stance also signalled a return to the tone of the 1920s advice, which strongly discouraged bottles and criticized mothers who used them during a period when bottle-feeding was neither as popular nor as safe as in the 1940s and 1950s.

Drs. Chant Robertson and Wood's book, published in 1971, also laid out the numerous advantages of breast-feeding and failed to mention any of the ones associated with bottle-feeding. They claimed "From personal experience, both authors of this book are enthusiastic about [nursing], as are most other physicians."[35] By asserting a life-based authority, as did Penelope Leach, these doctors may have been responding to both the diminishing prestige of medical expertise, discussed in Chapter 2 and related to the counter-culture of the 1960s, and the claims of feminists and La Leche League members on the value of the female experience. The authors discussed many of the same benefits as other experts and added that breast milk contained more vitamins A and C than cow's milk and nursing reduced a woman's chance of developing breast cancer.[36] After mentioning all these advantages, the authors stressed that women should discuss breast-feeding with their doctors and husbands throughout the pregnancy. Here again we see the idea, first expressed by Couture in 1960, that husbands could be involved with infant feeding. However, Chant Robertson and Wood, perhaps influenced by feminist ideas and the 1970 report of The Royal Commission on the Status of Women, took the suggestion further by saying that, rather than simply giving bottles, husbands could help their wives prepare for and execute breast-feeding. The doctors also supported consultations with La

[35] Chant Robertson and Wood, 39.
[36] *Ibid.*, 39-40, 50.

Leche League; references to this group began appearing in child-rearing advice in the 1970s and reflected its growing popularity.[37]

Despite Chant Robertson and Wood's comprehensive list of advantages to breast-feeding, the authors were also careful to emphasize that they were not opposed to bottle-feeding. However, the circumstances in which they considered this method appropriate were somewhat extreme. They mentioned only that mothers with serious diseases or those who felt nursing was a revolting practice should not breast-feed.[38] They then proceeded, as did other experts, to depict bottle-feeding as a complicated and potentially dangerous undertaking. The doctors encouraged women to consult their doctor on which formula was best, to never prop a bottle and leave the baby alone to eat in case he choked and to always boil any pasteurized milk to kill germs.[39] Though Spock, for example, had made many of these same points a decade before, the idea that a baby with a propped bottle could choke was new.[40] This assertion, in combination with earlier fears of germs, added another alarming dimension to bottle-feeding for new mothers.

A 1972 column in *Chatelaine* also exhibited an increasingly critical expert attitude towards bottle-feeding. Though her professional status is unclear in *Chatelaine,* Beryl Oxley was an occasional contributor to the magazine. Possibly not a doctor herself, Oxley supported her opinions with references to medical and other expertise. In 1972, she recounted her own experiences with infant feeding methods. She said that her first child was born in England, in a small maternity home where all the staff believed that a mother could and should nurse her baby. Therefore, as I discussed in Chapter 1,

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[37] Chant Robertson and Wood, 40.
[38] *Ibid.,* 49.
[39] *Ibid.,* 51-52, 58.
[40] Spock, 1962, 101.

the influence of New Zealand doctor Truby King, who insisted that "95 per cent of all mothers could breast-feed,"[41] was still reflected in the attitudes of English nurses into the 1970s. Three years later, Oxley had her second child in a large hospital in Canada where it was assumed, apparently despite the popular advice of the time, that she would bottle-feed. In comparing her experiences, Oxley argued that breast-feeding was enjoyable for her, economical and convenient with no bottles to sterilize or store. With the second child, she worried about which formula to give and concluded that "This, plus the time taken out of the day for preparation, and concern about the milk flow being too fast or too slow, made feeding times a chore rather than a wonderful excuse to relax, put up my feet and read a book." To support her opinion on breast-feeding, Oxley discussed the work of Dr. Joseph Jacobs, a Hamilton pediatrician on faculty at the McMaster University Medical Centre. She referred to him as part of a new generation of doctors who encouraged breast-feeding. Jacobs said breast milk did not cause constipation and was easy to digest for the baby. Oxley, like Chant Robertson and Wood, also alluded to the utility and growing popularity of La Leche League in Canada. In fact, she provided *Chatelaine* readers with the addresses of Canadian groups and excerpts from their book on breast-feeding.[42]

By the mid-1970s, influential experts in Canada were, with one notable exception to be discussed below, strengthening their approbation of breast-feeding as the best possible method. As previously mentioned, this change in attitude most likely both reflected and re-enforced the growing acceptance of this method by Canadian women. Dr Spock's 1975 manual *Baby and Child Care*, a re-print of the 1968 edition, stressed

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[41] Christina Hardyment, *Dream Babies: Child Care from Locke to Spock* (London: Jonathan Cape Ltd., 1983), 179.
[42] Beryl Oxley, "Should You Breast-Feed Your Baby?" *Chatelaine,* 45, no. 8, August 1972, 70-71.

that breast milk was always pure, available and free. He said that breast-feeding often failed because it was not given a good trial and encouraged women, as he had in his 1962 edition, to stay away from formulas and ignore friends who might try to discourage their nursing attempts.[43] He reiterated many of the same benefits in his revised 1976 book and added, more decisively than in previous editions and based upon "careful studies in recent years", that a breast-fed baby got immunity through colostrum and milk. He repeated his earlier advice for working mothers, reminding them that it was still possible to nurse, in his 1975 and 1976 books, and said again that nursing did not make breasts sag nor was it impossible for women with smaller breasts. He reiterated that nursing was a very satisfying experience for mothers. Like Chant Robertson and Wood, Spock in this version of his book included a new endorsement of La Leche League and suggested that this organization could aid mothers with nursing problems.[44]

The 1979 *The Canadian Mother and Child* also reflected this growing expert confidence in breast-feeding. The book now advised mothers to prepare in pregnancy for breast-feeding. It said that formulas were available but pointed out that breast-feeding brought mothers and babies into a closer relationship than bottle-feeding. The authors stated that breast milk was easy to digest, economical and convenient. They said further that colostrum had antibodies and nursing helped the uterus return to normal. This edition included an additional advantage of nursing when it argued that "Breast feeding tends to reduce the chances of over-feeding the infant as he will stop feeding when he is satisfied, whereas bottle fed babies are often encouraged to draw the last drop from the

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[43] Spock, 1975, 72, 86 and 89.
[44] Spock, 1975, 75; Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster Canada, Ltd., 1976), 93-95, 96, 108.

bottle."[45] This point will be discussed further in the section on demand feeding but it is important to note here that the experts displayed, by the mid-1970s and echoing nutritional research, a growing anxiety in regard to childhood obesity. Comments such as the above attempted to promote breast-feeding by perhaps tapping into this wider social concern, discussed in Chapter 2. Historians, such as Judith Sealander, have analyzed other cases in which a topic or disease, like polio in the 1940s, became of intense public, most particularly parental, interest. Sealander asserted that "The fact that polio became a national obsession...cannot be explained by a recitation of its symptoms. America's rising standards for sanitation helped polio spike in the years between 1938 and 1952, but another particularly American phenomenon, public relations, made the disease the one parents most feared."[46] Beginning in the 1960s and 1970s, there was a similarly widespread concern among parents, experts and health officials about the rising incidence of obesity and poor diets in North American society.[47]

Couture's successors in 1979 advised women to discuss any nursing problems with doctors, nurses and other women.[48] The writers lamented that many Canadian women were still choosing not to nurse and attributed this decision to, amongst other factors, the incidence of women working outside the home.[49] This statement was not included in earlier editions of *The Canadian Mother and Child,* and may have been in response to the fact that, by 1978, 41.2% of mothers with children under six years old

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[45] Department of Health and Welfare Canada, 1979, 144-45.
[46] Judith Sealander, *The Failed Century of the Child: Governing America's Young in the Twentieth Century* (New York: Cambridge University Press, 2003), 331-334.
[47] Judith Sealander, "Perpetually Malnourished? Diet, Health, and America's Young in the Twentieth Century," in *Children's Health Issues in Historical Perspective,* ed. by Cheryl Krasnick Warsh and Veronica Strong-Boag (Waterloo: Wilfrid Laurier University Press, 2005), 177-8.
[48] Department of Health and Welfare Canada, 1979, 148.
[49] *Ibid.,* 150-1.

were working outside the home.[50] Despite this reality, *The Canadian Mother and Child* tended, like Chant Robertson , Wood and Oxley, to discuss the option of formula feeding in an increasingly negative way. The manual suggested that improperly prepared formulas could cause vomiting, diarrhea and colic in babies. Though it provided no direct evidence for this statement, the next sentence in the book asserted that studies had shown nursing provided the child with immunity to viruses.[51] Therefore, it is clear that the writers of this manual, like many of the other experts, supported their claims and their own authority with unspecified references to medical research. Mothers were advised to be very careful in ensuring formulas were kept safe and clean. Though this same advice was found as early as Couture's 1960 edition, its placement in the text had changed in a significant manner. Rather than burying these comments in the middle of the section on formula preparation, as before, in 1979, they appeared more prominently in *The Canadian Mother and Child* at the start of the section on bottle-feeding.[52] This edition also added that formula should never be left out of the fridge for more than a few minutes, otherwise bacteria could start to grow.[53] In this way, the writers of *The Canadian Mother and Child* were similar to other experts who implicitly promoted breast-feeding by highlighting the problematic aspects of bottle-feeding. This version of the manual also omitted the significant advantage of bottle-feeding discussed in the 1960 and 1967 editions. Though showing a picture of a father giving a bottle to the baby, the authors chose not to underline that this arrangement represented a potential benefit of bottle-feeding. This change perhaps suggested, not a movement away from the idea of

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[50] Maureen Baker, "Paid and Unpaid Work: How Do Families Divide Their Labour," in *Families: Changing Trends in Canada* (Toronto: McGraw-Hill Ryerson Limited, 2001), 106.
[51] Department of Health and Welfare Canada, 1979, 144.
[52] Couture, 1960, 84; Department of Health and Welfare Canada, 1979, 151.
[53] Department of Health and Welfare Canada, 1979, 153.

partnership in parenting, expressed firmly by the Royal Commission on the Status of Women and the NAC, but simply a reflection of the growing popularity of breast-feeding and the reluctance of experts to highlight the advantages of other methods.

Thus, throughout the 1960s and 1970s, the vast majority of Canadian experts did not completely change their position on infant feeding. As during the period of scientific motherhood, they tended to agree that breast-feeding was better. However, in the 1960s, a time in which bottle-feeding was very popular, child-rearing advice was not firm on this issue or critical of mothers who did not nurse their babies. Couture and his successors in 1960 and 1967 even pointed out that bottle-feeding could facilitate the bonding of the father and child. By the end of the 1970s, more Canadian women were nursing, indicating perhaps a more receptive climate for opinions supporting breast-feeding. Consequently, throughout this decade, doctors became more confident in expressing both unequivocal support for breast-feeding and criticism of the bottle. In adopting this posture, the experts of the 1970s were similar to those in the 1920s.

Despite this general trend, as mentioned above, one important expert read by Canadian women did not support breast-feeding quite as openly as other 1970s doctors (See Appendix 1). In her 1975 book, first published in Britain the year before, British psychologist Penelope Leach outlined both the pros and cons of both methods of infant feeding. Some of her points had not been mentioned by other experts. She said that the positive side of breast-feeding included the antibodies of the colostrum; milk that was always suitable, available and clean; less chance of gastro-enteritis; less chance of too much infant weight gain; looser baby stools; ease of travel; ease of night feeding and a milk supply that would adjust to the baby's demands. However, Leach pointed out that,

the disadvantages of nursing included a supply that could vary; the inability to determine how much the baby had consumed; that the mother's own health could affect the milk supply; that chemicals could pass into the milk; that the mother had to have a good diet; that the mother could not delegate feedings; that the mother's nipples could get irritated and nursing involved baring breasts which could be embarrassing for some women. On the flip side, Leach suggested an equal number of advantages and disadvantages associated with bottle-feeding. For example, she argued, amongst other things, that with bottles there was no colostrum; it was trial and error to find the best formula and germs and gastro-enteritis could be a more serious problem. However, she also pointed out that with bottles the milk supply was constant; the mother could tell exactly how much the baby ate; the mother's health did not affect the food; other people besides the mother could feed the baby, etc.[54] As is clear from these lists, Leach, much more so than any other expert in this study, presented a balanced portrayal of feeding methods by detailing an equal number of pros for both breast- and bottle-feeding. She did state that "The mother who breast-feeds easily and with pleasure probably offered her baby the ultimate in warmth and physical comfort; and she will probably keep him waiting less often than the bottle-feeding mother." However, Leach also said that in Britain in 1971, only 8% of babies were breast-fed for even one month.[55] She seemed to suggest that this trend was self-perpetuating as women were unlikely to consider breast-feeding if they had never been exposed to the practice before having their own babies. She also credited new methods of milk suppression with eliminating the connection between full breasts and a

[54] Leach, 1975, 44-47.
[55] *Ibid.*, 44 and 43.

hungry baby.[56] The low incidence of breast-feeding in Britain suggests that, despite the continuing enthusiasm of British nurses for the method described in Beryl Oxley's *Chatelaine* account, many women were not following this advice. Given this decreased popularity of nursing as compared to Canada, Leach, like the experts of the 1960s, may have felt it was pragmatic to acknowledge this reality by discussing the advantages of bottle-feeding as well as breast-feeding.

Three years later, in her 1978 book, Leach provided her same catalogue of advantages and disadvantages; however, this time there were nine advantages to breast-feeding and only five for bottle-feeding. She added to her earlier list that with breast-feeding, a baby cannot be overfed and a mother would lose weight faster.[57] This second book also contained, though less explicitly than other experts, a stronger endorsement of breast-feeding. Leach stated that starting breast-feeding was not always easy but "Don't give up at least until you have given yourself a chance to experience the glorious time ahead when these early problems are over and the milk is there, like magic, whenever the baby wants it."[58] The use of words like glorious when describing nursing suggested a tendency to favour this method. Perhaps this shift towards breast-feeding might have reflected an increase in the popularity of this method in Britain in the 1970s. Also, in her 1978 book, Leach, like Spock, appeared sensitive to the existence of working mothers but still advocated nursing and said "If you mean to go back to full-time work within a few weeks of the birth, then obviously you will have to use a bottle. But you might still want to breast-feed while you can."[59]

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[56] Leach, 1975, 43.
[57] Leach, 1978, 49.
[58] *Ibid.*, 52.
[59] *Ibid.*, 48.

Duration of Breast-Feeding and Weaning

In terms of specific techniques and timetables for breast-feeding, experts in both the 1960s and 1970s demonstrated a general consensus on several important issues. They also agreed with proponents of scientific motherhood in stressing more forcibly the benefits of nursing for several months before weaning. In 1960, Couture advised mothers to slowly increase nursing to a total of twenty minutes each time. He did caution that it would take time to fully establish breast-feeding and that there were creams available for any nipple tenderness.[60] Spock gave similar advice in 1962 and said that milk production would eventually become very responsive to the baby after a while but, at first, nursing should be limited to protect the mother's nipples.[61]

On the topic of weaning, Couture suggested in 1960 that when the baby was three months old, it was a good idea to start replacing one breast-feeding with a bottle. Couture saw this as a preparation for weaning which, according to him, should begin around six months and consist of the mother gradually replacing all the nursings with bottle feedings.[62] This gradual approach, which sought to minimize anxiety in the baby, was also embraced by most other experts of the 1960s and 1970s and was inspired by Freudian psychology. It was different from the advice of the 1920s and 1930s which simply said that the baby could be weaned from the breast by nine months.[63] Though not providing specific reasons for this age, doctors in the period of scientific motherhood seemed to feel this was the maximum period any mother would nurse for practical reasons. For example, pediatrician Dr. Alan Brown commented in his 1932 book *The*

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[60] Couture, 1960, 77-79.
[61] Spock, 1962, 73-74.
[62] Couture, 1960, 79.
[63] Arnup, 109. Sulman, 259.

Normal Child: Its Care and Feeding that "there are not very many women who at the present age are able to nurse their infants so long. I consider a woman doing very well if she can nurse her baby entirely for seven months. Of course, if she can nurse longer, so much the better."[64] Couture did echo advocates of scientific motherhood when he also stressed that no baby should ever be weaned without first consulting a doctor.[65]

Spock likewise suggested that young babies should get a bottle once or twice a week in case the mother had to suddenly stop nursing and the baby needed to be weaned abruptly.[66] Spock, like Couture, advised that typical weaning should take place gradually. However, he did not favour weaning the baby to a bottle at all. Instead, he suggested that it would be better if the mother could nurse the baby until the baby could be weaned directly to a cup. Spock asserted that most breast-fed babies were ready for a cup sometime between seven and ten months, whereas many bottle-fed babies refused to give up the bottle till they were well over a year old.[67] By implying a longer dependence on the bottle for babies fed exclusively in this manner, Spock was again implicitly recommending breast-feeding. He also said that "I think it is preferable to have a baby weaned from the breast by a year if he seems ready for it." He added that continued nursing could create an unnatural dependence for the child.[68] Advice on breast-feeding printed in *Chatelaine* in 1960 echoed many of these ideas. In 1960, Dr. Elizabeth Chant Robertson suggested, for instance, that from about one month on, a breast-fed baby

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[64] Quoted in Arnup, 109. Alan Brown, *The Normal Child: Its Care and Feeding* (Toronto: McClelland and Stewart, 1932), 106.
[65] Arnup, 109; Couture, 1960, 78-9.
[66] Spock, 1962, 84.
[67] *Ibid.*, 96-7.
[68] *Ibid.*, 98.

should be given at least one bottle a week so that he or she would later take a bottle more easily and also so that the mother could get out more.[69]

In the late 1960s and early 1970s, experts gave similar advice on both nursing and weaning. The 1967 edition of *The Canadian Mother and Child* reiterated that nursing was a learned experience for both the mother and the child. It advised that the mother should gradually increase nursing time after the first week to ten or fifteen minutes. The authors argued that "All in all it will take about four weeks or so for you to become firmly established nursing your baby, to a point where there is a good supply of milk which the baby takes readily and satisfies him."[70] Couture's successors also cautioned again that weaning should be a gradual process, beginning around six months.[71] *Today's Child,* a 1971 book by Drs. Elizabeth Chant Robertson and Margaret I. Wood, mentioned earlier, contained similar advice. The doctors suggested that each nursing should be limited to twenty minutes but that any nipple soreness that did develop would clear up and was no reason to stop breast-feeding.[72] They asserted that a breast-fed baby should not have, except in unusual circumstances, any bottles till he was six weeks old lest this disrupted the mother's milk supply. The authors suggested that mothers should start giving babies one bottle a week after two months so that the baby would not later reject it.[73] This represented a modification of Chant Robertson's earlier advice and perhaps reflected a growing expert awareness of the mechanics of breast-feeding. In turn, this could have been the result of the increasing notoriety of La Leche League, which devoted

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[69] Chant Robertson, "How Can I Teach my Child to Eat Better?" *Chatelaine,* 33, no. 4, April 1960, 162.
[70] Department of Health and Welfare Canada, 1967, 89-90.
[71] *Ibid.,* 101.
[72] Chant Robertson and Wood, 43 and 47.
[73] *Ibid.,* 46.

a session to nursing techniques.[74] For weaning, Chant Robertson and Wood argued, "If you can, you would be wise to keep on breast-feeding your baby until he is at least eight or nine months old, although nursing him for even six months is fine."[75] The authors, like both Spock and Couture, advocated a process of gradual weaning in which nursings were replaced one at a time with a cup or bottle.[76]

By the mid-1970s, Spock suggested that a baby be gradually weaned to a cup at around five months.[77] He said again in his 1976 edition that, at around six months old, the majority of babies were showing signs of a decreased need for the breast and a willingness to drink milk from a cup. However, in a marked departure from his earlier concerns about the dependency created by prolonged nursing, and perhaps as another sign of the growing influence of groups like La Leche League, Spock stated that there was no harm in continuing nursing till two if both the mother and child wished to.[78] As previously mentioned, La Leche League promoted prolonged breast-feeding and believed firmly that the child should determine when weaning would begin.[79] Despite what some experts, like Spock, had argued into the 1960s, "League mothers found that, contrary to warnings that prolonged nursing would produce an overly dependent child, their toddlers who experienced the security of moving at their own pace actually traveled a very fast road to independence."[80] As discussed in Chapter 2, along with their own experiences,

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[74] Lynn Y. Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America," *The Journal of American History* 80, no. 4 (March 1994): 1368; Jule De Juger Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion* (Chapel Hill: The University of North Carolina Press, 2000), 16.
[75] Chant Robertson and Wood, 46-7.
[76] *Ibid.*, 50.
[77] Spock, 1975, 104.
[78] Spock, 1976, 126.
[79] Weiner, 1368.
[80] De Juger Ward, 63.

League mothers also used medical research to bolster their arguments.[81] Thus, the shift in expert opinion on this point could be interpreted as both a sign of the rising influence of the League and an acceptance of the medical evidence it used.

In 1978, Leach, expanding much more on the subject than in her 1975 book, also suggested a gradual weaning process and agreed with Spock that breast-fed babies could be weaned directly to a cup. Leach further stated that the baby would gradually chose to have less milk from the breast as he or she was given milk from a cup or solid foods. Leach implied that weaning in this fashion would be completed by one year. For bottle-feeding, Leach encouraged mothers to begin weaning to a cup by five months.[82] *The Canadian Mother and Child*, like Spock's book, also displayed an increased flexibility towards the weaning timetable. The 1979 edition argued that a baby could nurse for nine to twelve months or even longer. The book remained committed to the idea of gradual weaning whenever it happened.[83]

Therefore, in the 1960s, experts did not really disagree with their earlier counterparts on the need for medical involvement in weaning but they had developed a more detailed, gradual course of action, based on psychological tenets, for parents to follow. Also, increasingly in the 1970s, experts, most particularly Spock, cast off concerns expressed in the 1960s about prolonged breast-feeding, perhaps due to the influence of La Leche League.

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[81] Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (London: Rutgers University Press, 2006), 136.
[82] Leach, 1978, 202-204.
[83] Department of Health and Welfare Canada, 1979, 149-150.

Feeding on Demand

Perhaps one of the most significant departures in child-rearing advice from the time of scientific motherhood was the growing insistence in the 1960s and 1970s that babies be fed on demand. To review briefly, during the height of scientific motherhood, experts had strongly advised women to feed their babies on rigid schedules and to ignore any signs of hunger at irregular times. The shift away from this approach began to appear, as discussed in Chapter 1, in the 1950s, most especially in the advice of Spock. Throughout the 1960s and 1970s, this new philosophy on infant feeding, which emphasized flexibility and parental responsiveness, would spread to almost all child-rearing manuals. The approach, as I will discuss below, may have become even more strident in the 1970s.

In his 1962 book, Spock still felt the need to discuss and dispute scientific motherhood tenets on infant feeding, suggesting that these principles were not so easily shaken off by experts and parents alike. In an intriguing passage on the history of his own discipline, Spock described how, in the first half of the twentieth century, babies were kept on strict feeding schedules regardless of when they seemed hungry. Spock suggested that doctors during this period had feared irregular feedings and responsive parents would lead to spoiling and possibly infant diarrhoea.[84] He asserted that this strict scheduling worked well for most babies but that some had trouble adjusting. Moreover, Spock implied that mothers always followed this advice and "It was harder still on [them], who had to sit listening, biting their nails, wanting to comfort their babies but not

[84] Spock, 1962, 52-53. Ann Hulbert, *Raising America: Expert, Parents, and a Century of Advice about Children (* New York: Knopf, 2003), 235-236. As a young pediatrician in the 1920s, Spock completed a one-year internship at Cornell's New York Nursery and Child's Hospital. There he observed the effectiveness, or lack thereof, of scientific motherhood advice.

allowed to do so. You don't know how lucky you are to be able to be natural and flexible."[85] Spock argued that there was no reason for babies to be left to cry with hunger for long periods.[86] In support of this new position, Spock cited the research of Dr. Preston McLendon and psychologist Frances Simsarian. According to Spock, in 1942, this pair had experimented with what they termed "self-demand" by feeding Mrs. Simsarian's newborn whenever he seemed hungry rather than on a rigid, imposed schedule. They found that by ten weeks and, without their interference, the baby was conforming to a four-hour schedule. Spock claimed that this one experiment had precipitated a huge departure from the tenets of scientific motherhood in regard to feeding schedules.[87]

In essence, the approach advocated first by Spock and described by Couture in 1960, focussed on establishing "a regular schedule, but for the first few weeks the idea is to nurse the baby when he wakes and cries from hunger at a reasonable interval from his last feeding."[88] Spock labelled the approach as "flexibility" in contrast to the "regularity" of scientific motherhood. Even in 1960, Couture claimed that this type of self-demand feeding, in which the mother permitted the baby to gradually establish his or her own schedule, had already been widely accepted as the best way. He suggested that at first the baby would want food fairly irregularly but, after a few weeks, the baby would settle into a pattern with three to four-hour intervals between feedings.[89] His outlook may also have been influenced by the research of McLendon and Simsarian, discussed above, but he did not say. Spock likewise believed in 1962 that a baby should be fed when he was hungry

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[85] Spock, 1962, 52.
[86] *Ibid.*, 52.
[87] *Ibid.*, 53.
[88] Couture, 1960, 75.
[89] *Ibid.*

but that the baby would quickly show an increased tendency for regular feedings which would develop into a four-hour schedule.[90] Until this pattern emerged, though, Spock claimed there was no harm in giving the baby extra feedings.[91] Though he did not provide any supporting evidence for this last claim, perhaps Spock was once again thinking of the experiment of McLendon and Simsarian, in which the baby was fed irregularly and often in the first few weeks. Though he suggested as well that some sort of schedule would develop, Couture advised against ever waking a baby for a feeding and warned that a baby's appetite would vary from day-to-day.[92] Again, this advice is very different from that given during the period of scientific motherhood when Dr. Frederick Tisdall, a prominent doctor with the Toronto's Hospital for Sick Children, for example, had told mothers to wake babies for feedings.[93] He advised that if mothers did so, the babies would soon learn to wake at the correct intervals for feeding.[94]

Just as Spock and Couture believed that a baby should decide when to begin feeding, experts in the early 1960s, most particularly Spock, also argued that a baby should be allowed to decide when a feeding was over. Spock claimed that "As soon as your baby stops nursing and seems satisfied, let that be the end of the feeding. He knows better than anyone else how much he needs."[95] Spock was the first expert examined in this study to assume that a baby possessed this degree of self-awareness and autonomy. By doing so, he was perhaps reflecting a social climate, outlined in Chapter 2, that was

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[90] Spock, 1962, 42-3, 55.
[91] *Ibid.*, 83.
[92] Couture, 1960, 77.
[93] Arnup, 54 and 102.
[94] *Ibid.*, 102.
[95] Spock, 1962, 117.

much more concerned with the rights of children. The language of children's rights was also used, as we will see in Chapter 4, by Penelope Leach.

Spock went on to say that babies' appetites were variable and that "If you can trust a breast-fed baby to take what he needs, you can trust a bottle-fed baby too." Spock believed so strongly in this aspect of feeding on demand that he linked later problems with urging a young baby to eat more. He said that "These problems develop, in nine out of ten cases, because the mother has been trying, sometimes since infancy, to get her child to eat more than he wants." Spock specified that a positive feeding experience built in a baby self-confidence, outgoingness and trust and "if mealtime becomes a struggle, if feeding becomes something that is done to him, he goes on the defensive and builds up a balky, suspicious attitude toward life and toward people."[96] So, Spock, like the medical experts of the 1930s, did attribute character development to one's earliest experiences with hunger and eating, though he was generally arguing against scientific motherhood. In his case, this connection may have occurred because of his background in Freudian psychoanalysis, which emphasized early experiences in the formation of personality. The specific values Spock presented were also different from the self-control, obedience, unselfishness, purity and truthfulness, which earlier experts wished to inculcate in children. This shift, in turn, may have been the result of changing views on the goals of parenting. In the 1930s and before, the principal objective of child-rearing was often to produce an obedient child, whereas in the postwar period, with the influences of

[96] Spock, 1962, 119-120.

children's rights and Freudian psychology, parents were to instil self-direction as well as self-control.[97]

Though Spock and Couture, in their early 1960s writings, strongly approved of feeding on demand as opposed to rigid schedules, they were still cautious at this time to qualify their approach. Couture suggested that "Whatever schedule you adopt should be one on which baby thrives best; but if you have other children in the family or find it very difficult to start your day very early in the morning, you should take your own convenience into consideration, for the baby will benefit most if you are relaxed and managing easily."[98] In this way, though emphasizing the baby's needs, Couture made allowances for the needs of the parents and the family as a whole. Spock showed a similar concern that parents should not misinterpret demand feeding when he said "Some young parents, eager to be progressive, have assumed that if they wanted to get away from the rigid scheduling of the past they must go all the way in the opposite direction, feed their baby any time he woke and never wake him for a feeding." Perhaps the desire of parents to be progressive or liberal with infant feeding at this time was influenced by the political climate of the 1960s, discussed in Chapter 2, which encouraged a critical re-examination of many older ideas on authority, including those on parenting. Despite this receptivity to new ideas, Spock cautioned that a misunderstanding of demand feeding could lead to many feedings and that parents should strive to get babies down to a reasonable number of feedings at fairly predictable times.[99] He also advised parents not

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[97] Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980), 101; Hugh Cunningham, *The Invention of Childhood* (London: BBC Books, 2006), 199; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), 107-8.
[98] Couture, 1960, 75.
[99] Spock, 1962, 53-4.

to react to every whimper or cry from the baby with food, especially if it had only been an hour since the last feeding or if it was at two in the morning.[100] Therefore, as both Couture and Spock outlined, feeding on demand did not mean that parents should always be completely responsive to the cries of the baby. With this imperative, as well as the belief in some kind of schedule, the feeding philosophy of the early 1960s was not as different from scientific motherhood as it appeared on the surface.

Into the late 1960s and early 1970s, feeding on demand remained a very important aspect of any advice manual published in Canada. The 1967 edition of *The Canadian Mother and Child* was virtually unchanged on this topic. Articles in *Chatelaine* written by doctors in 1968 and 1970 reflected self-demand ideas by arguing that babies could regulate themselves as to amount and frequency of feedings and that there was no sense in letting a hungry baby cry for an hour or waking one from a sound sleep to be fed.[101] In their 1971 book, Drs. Chant Robertson and Wood reproduced much of the advice found in Spock and Couture a decade earlier. They said "Self-demand babies nurse at irregular times for the first month or so, but soon after that they usually settle down of their own accord to approximately three to four hours intervals." However, unlike Couture, these doctors asserted that if the baby overslept he should be woken to eat after four-and-a-half hours. They also felt that if a baby woke two hours after his or her last meal and seemed hungry, he or she should be fed. This advice could have been lifted directly from Spock and these Canadian doctors, like him, also advised parents never to wake a baby for the night feeding.[102]

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[100] Spock, 1962, 56-7.
[101] Dr. Johanne Bentzon, "Food Rules for Babies to Teen-Agers," *Chatelaine,* 41, no. 12, December 1968, 82; Dr. Johanne Bentzon, "Feeding Your Baby," *Chatelaine,* 43, no. 4, April 1970, 114.
[102] Chant Robertson and Wood, 42.

By the mid-1970s, feeding on demand had become a well-entrenched component of every advice manual in Canada. Nonetheless, Penelope Leach, like Spock more than a decade earlier, felt it necessary to challenge directly earlier ideas on infant feeding. Referring to the strict schedules of the first half of the twentieth century, Leach recounted that many mothers who raised children during this time "tell horrors stories of sitting weeping in nursery doorways, listening to their baby, watching the clock, uterus and breasts aching with empathy as the crying got more desperate and the minute-hand slower."[103] Here Leach seemed to be characterizing strict infant feeding as opposed to the natural dictates of the mother's body. She obviously disapproved of such methods, and argued further, alluding to the precepts of scientific motherhood:

> If a pre-calculated rhythm is imposed on the baby's feeding, he will eventually accept that rhythm, and be ready for food at roughly the pre-set hours. But during the intervening weeks he will have had periods of acute distress, when his new digestion told him different from the clock. If, on the other hand, his mother tries, in the early weeks, to follow the demands of his digestion, she will end up similarly placed. He will want food at the 3-4-hour interval. The only difference is that the mother will have suffered some inconvenience in the intervening weeks, instead of the infant suffering hunger and frustration.[104]

By 1975, Spock also still felt it was necessary to discuss the drawbacks inherent in the rigid scheduling of infant feeding. He reiterated that doctors in the first half of the twentieth century thought feeding on demand would cause intestinal problems and spoiling of the child. It was perhaps this latter concern of spoiling, an enduring parental fear, which led both Spock and Leach to actively refute scientific motherhood principles of infant feeding.[105] Their repeated denunciations of older methods could also be interpreted as a concern that parents were not following their advice, a reflection of the

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[103] Leach, 1975, 57.
[104] *Ibid.*, 56-7.
[105] For more on the fear of spoiling children in earlier periods, see Cunningham, 112-3.

more precarious position of the expert in the 1970s, which I discussed in Chapter 2. Spock said, as he had in 1962, and as did Leach, that most, but not all, babies coped with having a feeding schedule imposed.[106] Spock's 1976 edition, which included large changes to some areas of his manual, remained the same in its presentation of scientific motherhood.[107] Likewise, Leach repeated many of her ideas in her 1978 book. She argued again that all babies would eventually conform to an approximate 4-hour schedule and that imposing one upon the baby from the beginning, as scientific motherhood advocated, would only cause the child distress. She urged parents not to "fall into the trap of thinking that if you feed your baby whenever he seems hungry he will get into the habit of demanding food frequently."[108] This seems like a cloaked assurance that demand feeding would not spoil the baby as scientific motherhood experts had feared.

The expert encouragement of demand feeding may have increased throughout the 1970s. In discussing this system, Leach asserted that once a baby's digestion settled and matured, it would be natural for him or her to want food every three to four hours. She argued that there was no point in leaving a baby to cry, even at night, since crying for a long period tired the baby and would make him unable to suck when it was eventually time to eat.[109] Leach seems to be the only expert reviewed in this thesis to make this particular argument in support of demand feeding. Though providing no research evidence for the claim, perhaps Leach was once again thinking from the baby's point of view. In his 1975 book, Spock asserted that "the baby is the one who knows how many

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[106] Spock, 1975, 60-61.
[107] Spock, 1976, 81-2.
[108] Leach, 1978, 72.
[109] Leach, 1975, 57 and 61.

calories his body needs and what his digestion can handle."[110] As in his earlier work, he suggested that parents could use a four-hour schedule as a guide but that they should be willing to adopt a three-hour schedule if that suited the baby better.[111] However, in his 1976 book, Spock suggested that a mother could nurse "as often as your baby appears hungry and as often as you feel able to accommodate the baby."[112] This represents an even stronger endorsement of demand feeding than in his earlier works. Likewise, in 1978, Leach advised mothers to let their babies suck as often as they were hungry, as much as twelve times a day. After a few weeks, the baby would develop his or her own schedule. She repeated, "Once his digestion is working more maturely and he has gotten used to this new kind of hunger, he will neither feel nor express distress until he has digested the last meal so his demands will fall into the same pattern as conventional schedules."[113]

Finally, in 1979, *The Canadian Mother and Child* contained, in some ways, an even more strongly-worded affirmation of feeding on demand. It advised mothers to carry on demand feeding for many months and to let the baby establish his own feeding pattern. The manual then suggested that the mother should attempt to plan her life around the baby's schedule.[114] This idea would have been foreign to proponents of scientific motherhood who said that a strict feeding schedule, devised by the doctor on the basis of weight, should be imposed on the baby.[115] This attitude also seems like a significant shift from Couture's statement in 1960 that a mother's convenience and the

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[110] Spock, 1975, 58.
[111] *Ibid.*, 64-5.
[112] Spock, 1976, 103.
[113] Leach, 1978, 54 and 72.
[114] Department of Health and Welfare Canada, 1979, 143-4.
[115] Arnup, 102.

needs of other children should also be important factors in the establishment of a new baby's feeding schedule. As with their support for breast-feeding, this expert position on demand feeding seems to be in accordance with La Leche League ideas but at odds with the feminist agenda which, as discussed in Chapter 2, argued women's lives should not be completely structured by the responsibilities of motherhood.

Spock continued to stress in the 1970s, as he had in the 1960s, that the baby, not the mother, should decide when a feeding was at an end. He repeated that "As soon as your baby stops nursing and seems satisfied, let that be the end of the feeding. He knows better than anyone else how much he needs." Spock also criticized bottle-feeding in his 1975 edition because this method allowed the mother to see how much food was left over. He suggested again that many feeding problems were rooted in the earliest months when the mother insisted that the child eat more than he or she wants. The doctor argued that "It is harmful because it begins, after a while to take away his appetite, and makes him want to eat less than his system really needs." The habit of urging a baby also, according to Spock both in 1962 and 1975, made the child balky and suspicious.[116] He reprinted these same points in his 1976 edition and added that urging a baby to eat more would decrease his or her active and positive feelings about life.[117] In this way, Spock remained consistent throughout the 1960s and 1970s that, as a component of demand feeding, babies should be the ones to decide when they had had enough.

Linked to the issue of letting the baby determine when the feeding was over, discussed earlier by only Spock, was, as we have already seen, a growing concern in the 1970s with over-feeding a baby. Whereas Spock worried mainly about the psychological

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[116] Spock, 1975, 121, 123-4.
[117] Spock, 1976, 79.

effects of pushing food into a child, reflecting his own background in Freudian psychology, other experts warned increasingly of the physical consequences of this practice. This anxiety would have been completely alien to American, British and Canadian experts of the 1920s and 1930s who saw a chubby baby, or at least one who gained rapidly, as a mark of health and successful mothering.[118] According to historian Jeffrey P. Brosco, physicians at the turn of the century asserted that infant weight gain was an accurate measure of growth and health on the basis of treating gastroenteritis. By the 1920s, "The use of weight as a screening tool gave new importance to developing standard weight curves, since they were now arbiters of health."[119]

In sharp contrast to earlier experts' concern with insufficient weight gain, Leach said in 1975 that bottle-fed babies were more at risk of obesity because formulas were made incorrectly or a baby was fed when he or she was only really thirsty.[120] To support this contention, Leach did mention various studies. For example, in 1972, L.S. Taitz published an article in the *British Medical Journal* entitled "Infantile Overnutrition among Artificially Fed Infants in the Sheffield Region." According to Leach, Taitz found that mothers increased the concentration of milk and sugar in their babies' bottles, causing obesity in some cases, when the children experienced appetite spurts.[121] However, she maintained in 1978, without providing any specific references to medical studies, that it was simply impossible to over-feed breast-fed babies unless a mother was

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[118] Comacchio, 1993, 123; Jeffrey P. Brosco, "Weight Charts and Well Child Care: When the Pediatrician Became the Expert in Health Care," in *Formative Years: Children's Health in the United States, 1880-2000,* ed. by Alexandra Minna Stern and Howard Markel (Michigan: The University of Michigan Press, 2002), 93; Ellen Ross, *Love & Toil: Motherhood in Outcast London, 1870-1918* (Oxford: Oxford University Press, 1993, 141. Ross describes this attitude as common in England in the early twentieth century.

[119] Brosco, 93-94, 97.

[120] Leach, 1975, 101, 199-200.

[121] *Ibid.,* 101.

giving something in addition to milk.[122] *The Canadian Mother and Child* in 1979 echoed this assertion and said that "Breast feeding tends to reduce the chances of over-feeding infant."[123] It added, reflecting a more general concern over excessive feeding, that "parents are urged to refrain from introducing solid foods too early, from over-feeding baby and giving him overly sweet formula and other foods. These excessive, unnecessary practices lead to nutritional and dental problems which parents are urged to avoid in their children from infancy on."[124] This new societal preoccupation with nutrition and physical health in children, outlined in Chapter 2, will also be discussed in greater detail in the section on solid foods.

Despite the mounting support for demand feeding, important qualifications to this system were made in the 1970s, as in the 1960s. Spock reiterated in 1975 that some parents wrongly believed that the method required parents to feed the baby every time he or she woke. Instead, Spock suggested that if it had only been an hour since the last feeding, the mother should offer a crying baby water or a pacifier.[125] He stated this again in his 1976 update, adding that a parent should try burping as well. He also cautioned in this version that crying could be a sign of fatigue or colic and that, as a general rule, parents should try to keep two hours between feedings.[126] However, this somewhat contradicted his statement from the same edition cited earlier that the mother could nurse as often as she liked and the baby seemed hungry.[127] *The Canadian Mother and Child* proposed the same thing in 1979 when it said "Feed him, unless it is less than $2^{1/2}$ to 3

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[122] Leach, 1978, 130.
[123] Department of Health and Welfare Canada, 1979, 144.
[124] *Ibid.*, 140-1.
[125] Spock, 1975, 62, 64-5.
[126] Spock, 1976, 85, 103-4.
[127] *Ibid.*, 103.

hours since the last feeding." It likewise suggested comforting an upset baby and offering water before another feeding. The manual asserted "If he is really hungry, this will probably satisfy him for a short time, and allow his stomach to empty completely so he will take a good feeding a little later."[128]

As should be clear from this overview on demand feeding, it was unlikely that parents were satisfied with the advice. Experts often contradicted each other and placed qualifications on their own arguments. This would certainly have confused parents and may have lead to much frustration as they tried to walk the apparently fine line between responsiveness and spoiling, between good and bad parenting.

Solid Foods: When to Introduce, What to Serve and How to Respect the Baby's Choices

At the start of the period under review, experts in Canada and elsewhere were advocating the early introduction of solid foods. This differed from the period of scientific motherhood when some experts urged mothers to wait till six months.[129] For example, Couture in 1960 suggested that when the baby was around two-and-a-half months old, the mother could try solids.[130] Dr. Chant Robertson in a 1960 article for *Chatelaine* commented that physicians varied on when to begin solids. She did describe, perhaps to reassure parents on this score, a joint Harvard University and Boston hospital study. This research, which sought to determine the need for iron in infant diets, injected babies with a radioactive form of this mineral prior to birth. The researchers then measured the levels and found that babies did not use dietary iron till they were about one hundred days old. Chant Robertson used this study to justify her contention that no solids

[128] Department of Health and Welfare Canada, 1979, 143.
[129] Ross, 217.
[130] Couture, 1960, 89.

need to be given before three months.[131] Spock was, as usual, more flexible, in his 1962 book, when he said there was no set age to begin solid foods. However, he did highlight advantages to their introduction in the first half year, such as getting the baby used to the idea and solid foods adding to the diet.[132] Dr. Alton Goldbloom echoed this rationale for the early introduction of solids in a 1964 *Chatelaine* article. He said that it was best to start solids by three months as it would allow the baby to get used to a form of feeding other than sucking and that postponing solids, till the sixth or eighth month, could cause the baby to resist spoon-feeding.[133] By 1967, *The Canadian Mother and Child* was proposing a somewhat later start time for solids than in the earlier edition, though still early in the first half of the first year. It said three-to-four months was the ideal since the baby was able at that point to transfer food placed in front of his mouth to the back in order to swallow more consciously.[134]

In the early 1970s, child-rearing experts were still suggesting that it was beneficial to introduce solid foods early. Johanne Bentzon, in a 1970 article for *Chatelaine,* affirmed that the current trend was for the early introduction of solids and suggested beginning at two months. Though providing no medical rationale for this start date she did say that "Expanding the baby's diet seems governed more by fashion at times than by *common sense*. As one of my colleagues expressed it, if God had meant babies to have meat at three weeks, he would have arranged for them to get teeth earlier!"[135] This excerpt thus provides an interesting example of the use of "common

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[131] Dr. Elizabeth Chant Robertson, "How Can I Teach My Chid to Eat Better?" *Chatelaine* 33, no. 4, April, 1960, 162-3.
[132] Spock, 1962, 126.
[133] Dr. Alton Goldbloom, "Spoonfeed Your Baby Early," *Chatelaine,* 37, no. 12, December, 1964, 76.
[134] Department of Health and Welfare Canada, 1967, 85.
[135] Johanne Bentzon, "Feeding Your Baby," *Chatelaine,* 43, no. 4, April 1970, 114. Italics my own.

sense" as rationale for advice. Historian Katherine Arnup describes in her 1994 book that, "by the 1950s 'common sense' had become the watchword in child rearing"[136] and here we see that this trend may have continued into the 1960s. The adoption of the "common sense" approach, most associated with Spock, reflected a new expert opinion that babies were not the potentially manipulative tyrants portrayed in the period of scientific motherhood but were actually straightforward beings with simple needs.[137] This philosophy did, as we have seen with demand feeding, place more responsibility on parents to judge when the baby was being reasonable. This emphasis on "common sense" and parental responsibility may have been the result of the social climate of the 1960s and 1970s, discussed in Chapter 2, which expressed greater scepticism towards expert authority.

In 1971, Drs. Chant Robertson and Wood advised that the first solids, usually cereals, could be started when the baby was two-to-three months old. Penelope Leach in 1975 was less forthcoming about a specific timetable but did say that by three months, most babies have had some solid foods.[138] In his 1975 and 1976 books, Spock reiterated that there was no set age to begin solids; however, babies took such foods more easily when younger and most usually get solids between two and four months.[139] By 1978, Leach was more decisive than previously and stated that no baby should receive any solids before the age of three months.[140] This new attitude may have reflected that, by the late 1970s, as will be discussed more below, experts were showing an increasing concern about over-feeding and its connections to the early introduction of solids. This is

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[136] Arnup, 87.
[137] *Ibid.*, 88.
[138] Leach, 1975, 175.
[139] *Ibid.*, 131; Spock, 1976, 162.
[140] Leach, 1978, 137.

most clear in the 1979 *The Canadian Mother and Child.* The book asserted that giving solids to a baby at a month or two was too early and that "There is no evidence that this practice is beneficial and in fact in the long term may be harmful, especially if a habit of overfeeding is established." It went on to say that health authorities were urging parents to avoid giving solids too early and repeated that somewhere between three-to-four months, when the baby learned to transfer food to the back of his or her mouth, was probably the best time to introduce them.[141]

Most experts shared similar ideas on what to feed young children, though their suggestions would change somewhat throughout the period under review. In 1960, Couture, as would later experts, advocated giving cereal as the first solid food. He suggested mixing it with warm milk and giving a very small amount at first. By three-to-four months, Couture advised mothers to introduce some fruit, perhaps a ripe banana to the baby. If this went well, a baby could try some vegetables at five or six months and some meats at seven months. Couture, like many experts, suggested that the baby be given egg yolk around four months for additional iron. Spock's 1962 advice was very similar. He said that cereals were commonly given first, mixed with formula or milk, but that fruits were fine as well. He also suggested that mothers start with a very small amount. Though he did not provide definite times, as did Couture, Spock did agree that generally vegetables made up the third type of solids given to the baby. He also concurred that egg yolk contained valuable iron and that it could be given between four and six months. By the time the baby was six-months-old, Spock suggested he would be eating cereal, egg yolk, fruits, vegetables and meats. He added that a baby could try fish at ten-twelve months. Spock in the early 1960s was open to adding sugar to cereals or

[141] Department of Health and Welfare Canada, 1979, 156-7.

salt to the egg yolk to make it more palatable for the baby. He also mentioned briefly that a baby did not need puddings (i.e. desserts) but he could have them.[142] He suggested that parents should avoid providing the child with regular cookies and cakes at home. At this time, Spock felt that candy, once in awhile, was probably alright.[143] This attitude would change by the end of the 1970s. Alton Goldbloom, writing in *Chatelaine* in 1964, also advocated beginning with cereals and then introducing pureed meats, vegetables and fruits. He emphasized that quantities should be tiny at first and that the point in the beginning was to train the baby to eat from a spoon, not to provide in solids all the baby's nutritional needs.[144]

Into the late 1960s and early 1970s, expert advice on how to proceed with solid foods remained largely unchanged. By 1967, Couture's successors, modifying his approach somewhat to agree more with Spock's 1962 edition, said that cereals and fruits were usually offered to the baby first, followed by vegetables and, even later, meats. However, reflecting the rise of flexibility prevalent throughout the 1960s, they did state that there was no one correct pattern to adding solids foods and that no plan should ever be followed too rigidly. In general, they said that babies usually accepted cereals and fruits more readily at about three months, vegetables at about four months and meats between five-to-seven months.[145] This procedure was more or less echoed in a 1970 article by Johanne Bentzon. The only difference was she suggested adding meats as the third solids and vegetables later, by six months.[146] In their 1971 book, Chant Robertson and Wood repeated many of these same ideas. They suggested that it was best to give a

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[142] Spock, 1962, 127-136.
[143] *Ibid.*, 298-299.
[144] Dr. Alton Goldbloom, "Spoonfeed Your Baby Early," *Chatelaine,* 37, no. 12, December 1964, 77.
[145] Department of Health and Welfare Canada, 1967, 86, 103.
[146] Johanne Bentzon, "Feeding Your Baby," *Chatelaine,* 43, no. 4, April 1970, 114.

small amount of cereal, mixed with milk or formula, first. If the baby did not seem to like the cereal, according to these doctors, it was fine to try fruits instead. In other cases, when fruit was the second solid food, the doctors suggested adding it around four months. However, they pointed out that some physicians advised beginning with vegetables before fruits since babies might accept them more readily if they had not already been exposed to the tastier fruits. Otherwise, they advocated starting vegetables, as Couture did a decade before, around the fifth month. Strained meats, according to these doctors, could be given around six months and egg at about eight months. Like Spock in 1962 and Couture's successors in 1967, Chant Robertson and Wood did say a baby could have puddings but that they were not really necessary and parents should avoid too much sugar in a baby's diet.[147]

By the mid-1970s, expert advice on infant solid foods had become tinged with concern over the possibility of overfeeding. As mentioned in Chapter 2, nutritionists had by the 1970s become aware of and alarmed by growing obesity rates in both children and adults.[148] This reality would be expressed in expert advice in a variety of ways. Penelope Leach re-affirmed in 1975 that solid foods should be introduced in very small quantities at first and only as a learning experience for the baby. She suggested that many babies were over-fed and got too much protein from solid foods. As a pattern for the introduction of solid foods, Leach, like other experts, agreed that cereals were typically given first.[149] Spock's 1975 edition of *Baby and Child Care* repeated many of his previous suggestions about solid foods, i.e. give cereals or fruit first depending on the

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[147] Department of Health and Welfare Canada, 1967, 104; Chant Robertson and Wood, 66-70.
[148] Sealander, 2005, 177-8.
[149] Leach, 1975, 197 and 201.

baby's preferences, add vegetables next and give egg yolk by six months for iron.[150] He did say that "if your child likes fruit for dessert and digests it well, is drinking plenty of milk and is well nourished, there is no reason for you to prepare puddings regularly unless you want to."[151] He also repeated the advice of 1962 on abstaining from regular cookies, cakes, and candies.[152]

These gentle recommendations to avoid too much sugar if possible were all found in the 1962 edition, but contrasted sharply with Spock's new position in his 1976 book. Here, before reiterating the same advice on the introduction of solids, he lamented the general deterioration of the American diet and the increase in the consumption of sweets, which he blamed for the rise of obesity and diabetes. He claimed that even baby foods had become less healthy in recent years with more starches mixed in.[153] Spock did seem to blame the baby food companies for this trend and asserted that "in order to make their foods appealing to babies and their parents, [they] have also been adding sugar and salt. But these will only be disadvantageous nutritionally."[154] He urged parents to serve only fruits for dessert and to provide, in general, meals of vegetables, fruits, whole grains and lean meats. Though limiting children's food choices may appear to contradict Spock's overarching message that babies often knew what was good for them, it is important to note that, in the matter of solid foods, he did constantly emphasize that babies could balance their diets only if they were allowed to choose from a selection of *healthy* foods.[155] This opinion will be discussed more below. In 1976, Spock was also opposed

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[150] Spock, 1975, 131-138.
[151] *Ibid.*, 139.
[152] *Ibid.*, 302-303.
[153] Spock, 1976, 160-161.
[154] *Ibid.*, 161.
[155] Spock, 1962, 274-6; Spock, 1975, 280; Spock, 1976, 313. Italics my own.

to regular cakes or cookies for children and modified his previous acceptance of occasional candy. He now argued that parents should ban candy completely for their children.[156] With candy and other "junk" food and, unlike in his discussion of baby food, Spock blamed parents for cultivating a love of sweets in their children. He said in all three editions of his manual reviewed for this thesis that "I think much of the exaggerated craving for sweets is caused unwittingly by parents." By this, Spock was referring to the tendency of parents to use candy or other desserts as bribes for good behaviour.[157] His new alarm over obesity and poor diets was perhaps a more explicit expression of the concerns of all experts who discussed the issue of over-feeding in the 1970s and advised parents to be ever more vigilant in what and how much they fed their babies. As previously mentioned, the 1979 version of *The Canadian Mother and Child* connected the early introduction of solids, as well as the bottle, to over-feeding the baby. It also, like Spock and contrary to the 1967 edition, advised against candy or ice cream and suggested not adding any extra sugar or salt to a baby's food.[158] Thus, this new expert concern over both over-feeding and "junk" food, perhaps reflected, as the work of Spock indicated, a growing societal concern with poor diets and obesity.

The self-demand model, as outlined above, for breast- or bottle-feeding was also very much present in discussions of solid foods. Throughout the 1960s and 1970s, parents were advised never to pressure a child to eat a particular food or amount. This stood in sharp opposition to the teachings of scientific motherhood, as outlined in Chapter 1, which stressed that a child should be induced to eat whatever the mother, acting on the advice of the doctor, deemed appropriate. Thus, the child of the 1930s was not allowed

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[156] Spock, 1976, 337-8.
[157] *Ibid.*, 339.
[158] Department of Health and Welfare Canada, 1979, 156 and 158.

to express food preferences. By 1960, these tenets of scientific motherhood had been turned on their head, perhaps as a result of the rise of psychology, a new sensitivity to children's rights and new nutritional knowledge, all discussed in Chapter 2. In 1960, Couture emphasized that each child had a distinct personality and, thus, should never be forced to eat something he did not like or more of it than he wanted. He asserted "The really important thing about feeding a baby is to do it so pleasantly that he looks forward happily to every meal." He suggested that if a baby did not seem to enjoy a particular food, the mother should simply leave it off the menu for a few days.[159] Other experts throughout the 1960s and 1970s embraced and expanded on this same philosophy. In *Chatelaine* in 1960, Dr. Elizabeth Chant Robertson briefly discussed how to introduce solids to a baby. She said, like Couture, that if a baby resisted a new food the mother should stop offering it and try another of the same type.[160] Spock likewise warned in 1962 that some babies did not like cereals and that insisting would only make the baby more rebellious. In this case, Spock suggested adding a bit of sugar to the cereal, however, if the baby still resisted the mother should stop trying solids altogether for a few weeks. The possible rejection of cereals by the baby was the reason that Spock suggested fruits, as an alternative, which he claimed all babies loved. He did caution that most babies were more choosy with vegetables but that this was not a problem as there were so many varieties. As previously mentioned, Spock advocated giving babies egg yolk for iron and, in this 1962 edition, he said it was permissible to add salt to it if necessary.[161] Thus, as with Couture, the advice in the early 1960s on the introduction of solids

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[159] Couture, 1960, 91.
[160] Dr. Elizabeth Chant Robertson, "How Can I Teach My Child to Eat Better?" *Chatelaine,* 33, no. 4, April 1960, 163.
[161] Spock, 1962, 129-132.

emphasized avoiding confrontations and being flexible at all costs. Again, this reflected psychological ideas, especially Freudian, which claimed that early experiences with eating had a lasting impact on the child's personality.

Experts offered advice on feeding the baby throughout his or her first year. The focus here in the early 1960s, reflecting again the need for flexibility, was often on the value of food substitutions in this process. For example, Dr. Chant Robertson advised, as would Spock, that milk could be disguised in puddings, cereals and soups and eggs in pancakes and puddings.[162] In another *Chatelaine* article from 1961, Dr. Alton Goldbloom discussed the research of a Dr. Clara M. Davis, a Chicago pediatrician. This doctor's research, which was cited by Spock in his 1946 manual, to reassure mothers about infant diets, was a popular topic in the advice literature throughout the 1960s and 1970s. Dr. Davis had in the 1930s conducted an experiment with a group of infants who had just learned to feed themselves. The babies were offered a variety of nutritious foods and were allowed to eat whatever they wanted in any quantity. Despite some odd choices and binges, Dr. Davis found that, over time, infants were able to balance their own diets in a healthy way. Dr. Goldbloom used this study, as did other experts, to point out that parents really did not need to worry over what a child would or would not eat on any given day.[163] Employing the same study and line of reasoning, Spock assured mothers in 1962 that they could "trust an unspoiled child's appetite to choose a wholesome diet if she serves him a reasonable variety and balance of those natural, unrefined foods that he

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[162] Dr. Elizabeth Chant Robertson, "How Can I Teach My Child to Eat Better?" 162.
[163] Dr. Alton Goldbloom, "What's Wrong with Children Eating What They Want?" *Chatelaine,* 34, no. 4, April 1961, 150-1. For more details on this study please see, Stephen Strauss, "Clara M. Davis and the Wisdom of Letting Children Choose their Own Diets," *Canadian Medical Association Journal* 175, no. 10 (November 2006), accessed January 2007; available from www.cmaj.ca/cgi/content/full/175/10/1199; Internet. This article analyzes both the influence of Dr. Davis in the 1930s and 1940s and the relevance of her work today.

enjoys eating at present."[164] In this way, Spock expressed a great deal of faith in the baby's natural ability to consume what he or she needed. Consequently, he advised mothers not to worry if a baby refused certain vegetables or cereals as there were many to choose from. Like other experts would, Spock emphasized the possibility and value of substitutions in the infant diet. For example, he stated that, fruits had many of the same vitamins and minerals as vegetables and milk could be found in cereals, puddings, soups and cheese.[165] In regard to mothers who did try to force foods on their babies, Spock blamed them for later feeding problems. He asserted "The best way to keep your child eating well is to let him go on thinking of food as something he wants. Allow him to eat a larger than usual amount of one wholesome food, less or none of another, if that's the way he feels."[166] Spock suggested that if the child appeared to lose interest in his or her food, the meal should end.

Into the late 1960s and early 1970s, experts generally continued to advise the same things in regard to the self-demand nature of infant feeding. For example, *The Canadian Mother and Child* remained the same on this topic. In 1967, the authors suggested, as Couture had in 1960, that when introducing a new food, mothers should not become upset if the child did not accept it readily. They said, instead that, in these cases, mothers should forget about that particular food for several days. They repeated Couture's idea that feeding time should be pleasant for both mother and child. The authors further emphasized again that each child had food preferences and cautioned, echoing Spock's 1962 work, that "Many feeding problems in older children start in the high-chair if a baby is forced to eat something he doesn't seem to like, or too much of it,

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[164] Spock, 1962, 274-276.
[165] *Ibid.*, 291-2, 294.
[166] *Ibid.*, 277-278.

or if he is left alone to eat, or if he is distracted by other things going on around him."[167] Here, in 1967, Couture's successors agreed again with Spock that mealtimes should not last forever and suggested a limit of about fifteen to twenty minutes.[168]

One article in *Chatelaine* from 1968 also focussed on the potential problems when the mother went against the self-demand feeding proposed by the experts. Dr. Johanne Bentzon echoed the spirit of the points already made by Drs. Goldbloom and Spock in regard to the Davis experiment when she said "A lot of worry and nagging could be avoided if mothers would just relax and realize that as long as nourishing food is available, normal children will eat what they need." She also emphasized, as earlier advice did, the value of substitutions in the feeding of young children. For example, she mentioned the use of cheese instead of milk, hot dogs rather than beef.[169]

The book by Drs. Chant Robertson and Wood closely followed this same philosophy of respecting and accommodating the baby's individual preferences. They suggested, first, like Spock, that if a baby did not accept cereals as the first solid food, then the mother should switch to fruits. Also, if the baby objected to a particular vegetable, the mother was advised to simply try another kind. The authors, like all the other experts under review, were opposed to ever forcing a baby to eat a food and suggested "Allow some leeway in baby's feeding schedule and let him decide how much of a food he wants from day to day." They accentuated that coaxing a baby to eat a certain food would only increase his dislike for it and cause further problems. Indeed, "If he doesn't eat as much as you had hoped, don't try to coax, scold or wheedle him into

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[167] Department of Health and Welfare Canada, 1967, 86 and 105.
[168] *Ibid.,* 105.
[169] Dr. Johanne Bentzon, "Food Rules for Babies to Teen-Agers," *Chatelaine,* 41, no. 12, December 1968, 80 and 82.

eating more. He soon realizes that refusing some of his food disturbs you, and without any conscious thought on his part, he may find that spurning some of his food is more fun than eating it." As with the other experts, these authors favoured substitutions and suggested especially putting milk products in puddings, cheese and cereals. If the child was also insisting on eating only two or three foods, the authors advised, again contrary to scientific motherhood, that the mother should accommodate this by giving the baby small amounts of the favoured food along with other foods for him to try. With no additional effort on the part of the mothers, the author promised, claiming "the plan has been thoroughly tested", that the child would soon by eating all the foods.[170]

From the mid-1970s to the end of the decade, there were few changes in the expert advice on solid foods. In her 1975 book, Leach said that it was normal for small children to dislike some foods but that, as long as a wide variety of foods were offered, baby's diets would balance. She stated, as did earlier experts, that the same vitamins could be found in fruits and vegetables, therefore, there was no reason to worry if the baby did not like any vegetables. In sum, according to Leach, "The toddler who refuses all meat and vegetable, and nibbles cakes and fruits all day may be behaving badly but that does not necessarily mean that he is eating badly." She stressed that mother had to realize children would not starve themselves and that "If the infant is to be allowed to eat what he wants from what is available on the table, and to eat it in the way he finds easiest, the corollary is that if he does not want to eat, that is his business too."[171] Spock repeated many of these, along with his own earlier ideas, in his 1975 and 1976 editions of *Baby and Child Care.* In general, he urged mothers to accommodate children's food

[170] Chant Robertson and Wood, 73, 77, 79 and 81.
[171] Leach, 1975, 356-366, 382, 384.

dislikes and to never force a food on a baby. He reiterated that babies would balance their own diets if given the opportunity.[172] Both editions retained a discussion of substitutions in infant feedings but with one important difference. In 1975, Spock's book still reassured worried mothers with the idea that milk, for example, could be found in cereals, puddings, soups and cheese.[173] However, the following year, his revision to his book included the deletion of puddings from this list. Instead, he mentioned yogurt as another alternative milk supply, reflecting his greater concern with nutrition and excess sugar in the American diet.[174] As discussed above, Spock, by 1976, was promoting the idea that children, and adults, should no longer have puddings. In 1978, Leach repeated many of her earlier statements on this issue. She said that meals should never become battlegrounds and that "The more you try to impose rules and regulations on eating and table manners, the clearer it becomes to the toddler that the mealtable is a marvelous place for a fight."[175]

Conclusion

After having reviewed the advice literature on infant feeding, it would seem that experts in the 1920s and 1930s did share some ideas with experts of the 1960s and 1970s. Both groups agreed that breast-feeding was the preferred method of infant feeding and, depending on the popularity of the bottle, would be more or less critical of this alternative method. Though espousing seemingly opposite views on demand feeding, experts in both periods would have concurred, to varying degrees, on the need for schedules and some restraint on the infant's demands. However, by the end of the 1970s, experts were

[172] Spock, 1975, 280; Spock, 1976, 313.
[173] Spock, 1975, 296.
[174] Spock, 1976, 330-331.
[175] Leach, 1978, 287.

supporting demand feeding even more and most of the earlier provisos to the system were removed, leaving parents to be very responsive to the babies. As I discussed in Chapter 2, the 1950s marked the beginning of a child-centric focus in North American society. This orientation, as well as a heightened concern for children's rights, may explain why both parents and experts were increasingly willing to cater to the need of babies. The shift also reflects perhaps the influence of groups like La Leche League, which supported demand feeding, and the social climate of the period, which questioned the authority of experts in establishing rigid guidelines for all children, discussed in Chapter 2.

Unlike in other areas of infant feeding, proponents of scientific motherhood would have strongly opposed the expert position in the 1960s and 1970s on solid foods. The earlier group advised mothers to insist that young children eat certain foods in certain amounts even if this stance led to confrontation between the child and the mother. In sharp contrast, child-rearing advisers of the 1960s and 1970s stressed the need for parental flexibility and accommodation at mealtimes. Conflicts were to be avoided at all cost and parents were urged to understand that children could be trusted to balance their own diets. Advances in nutritional research, which may have identified the vitamin, mineral and protein content of more foods, may have contributed to the expert position that substitutions were always possible if a baby developed a dislike for certain foods. Nevertheless, experts in both time periods would have agreed, using very different rationales, that mothers were to blame for any feeding problems in young children. This persistence of mother-blaming, coupled with only a few mild expert observations that fathers could be involved with some aspects of infant feeding, would have upset feminists and the Royal Commission on the Status of Women who, as I outlined in Chapter 2,

stressed the need for shared responsibility in parenting. There were also few acknowledgements of mothers who worked outside the home. Even when discussing breast-feeding, experts tended to limit themselves to a brief statement that these women should still try to nurse when possible. Beyond that, there was little discussion of how the feeding advice could be modified for a mother who worked outside the home. The next chapter will examine continuities and changes in expert advice in sleeping and toilet training.

Chapter 4-Advice on Crying and Toilet Training in the 1960s and 1970s

This chapter will focus on the expert advice surrounding crying/sleeping and toilet training, two topics which were very important to both the proponents of scientific motherhood and the experts of the 1960s and 1970s. Their positions, influenced by scientific developments, psychology and children's rights, were often dramatically different, especially in regard to toilet training. In fact, as with feeding advice, some of the experts in the later decades devoted pages to refuting scientific motherhood principles. In this chapter I will discuss this rejection of earlier advice on crying before describing the expert opinion in the 1960s and 1970s. I will then do the same thing for toilet training advice.

Rejection of Early Philosophy on Infant Crying

As we have seen in Chapter 1, during the years of scientific motherhood, experts warned that mothers should never pick up their babies or respond to them in any way outside of a designated period of interaction (i.e. feeding, playing, etc.). These doctors worried that too much physical contact between the mother and the baby would promote a lack of self-control and also expose the child to infectious diseases.[1] They believed that being too responsive would turn the child into a demanding, spoiled tyrant who would cry constantly to be held.[2] Almost unanimously, experts in the 1960s and 1970s came to reject both these practices and the rationale behind them. If this renunciation was always contained implicitly in their support for different techniques to deal with crying children, some experts, especially Spock, still felt the need to refute this older advice more directly. This inclination was also evident, as I will discuss below, in discussions of toilet

[1] Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal-Kingston: McGill-Queen's University Press, 1993), 118.
[2] *Ibid.*, 135-6.

training. This may indicate that the experts in question believed the advice of scientific motherhood continued to be popular among some doctors and parents or, alternately, that scientific motherhood was addressing concerns that were still important.

Though not mentioning scientific motherhood or older advice specifically at this time, Spock did allude to fears of spoiling in 1962 when he reassured parents that "Spoiling comes on gradually when a mother is too afraid to use her common sense or when she really wants to be a slave and encourages her baby to become a slave driver." He later added that mothers did not need to worry about spoiling in the first two months since babies usually cried during this period because of some discomfort.[3] In 1971, Drs. Chant Robertson and Wood also echoed, in part, the message of scientific motherhood teachings when they suggested that crying, far from being harmful, was actually exercise for infants.[4] These authors, unlike most other experts, chose to build on an idea of scientific motherhood rather than refuting it. In 1975, Penelope Leach agreed more with Spock when she said that there was no reason to fear spoiling a baby, also showing an awareness of earlier advice. Leach confronted remaining aspects of scientific motherhood, such as leaving the baby to cry, which seemed in her eyes to have persisted in society.[5] From these examples, it is clear that, though most experts did not agree with scientific motherhood and earlier child-rearing advice, they were familiar with these ideas and, as with feeding advice, often felt the need to refute them.

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[3] Benjamin Spock, *The Common Sense Book of Baby and Child Care* (New York: Duell, Sloan and Pearce, 1962), 43 and 183.
[4] Dr. Elizabeth Chant Robertson and Dr. Margaret I. Wood, *Today's Child: A Modern Guide to Baby Care and Child Training* (Toronto: Pagurian Press, 1971), 84.
[5] Penelope Leach, *Babyhood: Infant Development From Birth to Two Years* (London: Penguin Books, 1975), 210 and 209.

The New Approach to Infant Crying and Sleeping

Experts by the 1960s generally believed, in rejection of the strict timetables of scientific motherhood, that infants required different amounts of sleep. As I demonstrated in Chapter 3, most experts likewise argued that individual babies would develop their own feeding schedules and express unique food preferences. Couture was already advocating this flexible approach on infant sleeping as well as feeding in 1960. Though he provided general guidelines on sleep patterns, Couture was careful to say that amounts varied and that, in the first year, a baby would take what he needed.[6] These ideas were very much a part of Spock's work as well. In his 1962 edition, he said that "As long as a baby is satisfied with his feedings, comfortable, gets plenty of fresh air, and sleeps in a cool place, you can leave it to him to take the amount of sleep he needs."[7] Articles from the early 1960s, printed in *Chatelaine*, argued in a similar way, though not evoking any new research to support the idea, that infant sleep patterns differed considerably. In 1961, Dr. Alton Goldbloom wrote that "A mother should know her own child's sleep pattern and learn to accept it without regard to rules or neighbours or the sleeping habits of her other children."[8] This contrasts sharply with the advice given during the period of scientific motherhood. The 1940 issue of *The Canadian Mother and Child*, for example, had argued that babies needed to sleep at definite hours and for specified amounts depending on age.[9]

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[6] Dr. Ernest Couture, *The Canadian Mother and Child* (Ottawa: Department of National Health and Welfare, 1960), 95-6.
[7] Spock, 1962, 162.
[8] Dr. Alton Goldbloom, "How Much Sleep is Enough?" *Chatelaine,* 34, no. 1, January 1961, 82.
[9] Quoted in Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada,* (Toronto: University of Toronto Press, 1994), 90-1. Ernest Couture, *The Canadian Mother and Child* (Ottawa: King's Printer, 1940), 152.

Through the 1970s, the expert insistence on trusting the baby to sleep as much as needed remained firmly in place. Penelope Leach said that, though most new babies slept a lot at first, some never did for more than ten to twelve hours in a 24-hour period. She urged mothers not to worry and not to feel the baby ever ought to be sleeping when awake since, as the other experts said, babies would always take as much sleep as was needed.[10] Spock's 1975 and 1976 editions remained unchanged in this aspect of advice.[11] Leach reiterated in 1978 that the infant's physiology determined how much sleep was required and that mothers could not force babies to sleep beyond that amount.[12] *The Canadian Mother and Child* repeated Couture's advice from earlier editions and said that different types of babies required different amounts of sleep and that parents should not worry over this.[13] Thus, in both the 1960s and 1970s experts, by emphasizing the individual nature of infant's sleep patterns and the self-regulating aspect of these patterns, were clearly in opposition to proponents of scientific motherhood who stressed the need for conformity to a single sleep schedule.

Experts in the 1960s and 1970s generally distinguished between the sleeping and crying patterns of young infants and those over a year old. When discussing parental responses to infant crying, the experts agreed that parents should be generally attentive to the baby's needs; however, they often clashed on how far to take this approach. For example, in both 1960 and 1967, Couture and his successors affirmed that some crying was normal and that often babies just wanted to be held. However, he cautioned that,

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[10] Leach, 1975, 63.
[11] Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster of Canada, 1975), 166; Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster Canada, Ltd., 1976), 198.
[12] Penelope Leach, *Your Baby and Child: From Birth to Age Five* (New York: Alfred A. Knopf, 1978), 90.
[13] Department of Health and Welfare Canada, *The Canadian Mother and Child* (Ottawa: Ministry of National Health and Welfare, 1979), 173.

especially as the baby got older, it was not a good idea to always respond to cries for attention. He said

> You will soon be able to tell when he is crying for attention, particularly as he gets older, for very often a baby will cry for company, then stop and listen to see if you are coming, then start again a little louder. That kind of crying has made slaves of many a mother; so if baby is in no discomfort and stops crying as soon as he sees you...you can be reasonably sure he just wants attention. Unless you want to let this grow into a habit, the best approach is a smile, a friendly word, perhaps a change of diaper and position, a little caress, and a firm departure.[14]

This excerpt, by employing the words "slave" and "habit", contained some interesting allusions to scientific motherhood and suggested the tenacity of expert fears that the baby could be spoiled by too much attention. Couture was not alone, as we will see below, in expressing these ideas in the 1960s. By 1962, Spock identified hunger, fatigue and colic, amongst other things, as potential causes for crying in the first few months. As I described in Chapter 3, experts, especially Spock, did not believe generally that it was bad to try feeding the baby if he or she seemed hungry. In regard to colic, Spock espoused a similar flexible attitude and urged parents that "If a baby is screaming with colic or irritability, and picking him up or rocking him seems to help him, then do it."[15] Dr. Elizabeth Chant Robertson, in a 1962 article for *Chatelaine,* also reassured parents that there was nothing wrong with responding to the cries of a baby. Chant Robertson recounted that in a study an unnamed psychologist sought to determine if experienced nurses could tell what was wrong with a baby (i.e. hunger, pain, fear) based on their cries.

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[14] Couture, 1960, 117. Department of Health and Welfare Canada, *The Canadian Mother and Child* (Ottawa: Department of National Health and Welfare, 1967), 145-6. This excerpt was re-printed in 1967 with only a few minor word changes.

[15] Spock, 1962, 180-181. Throughout the whole period under review, experts seemed uncertain about the cause of colic. In 1962, Spock stated that the exact cause of colic was unknown. He suggested that it may have been the result of increased tension in the baby caused by an immature nervous system. Spock would provide the same explanation in both his 1975 and 1976 editions of *Baby and Child Care.* In her 1962 article, Chant Robertson confirmed that the precise cause of colic was unknown. *The Canadian Mother and Child* was equally uncertain in 1979 and suggested, though no one knew for sure, that colic could be the result of emotional tension in the baby.

The nurses were all unable to do this. Chant Robertson seemed to use this study to justify going to a baby whenever he seemed upset. She said "If you comfort your baby when he's in distress but don't disturb him when he's contented you don't need to worry about his becoming spoiled."[16]

Despite these assurances to parents, experts often concurred with Couture and, without acknowledging it, proponents of scientific motherhood, by stating that, in some circumstances, a baby could become spoiled. For example, Spock asserted in 1962, following the advice cited above, that by the time the baby was three months old, colic would have passed and the baby could then be spoiled by too much holding or rocking. He advised parents to be more firm at this point and to pick the baby up less. He also suggested that mothers who played with the baby all the time might also spoil him. Indeed, according to Spock, "If a mother is too ready to pick a baby up and carry him around whenever he fusses, she may find after a couple of months that he is fretting and holding out his arms to be carried almost all the time he is awake." Spock argued that, in this regard and, contrary to his general views on self-demand in feeding and sleeping, infants did not always know what was best for them. He said that to "unspoil" in these case mothers should make a schedule of work to keep busy and ignore their babies except at designated play times.[17] Whether or not he was aware of it, this sounds strikingly similar to the schedules of mother-baby interaction proposed by scientific motherhood. This caveat on infant crying, often ignored by those who criticized Spock for being too permissive, was not unique in expert advice even in the early 1960s.[18] I have already

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[16] Dr. Elizabeth Chant Robertson, "Should You Let Baby Cry?" *Chatelaine,* 35, no. 4, April 1962, 144.
[17] Spock, 1962, 183-5.
[18] Nancy Pottishman Weiss, "The Mother-Child Dyad Revisited: Perceptions of Mothers and Children in Twentieth-Century Child-Rearing Manuals," *Journal of Social Issues* 34, No. 2 (1978): 40. Some social

mentioned Couture's views on this and, additionally, in a 1963 *Chatelaine* article, which seemed to rely largely on his own observations as a doctor, Dr. Alton Goldbloom said that if a child's needs were always met, he could become tyrannical. He stated that "The infant who cries when you leave him will soon enough stop crying, and his early short memory will soon allow him to find other and satisfying distractions."[19] In their 1971 book, Drs. Chant Robertson and Wood also suggested that babies cried for many reasons, including gas or a wet diaper. They said that sometimes nothing seemed to settle them and that, if this was often the case, parents should consult a doctor.[20] In this way, as with aspects of feeding and perhaps reflecting expert insecurity in the 1960s and 1970s, parents were asked to determine what behaviour was reasonable or normal. It is clear that into the 1970s, most experts did feel that babies could be spoiled by too much attention, though they certainly did not tell parents to ignore the frantic cries of the baby, as during scientific motherhood.

Unlike the majority of experts, British doctor Penelope Leach provided no exceptions to the rule of parental responsiveness. In her 1975 book, Penelope Leach identified hunger as the most common cause of crying in young infants. She, like Spock, as we have seen in Chapter 3, supported feeding the baby as frequently as he seemed hungry. Leach also mentioned that crying could be caused by pain, cold or wet diapers. However, she devoted more space in her book to infants who cried when put down. Leach asserted that there was nothing strange or demanding about a baby wanting to be held but that

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commentators accused Spock, through his permissive advice, of generating the youth rebellion of the 1960s.

[19] Dr. Alton Goldbloom, "Must Permissiveness Turn Tots Into Tyrants?" *Chatelaine,* 36, no. 10, October 1963, 111.

[20] Chant Robertson and Wood, 84.

> Many mothers, health visitors and doctors believe that such crying for company is in some way illegitimate. They believe that infants have a right to cry if there is 'something wrong'; and that it is the mother's job to find out what is wrong and put it right. But 'something wrong' means hunger, or a chaffing nappy, or sun in the eyes; it does not mean loneliness or boredom. If there is nothing physically wrong, mothers are advised to put the baby down again, and let him cry it out.[21]

Instead of this narrow definition of "something wrong," Leach, perhaps influenced by her psychological background, urged mothers to think of such crying as a normal human response to a lack of social interaction. She said, as illustration, that "We do not reckon that a husband who has been given his supper 'should not' require anything more of us until morning."[22] Thus, we see again an expert using the language of children's rights to argue that babies deserved the same consideration as adults.[23] In this way, as with feeding advice, Leach espoused an even more permissive view on infant crying than Spock, Couture or Goldbloom who did, in certain circumstances, suggest that the baby be left to cry. She went on to say that "The baby who is always picked up, talked to, played with, included in the household, whenever he indicates his need, has no reason to cry when he has not the need. He is confident."[24] Thus, Leach disagreed even more clearly with Couture, Spock and Goldbloom who, as I discussed above, in 1960, 1962 and 1963 argued that it was exactly this type of behaviour on the part of the mother that would lead to a spoiled baby.[25] Therefore, her advice, which did not view spoiling the infant as possible, represents a more decisive break from scientific motherhood than that of other experts.

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[21] Leach, 1975, 73-80, 208-9.
[22] *Ibid.*, 209.
[23] Hugh Cunningham, *The Invention of Childhood* (London: BBC Books, 2006), 220-226.
[24] Leach, 1975, 210.
[25] Cunningham, 110-113. This debate over what sort of parenting spoiled a baby was not new. It most famously occurred between the eighteenth-century philosophers John Locke and Jean-Jacques Rousseau who likewise argued over innate human nature. Locke felt, as would later scientific motherhood proponents, that children needed to be managed and taught restraint. Rousseau, on the other hand, asserted that children should be allowed to enjoy childhood and mature naturally.

In his 1975 book, Spock repeated many of his earlier ideas. He reassured mothers that they could not spoil their babies in the first few months and suggested that, for a baby with colic, "If he stops fussing when picked up, it's probably because the motion and distraction, and perhaps the warm pressure on his abdomen from being held, make him forget his pains or tensions at least temporarily."[26] He also reiterated that babies with colic, who had perhaps received extra attention, and those with very playful mothers, could become spoiled after three months.[27] This same advice was reprinted in Spock's 1976 revision to *Baby and Child Care.* Though adopting a different approach, as I have discussed above, Leach likewise remained consistent in her advice in 1978. She outlined again the various causes for infant crying, including hunger, pain, over-stimulation and lack of physical contact. Here, she repeated that it was reasonable for babies to want to be held and for them to protest when put down.[28] She said, in general, "Leaving the baby to cry is a common but nonsensical prescription. If he is not hungry, then some other need is being communicated and he should have immediate attention. If he is hungry, food is the right, quick and easy answer."[29]

As previously mentioned, Couture and Spock agreed with Leach about being generally responsive to a baby crying. However, they diverged on the degree to which this approach should be carried out. Perhaps the advice of Leach was different from Spock and the other experts because she was, as mentioned in Chapter 1, setting out to correct certain perceived deficiencies in Spock by adopting the viewpoint of the baby. Spock, as we have seen, did not support the idea that the mother should always play with

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[26] Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster of Canada, 1975), 191.
[27] *Ibid.,* 192-194.
[28] Leach, 1978, 97-8.
[29] *Ibid.,* 136.

or give attention to the baby, lest he or she become spoiled. Likewise, *The Canadian Mother and Child*, in 1979, as in Couture's earlier work, qualified the approval for responsive parenting. It cautioned again that "It is well to remember that the attention given an infant, and the way it is given, will help to build within him a basic trust necessary for the gradual development of suitable behavior. Find out why he cries, but do not become a slave to his whims."[30] This statement suggested, as did other aspects of the advice examined, that Couture, his successors and Spock shared a lot of views and could be, in several ways, a little less tolerant than Leach. The above advice from *The Canadian Mother and Child* also echoed scientific motherhood by claiming that the way in which the baby received attention would be instrumental to his or her character development. The difference is that during the years of scientific motherhood, the emphasis was on the development of self-control through strict regulation; by the 1970s, this stress had shifted to the growth of trust in the baby.[31] Despite this distinction, the manual still advised, as did Spock, Goldbloom and all proponents of scientific motherhood that it was possible to give a baby too much attention, though they clashed in regard to when the line was crossed. Thus, the expert approach of the 1960s and 1970s, with the exception of Leach, was still influenced by the spectre of the spoiled child.

In terms of putting the baby to sleep for the night, experts generally agreed that babies should not cry for long periods. However, they disagreed on the best way to avoid this outcome. In 1962, Spock emphasized that, as a baby approached three or four

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[30] Department of Health and Welfare Canada, 1979, 133-4.

[31] Comacchio, 1993, 118. Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), 107-108. This change could be related to new ideas about childhood. As I stated in previous chapters, psychologists in the postwar period were worried about the development of the normal personality in the child. In this process, the cultivation of self-control was as important as that of self-direction, which may have required trust and independence in the child.

months, he could train himself to stay awake in order to continue being held or walked by his mother. This type of behaviour, along with the whole concept of spoiling, contradicted Spock's general assertion, discussed in Chapter 3, that babies knew what was good for them. However, it was in keeping with his idea that once colic passed, around three months, a child should not receive special attention as he was not suffering from physical pain. This attitude seems to confirm Leach's belief, outlined on pages 128-129, that most experts only viewed physical discomforts, not emotional upsets, as legitimate reasons to cry. Indeed, Spock suggested that parents "put the baby to bed at a reasonable hour, say good night affectionately but firmly, walk out of the room, and don't go back." Spock assured parents that, using this approach, the baby would cry for only twenty to thirty minutes the first night and not at all by the third night. He suggested that the same thing should happen if the baby cried excessively in the middle of the night, even to the point of vomiting.[32] Unlike other aspects of Spock's child care philosophy, experts in the early 1960s did not adopt this procedure wholeheartedly. For example, writing in the same year as Spock, Dr. Elizabeth Chant Robertson suggested in *Chatelaine* that a baby might cry for about ten minutes before sleep but that parents should go in after this point. She said "If he whimpers, plays or talks at night, I'd ignore him-but if he cries or shrieks, I'd certainly go to him at once." She explained that the baby might be frightened or lonely and advised parents to change the diaper and adjust the blankets before quickly leaving again.[33]

By the mid-1970s, Spock's advice on a baby's bedtime was much the same as a decade previously. He reiterated that the baby should be put to bed at a reasonable hour

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[32] Spock, 1962, 186-8.
[33] Dr. Elizabeth Chant Robertson, "Should You Let Baby Cry?" *Chatelaine,* 35, no. 4, April 1962, 144.

and then left alone. He continued to assert that the baby might cry for twenty to thirty minutes for the first night but, if the parents remained firm, this would quickly dwindle to no crying at all. Spock expressed confidence in this method in his 1976 edition and stated "From the rapidity with which these sleep problems can be cured in the first year, and from the way the babies immediately become much happier as soon as this is accomplished, I'm convinced that they are only crying from anger at this age."[34]

Perhaps not surprisingly, British doctor Penelope Leach, as in other areas already explored, disagreed strongly with Spock's approach and disputed its success. In 1975, Leach lamented that experts "tend to imply that the infant should be affectionately but firmly put to bed at the time decided by the mother, and that that should be that." This is clearly in reference to Spock. According to Leach, instead of the above method, the mother should return every five minutes to check on a crying baby, repeat the goodnight and leave again. For her, "The point is that the infant should feel there is no need to cry, because the mother is available, and that there is no point in crying, because she will not let him start his day again." She also suggested that many babies who woke in the night only needed a reassuring glimpse of the parent.[35] Leach repeated this advice on bedtimes three years later.[36] She added, again in probable allusion to Spock, that "The most usual advice is to settle the baby down, leave and then refuse to go back into the room however much he cries. Parents are told that if they can only [endure] two hours of crying tonight it will be one hour tomorrow, half an hour the next day and peace after that." She reiterated that this method did not work and warned parents that if the baby did stop

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[34] Spock, 1975, 195-6; Benjamin Spock, *Baby and Child Care* (Markham: Simon & Schuster Canada, Ltd., 1976), 227-8.
[35] Leach, 1975, 390-4.
[36] Leach, 1978, 218.

crying "You would have convinced that child that you did not care enough about him or understand him well enough to take any notice of what he was trying to communicate." Here again, we see Leach's interest in examining child-rearing issues from the baby's point of view.[37] She suggested again the compromise approach of brief parental visits rather than ignoring the baby, as Spock seemed to advocate, or staying with him or her all night.[38] Thus, the 1960s and 1970s advice on settling the baby to sleep, or toddler as we will see below, to sleep, advised parents, for the most part, not to leave him or her to cry. This was strikingly different from scientific motherhood which taught that babies needed to be left alone as much as possible in order to develop naturally.[39] This shift, as with feeding advice, may have been due to the focus of Western society on the needs and rights of the child in the 1960s and 1970s and the influence of psychology on the child-rearing experts.

As one would expect, the experts' advice on bedtimes for small children was in keeping with what each one suggested for younger babies. Spock in 1962, said that by age two, fear and loneliness were more likely to keep a child awake. He suggested, as with babies, that parents be firm and friendly at bedtime. For him, this meant putting the child to bed at a reasonable hour, after one glass of water and one trip to the bathroom, and then not returning. He emphasized that children at this age could leave their beds and, if they did so, must be promptly returned. Though somewhat hesitant, Spock recommended that parents might also put netting over the crib to prevent a child of this age from wandering at night.[40] Dr. Alton Goldbloom, writing in the early 1960s agreed

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[37] Leach, 1975, 17; Leach, 1978, 20.
[38] Leach, 1978, 299-300.
[39] Comacchio, 1993, 118.
[40] Spock, 1962, 318, 351-2.

with Spock that toddlers and all children should have a quiet bedtime routine and should be returned firmly to bed if they got up.[41] Drs. Chant Robertson and Wood in their 1971 book also advocated that parents develop a bedtime routine, including brushing teeth, using the toilet, and a story. They did suggest that parents could stay with the child for awhile if he seemed afraid.[42]

In the mid-1970s, experts remained firmly consistent in their advice on bedtime problems for the toddler age group. Spock proposed again that parents have a bedtime ritual, including a story.[43] In dealing with these more mobile, older children, Leach's advice, not surprisingly, differed from Spock's. In her 1975 book, Leach said that by the age of two, children could leave their cribs or beds. She did believe, like Spock, that this habit must be avoided. However, instead of putting up physical barriers, as Spock again suggested in 1975 and 1976[44], Leach proposed that if the children had been and were still visited by their parents when upset, they would not think of leaving the bed.[45] She repeated this advice in 1978 and explained that "If he is always visited when he cries, whether it is before he has fallen asleep or during the night, he will not have an urgent and desperate reason for trying to get out."[46]

In general, then, the advice on responding to the crying of small children was very different from that of the scientific motherhood period. In the 1960s and 1970s, experts felt that parents should be responsive to the needs of their infants rather than only interacting with them in certain ways at certain times. However, within this over-arching

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[41] Dr. Alton Goldbloom, "How Much Sleep is Enough?" *Chatelaine* 34, no. 1, January 1961, 83.
[42] Chant Robertson and Wood, 84-5.
[43] Spock, 1975, 323; Spock, 1976, 359.
[44] Spock, 1975, 355; Spock, 1976, 392.
[45] Leach, 1975, 393.
[46] Leach, 1978, 303.

advice, many argued that parents still needed to impose limits on themselves and their children. Above all, they concurred, with the exception of Leach, that it was possible to do too much for babies and, consequently, spoil them. By adopting this stance, many of the experts in these two decades brought themselves closer to the advisers of scientific motherhood.

Rejection of Early Training

As we have seen in Chapter 1, the experts of scientific motherhood believed in the benefits of early toilet training. In this way, they hoped that very young infants could be conditioned to deposit their movements in a bowl. This was considered training even though the baby had no control over it. Early toilet training had a special appeal for mothers in the era before electric washing machines and disposable diapers.[47] Following World War Two there was "a virtual revolution in toilet training," which Canadian historian Katherine Arnup attributes to a better understanding on the part of pediatricians about the development of bowel and bladder control in children.[48] Experts in the late 1940s and early 1950s, most especially Spock, also began to express reservations, based on Freudian notions of the phases of infancy, about early training.[49] The progression away from early training in the expert advice would continue into the 1960s and 1970s. However, it is interesting to note that, as with demand feeding and crying, some experts still felt it was necessary to repudiate explicitly the older methods of the 1920s and 1930s. This perhaps indicates that their position, as outlined in Chapter 2, was more controversial or disputed among parents than they would wish to admit.

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[47] Pottishman Weiss, 1978, 32.
[48] Arnup, 93-4.
[49] Pottishman Weiss, 1978, 32. Christina Hardyment, *Dream Babies: Child Care from Locke to Spock* (London: Jonathan Cape Ltd., 1983), 265. Freudians asserted that toilet training was a very important part in the development of a child's independence.

By 1960, Ernest Couture, along with other child-rearing experts, had adopted a position on toilet training very much opposed to that of scientific motherhood. He claimed, reflecting a new understanding in pediatrics that, as conscious bowel and bladder control was not developed till the second or third year, training was not possible any earlier.[50] In direct reference to the method of placing a young baby on the pot, Couture said that "Since this is only training yourself to anticipate the movements of your child it is not helping the toilet training of the baby and in fact babies so managed may not train as well as babies whose training begins at a time when muscle and nerve control is being established- in the early months of the second year."[51] Spock in 1962 expressed similar concerns about the early training once advocated by scientific motherhood. He argued that a baby under one year could be placed on a pot to void but that this was not really training. Spock described how children used to be placed on pots in the early months of life but that "The main advantage of such very early efforts, I think, is that they encourage the mother to overemphasize the importance of training, to become too insistent about it, and to forget that the chief aim should be to secure the child's cooperation."[52] This emphasis on the child's participation, discussed in more detail below, may have been influenced by both the postwar adoption of democratic family structures, in reaction to fascist Germany, and the new concern with children's rights, discussed in Chapter 2. Spock also said, like Couture, and influenced again by Freudian

[50] Arnup, 94.
[51] Couture, 1960, 97.
[52] Spock, 1962, 249.

ideas, that early training could have psychological consequences for the child, transforming him or her into a balky or fussy person.[53]

Articles from *Chatelaine* in the early 1960s articulated similar disapprobation of the early training of babies. Echoing both Couture and Spock, Dr. Alton Goldbloom asserted in 1962 that a mother who held the baby over the toilet at frequent intervals could have some success but that such events were merely the result of chance and did not train the baby at all. In a rare and interesting admission, Goldbloom confessed to once advocating this method in his book. He said "It could be tried with profit but I now have no great enthusiasm for the method."[54] Hence, by the earlier 1960s, many experts prefaced their own advice on toilet training with attacks on the logic of scientific motherhood, which was, as I mentioned in Chapter 1, often unsupported by medical research.

Into the late 1960s and 1970s, some experts still continued to challenge directly, or at the very least mention, the earlier training methods of scientific motherhood. A 1966 *Chatelaine* article by Johanne Bentzon discounted the efficacy of early potting. However, she did not go as far as Spock or Couture in suggesting that the practice was harmful, since she said that there was nothing wrong with "catching" the movements of the baby as this could reduce the number of dirty diapers. She did caution that this practice in no way trained the baby beyond accustoming him or her to the potty.[55] In 1967, Couture's successors echoed these ideas when they repeated that bladder and

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[53] Spock, 1962, 245 and 248; A. Michael Sulman, "The Humanization of the American Child: Benjamin Spock as a Popularizer of Psychoanalytic Thought," *The Journal of the History of the Behavioral Sciences* 9, no. 3 (1973), 260.
[54] Dr. Alton Goldbloom, "The Toilet Training Hazards," *Chatelaine,* 35, no. 3, March 1962, 144.
[55] Dr. Johanne Bentzon, "Take it Easy when you begin Toilet Training," *Chatelaine,* 39, no. 8, August 1966, 77.

bowel control were not developed until the second or third year and that putting a child under one on a pot or toilet would only train the mother to anticipate the baby's bowel movements. They again stated that these early efforts might make the child harder to really train in the second year.[56] Most experts in the 1960s and 1970s shared the idea that early training, advocated by scientific motherhood, was not effective.

Chant Robertson and Wood in their 1971 book disagreed, in part, with these assertions. The doctors affirmed that, until the age of one, children did not have bowel control. However, in a departure from the prevailing advice expressed by both Spock and Couture, they suggested that after eight months, children could be put on toilet chairs. Chant Robertson and Wood acknowledged that this was not really training but felt that "after a few weeks' experience, contact with the toilet seat may stimulate him to push out the movement." The doctors believed that this earlier exposure would then, contrary to what Spock and Couture predicted, make the actual training easier.[57] This approach reproduced scientific motherhood's belief in behavioural conditioning. Here again, we see that the faith in early toilet training, so prevalently espoused in the 1930s among experts, was not completely swept away by the 1970s.

By the mid-1970s, most child-rearing experts were continuing to emphasize the needlessness and potential hazards of early toilet training. Nonetheless, an examination of Spock's 1975 and 1976 editions of *Baby and Child Care* revealed a certain indecisiveness on this issue. In 1975, Spock seemed to modify his opposition to early training and stated that the conditioning of the baby to the pot might have benefits for later training. In sum, "If a mother wants to start training before a year and if she can

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[56] Department of Health and Welfare Canada, 1967, 113.
[57] Chant Robertson and Wood, 105-6.

catch her baby regularly without having to make a big fuss about it, this early conditioning may help the baby and herself through the later and more important changes."[58] This moderate endorsement of potting the baby represents a dramatic shift from Spock's 1962 book. However, perhaps even more intriguingly, in the 1976 revision of his popular manual, Spock reverted back to his previous stance by asserting that "catching" a baby's movements in the early months of life would only make the baby more apt to rebel later. Thus, in 1976, Spock once again firmly opposed any attempts at training or conditioning before the first birthday.[59] Spock's 1975 comments, which suggest that early training could be helpful, may again point to the intransigent and possibly compelling nature of scientific motherhood tenets on toilet training. His ambivalence on this topic also highlights the unstable nature of expert advice which would have increased the confusion of parents and possibly undermined further the credibility of experts who were already, as a group, critically scrutinized in the 1960s and 1970s.

Penelope Leach in her 1975 book, like Spock in 1976, seemed firmly opposed to early potting and commented that "Some motions can be caught in this way, but it is very doubtful whether the time the mother saves on washing those nappies equals the time she spends in potting the baby." Having fewer dirty diapers to wash was the only advantage of this practice mentioned by Leach. She added that, even if mothers had some success, "Almost invariably a few weeks later the baby's elimination pattern changes, or his developing independence and mobility leads him to fight being held on the pot, and a totally unnecessary toilet-training battle may have begun before the baby is even 6

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[58] Spock, 1975, 250.
[59] Spock, 1976, 287.

months old."[60] In this way, Leach dismissed the practice of potting a baby as a waste of time.[61] She said, in direct reference to scientific motherhood, that experts used to maintain children could be trained virtually from birth but that no research supported this claim. She also suggested, as did Couture and Spock in 1960 and 1976, that such early attempts could make it harder to train the child at the correct age, sometime after the first birthday.[62]

In the late 1970s, Penelope Leach repeated many of her earlier views on toilet training. She said that it was a mistake to try and catch the bowel movements of young children as they did not understand the process and hated sitting still.[63] *The Canadian Mother and Child*, unlike Spock, never wavered throughout the entire period under study from the belief that toilet training under one year was not possible or helpful. The book repeated that "Trying to observe the baby's rhythm and putting him on the pot at the right time does not help the toilet training of the baby as much as training the mother to anticipate the movement."[64] In sum, the review of the advice literature on this topic demonstrates that a lot of experts in the 1960s and 1970s still felt the need to refute the toilet training approach of scientific motherhood. Their insistence in doing so may have reflected both their conviction in new Freudian ideas as well as a recognition that parents, who lived in a period suspicious of experts, as explained in Chapter 2, were not always following the advice.

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[60] Leach, 1975, 107.
[61] *Ibid.*, 108.
[62] *Ibid.*, 290 and 293.
[63] Leach, 1978, 225.
[64] Department of Health and Welfare Canada, 1979, 177.

The New Approach

As one would expect by their almost universal rejection of scientific motherhood advice on toilet training, experts in the 1960s and 1970s had adopted a new approach to this child-rearing issue. The perspective was, as with feeding and sleeping, quite different and marked by a relaxed method. For example, Couture in 1960 did not provide a lot of detailed advice on toilet training. Instead, he articulated an overall philosophy on this developmental milestone and pointed out that "The important thing about toilet training is to be casual and friendly about it."[65] Likewise, Spock in 1962, urged the mother "to watch her child to see what stage of readiness he is in and give him some positive encouragement."[66] Above all, according to Spock, "What's important is to know how you feel, to know how different children may react, to watch for your child's readiness, and then to use encouragement rather than disapproval."[67] This emphasis on a relaxed manner was also apparent in articles in *Chatelaine* from the early 1960s. Dr. Goldbloom urged mothers to be casual about the training process, never letting the child see that it was important to her. He says, "it's best if the mother behaves toward the child as if a bowel movement is merely a natural, necessary part of life, like eating and sleeping."[68]

By the mid-1960s, the expert endorsement of relaxed toilet training was securely in place. The 1966 *Chatelaine* article by Johanne Bentzon emphasized that "The most important thing a mother should remember about toilet training, is that even if she

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[65] Couture, 1960, 98.
[66] Spock, 1962, 245.
[67] *Ibid.*, 249.
[68] Dr. Alton Goldbloom, "The Toilet Training Hazards," *Chatelaine,* 35, no. 3, March 1962, 144.

ignored it completely, her child would still develop quite acceptable bathroom habits."[69] Therefore, she advised mothers to avoid at all costs making toilet training a battle of wills with the child.[70] I have already outlined in Chapter 3 the importance placed by many experts, including Bentzon, on avoiding similar confrontations over food choices. On toilet training, Bentzon said that "If you are patient and cheerful about the whole business of training, most children will respond during the daytime by the time they are two-and-a-half."[71] For her, as for Goldbloom, the bottom line was that "Easygoing mothers who encourage their children in a amiable way, and are prepared to wait patiently for a child to develop good toilet habits are not likely to run into major problems. Overanxious mothers who worry their children constantly and make a big issue of toilet training often invite the very problems they are trying to avoid."[72]

The Canadian Mother and Child in 1967 continued to emphasize that the mother's attitude was very important in toilet training. The advice was the same as in 1960 and the manual asserted again the need for a casual and friendly attitude, saying "Never make an issue over [toilet training], for many long-standing problems start with difficulty over toilet training."[73] Joanne Esson, a nursery-school teacher, took this position further when she wrote in her 1969 *Chatelaine* article that this calm attitude during toilet training was very important in creating a happy and well-adjusted child.[74] Though not a medical doctor or psychologist, like the majority of experts surveyed in this thesis, as a nursery school teacher, Esson was uniquely placed to observe toilet training

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[69] Dr. Johanne Bentzon, "Take it Easy when you begin Toilet Training," *Chatelaine,* 39, no. 8, August 1966, 77.
[70] *Ibid.*
[71] *Ibid.*, 79.
[72] *Ibid.*
[73] Department of Health and Welfare Canada, 1967, 113.
[74] Joanne Esson, "Toilet Training," *Chatelaine,* 42, no. 2, February 1969, 70.

practices and outcomes. Finally, in their 1971 book, Drs. Chant Robertson and Wood echoed many of these ideas and urged mothers to maintain a friendly, encouraging and interested outlook. They claimed that "Your baby does a great deal of the training himself but he needs a lot of help and encouragement from you."[75] Thus, throughout the 1960s and into the 1970s, it is clear that, along with the misgivings on early toilet training first expressed in the 1950s, experts consistently emphasized the need for a relaxed method in which training was guided by the child. This approach was, therefore, radically different from the mother-managed and rigid training discussed by scientific motherhood advocates. However, it is also possible to see within the expert advice an overarching continuity with the 1930s. Though the content of the advice is completely different, the attitudes of mothers in both time periods were seen as instrumental in the successful training of their children.[76] In this way, as with the feeding problems discussed in Chapter 3, mothers were still blamed for any difficulties.

Both the discussion of no-pressure training and maternal responsibility in this process persisted till the end of the 1970s. For example, Penelope Leach in 1975 wrote that "If mild negativism is met with increased pressure, accidents with scoldings, success with real triumph, the infant often begins to see his motions as an area of real power over his mother."[77] Spock's 1975 manual emphasized again the responsibility of the mother for successful training when he said "Ease in training depends a great deal on a mother taking advantage of the stages of her child's readiness." The implication was that the mother must correctly observe and interpret this readiness in order to help the child effectively. Pursuant to this line of reasoning and new to his 1975 edition, Spock

[75] Chant Robertson and Wood, 105.
[76] Arnup, 93.
[77] Leach, 1975, 401.

discussed a research study he was involved in at an unnamed clinic. The team followed, according to Spock, the toilet training progress of a dozen children. They found that mothers, in order to avoid the conflict with their children discussed by experts, often misread signs of readiness, such as an awareness of a coming movement, discomfort being in a soiled state and pleasure in not wearing diapers. In sum, "The staff became convinced that the commonest block to training in America today is this fear of arousing hostility in children."[78] Thus, here again was the implication that problems in toilet training could largely be attributed to mothers, though Spock did say that their fears were often stimulated by parent educators like himself. In a very rare allusion to the class of parents, who most experts treated as a homogeneous group without ethnic or social distinctions, Spock asserted that mothers without a college education who were "less sophisticated", having not been exposed to advice manuals, had an easier time with toilet training because they did not have this fear of upsetting the child.[79] Along with a class consciousness, this statement also reflected an awareness on the part of Spock that experts could be responsible, along with mothers, for child-rearing problems.

In keeping with her earlier work, Leach's 1978 book focussed once more on the relaxed nature of training; an atmosphere that must, by necessity, be cultivated by the mother. However, Leach, unlike other experts, explicitly reassured parents that "However late your child seems to be in acquiring control, he or she will not set off for Grade school in diapers."[80] Thus, the general approach to toilet training promulgated by the experts of the 1960s and 1970s was influenced by Freudian psychology and a focus on the needs of the child. Its emphasis on the child's readiness and the mother's casual

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[78] Spock, 1975, 258-259.
[79] *Ibid.*, 259.
[80] Leach, 1978, 305-310.

involvement was very different from the philosophy of scientific motherhood. Nonetheless, despite the completely divergent nature of the advice, experts in both periods shared the idea that mothers were often responsible for the ease of the training.

Specific Methods

Foregrounding any expert opinion in the 1960s and 1970s on the specific methods of toilet training was a certainty in the need for flexibility and calmness. In this way, the advice was similar to that offered in regard to feeding and sleeping. Almost all experts emphasized that, as previously discussed, no child could be trained before one year and that the process of training was both gradual and individual. Spock suggested, also as previously mentioned, that the mother should wait to begin training till the child displayed signs of readiness. According to him, in the second half of the second year, many children became uncomfortable in a soiled state and wanted to imitate adults more. Spock believed that, building on these motivations and with the parents' encouragement, most children would virtually train themselves. To deal with any resistance of the child, Spock advised parents to always let the child off the potty after ten minutes and to never show displeasure if the child later had an accident. Couture had made the same recommendations in his 1960 book.[81] If the child made no progress or became increasingly resistant, Spock suggested parents should stop training for awhile.[82] A 1962 article by Alton Goldbloom presented many of these same ideas. This doctor emphasized that there were differences between children and that parents could only help training by being responsive to the child's signals and making appropriate suggestions.[83]

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[81] Couture, 1960, 97.
[82] Spock, 1962, 247, 249, 253-5.
[83] Dr. Alton Goldbloom, "The Toilet Training Hazards," *Chatelaine,* 35, no. 3, March 1962, 144.

Expert advice on methods of toilet training remained virtually unchanged throughout the rest of the 1960s. The 1966 *Chatelaine* article by Johanne Betzon reiterated that a child should never be forced to sit on the potty and parents should only suggest he or she use it. She, like Spock, also believed that if, after a few weeks, the child was making no progress, the parents should stop for a time.[84] The nursery-school teacher, Joanne Esson, writing in 1969, also felt, like the other experts examined, that parents should be guided by the child's readiness and that, though children should be regularly taken to the toilet, they should not be forced to sit on it for long periods. She cautioned that accidents would be common but that children should never be scolded for them.[85]

In the 1970s, experts continued to stress that parents must be guided by their children in toilet training. In their 1971 book, Drs. Chant Robertson and Wood argued that most children were ready to be trained by about eighteen months at which time they became increasingly uncomfortable in a soiled diaper. They then asked to be changed and mothers could use this opportunity to begin training.[86] Though presenting a vision of more active parental involvement in placing the child on the toilet at regular intervals, a 1971 *Chatelaine* article by Beryl Oxley, also asserted that training could not begin till the child was ready. She said that "A child left until eighteen months before being introduced to his own pot or miniature toilet is able to understand what is expected of him and connect words with elimination and communicate his needs."[87] This viewpoint had

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[84] Dr. Johanne Bentzon, "Take it Easy when you begin Toilet Training," *Chatelaine,* 39, no. 8, August 1966, 77 and 79.
[85] Joanne Esson, "Toilet Training," *Chatelaine,* 42, no. 2, February 1969, 69.
[86] Chant Robertson and Wood, 106.
[87] Beryl Oxley, "A Timetable for Toilet Training," *Chatelaine* 44, no. 10, October 1971, 118. As in her article on breast-feeding, discussed in Chapter 3, Oxley identified another medical specialist, this time Dr.

already been expressed by Spock in 1962. Leach in 1975, not surprisingly given her interest in the viewpoint of the child, also shared this preoccupation with the child's agency in training and stated "Toilet training can only correctly refer to the process by which a child is taught to respond to his own need to void, by telling or signalling to his mother, or going himself to the pot or lavatory."[88] Like the other experts, Leach argued that this training could not begin till the child became aware of being wet or dirty. According to her, all the mother could do to aid the training process was appeal to her child's desire to be grown-up and avoid insisting the child use the pot.[89] This idea, as we will see below, was also very much part of Spock's advice.

In terms of method, Spock's 1975 version was not altered dramatically from his earlier work. He reiterated that, in toilet training, the mother's primary duty was to watch for signs of readiness in the child, beginning in the second year, and to facilitate the training in a friendly and casual fashion.[90] He did say, unlike his previous work, that the child could be left on the potty for fifteen to thirty minutes as long as the mother stayed close by. He added, perhaps as a qualification to his 1962 comments, that "if [the mother] has had a number of successes, if the child shows he understands what is being asked of him and shows that he can cooperate, then I think the mother should for several reasons, continue with the training even if the child now wants to change his mind and quit."[91] Spock's basic approach and message about relaxed toilet training stayed the same in his revised 1976 *Baby and Child Care.* However, in support of this approach, he

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T.J. Ham, a pediatrician at Toronto's Hospital for Sick Children, as her authority. Though the article was written by Oxley, most of the advice was paraphrased from Dr. Ham.

[88] Leach, 1975, 289.

[89] *Ibid.,* 399-400, 406.

[90] Spock, 1975, 249-251, 253.

[91] *Ibid.,* 253.

provided a new detailed endorsement of the training method of Dr. T. Berry Brazelton, an American physician. This specific method was compatible with the advice of many experts, namely that the child must be trained with no coercion, the parents should use flattery and suggestions to encourage the child to use the toilet or potty and that the child would eventually agree to do so because he or she wished to be grown up. Spock suggested that "This method requires of the parents that they have trust in their child's desire to mature."[92] Leach continued to support relaxed toilet training in her 1978 book. She urged parents, as did many experts, not to force the child to sit on the potty. Like Spock, she was concerned about the child's readiness and said the child was only ready to use the potty when he "becomes aware that he is about to produce urine or a movement rather than only being aware after the event." [93] In sum, the specific methods of toilet training in the 1960s and 1970s were all very similar in the particulars and also in the general assertion that mothers should be guided by the readiness of the child, an idea which would have been foreign to scientific motherhood experts who advised holding a newborn, incapable of understanding or cooperation, on the pot until the desired outcome was achieved.

Conclusion

In this chapter, I have attempted to examine the expert advice on toilet training and sleeping/crying. I wanted to show, as in Chapter 3, both how that advice may have changed over the two decades under review and also how it was both similar and different when compared to scientific motherhood tenets. In general, the advice on these two topics, with the exception of minor changes, stayed fairly consistent throughout the

[92] Spock, 1976, 289.
[93] Leach, 1978, 306.

1960s and 1970s. I think it is important to note that in all three topics discussed in this thesis, analyzed in this and the previous chapter, many experts felt it was still necessary to reference and refute scientific motherhood positions. This may have been a reflection of expert fears that, due to the more critical social climate of the 1960s and 1970s, discussed in Chapter 2, parents were not following their advice. However, often their renunciations of other ideas, most particularly those of scientific motherhood, were not as absolute as they appeared at first. The expert advice on crying babies in the 1960s and 1970s was very different from that of scientific motherhood with its belief that parents should not be afraid to respond to their babies. Nonetheless, with one exception, my analysis has shown that experts often qualified this approach and felt that babies could be spoiled with too much attention. This attitude actually brought them closer to proponents of scientific motherhood. In regard to toilet training, there was a shift away from earlier, rigid and mother-managed training towards a relaxed, casual and child-centred approach which blossomed throughout the 1960s and 1970s. Again, this trend may have reflected both the child-centric nature of Canadian society and an awareness, promoted by psychologists in the postwar period, of the need for the child to develop autonomy and self-direction. However, experts in both periods would have agreed that the mother's attitude, though directed towards very different goals, was pivotal in successful toilet training. This represents another instance in which mothers were burdened with, despite a rise in their employment outside the home and the calls of feminists for partnership in parenting, a large sense of responsibility. In these discussions, experts used the terms "mothers" and "parents" interchangeably. Fathers were seldom presented in the advice as active and autonomous participants in the toilet training of their children.

Chapter 5-Conclusion

In this study, I have attempted to understand how and why expert advice on babies has evolved in Canada since the 1920s, with a focus on the 1960s and 1970s. Initially, I selected these decades simply because no historian had examined them in the Canadian context. However, I hope that my thesis has highlighted some of the unique qualities of the 1960s and 1970s. I have argued that changes in these years, most especially the child-centric nature of North American society, re-enforced by the rise of postwar suburbs, the baby boom and a concern for children's rights, the rising influence of psychology, feminism and the emergence of pro-nursing groups like La Leche League, did all have an effect on child-rearing advice. As well as analyzing the popular child-rearing advice in Canada, some of it produced by the federal government, I had another purpose in this thesis. I wished to demonstrate that aspects of scientific motherhood, the child-rearing strategy prevalent in Canada and other countries in the 1920s and 1930s, which focused on raising children through the use of strict schedules, persisted in this advice.

On the surface, the child-rearing advice of the 1960s and 1970s appeared quite different from that of scientific motherhood. Overall, the advice in the 1960s and 1970s, whether generated by the Canadian government, *Chatelaine* or a single author, was marked by its focus on the needs of the child. This orientation was perhaps most explicit in the work of British psychologist Penelope Leach, who set out to write her manual from the baby's point of view. More specifically, most of the feeding advice of these two decades reflected this concern for the baby. As breast-feeding increased in popularity in the 1960s and 1970s, doctors became, though cause and effect should not be assumed,

more confident, as had scientific motherhood proponents, in endorsing this method as the best. However, in a marked departure from scientific motherhood, experts in the 1960s and 1970s argued fairly consistently that babies should be allowed to establish their own feeding schedules and should be fed at first on "demand." They also asserted, based often on a 1930s study by pediatrician Dr. Clara Davis, that infants were capable of balancing their own diets and that, consequently, parents did not need to worry about food choices. Both these arguments would have baffled proponents of scientific motherhood who asserted that babies and small children needed to learn to eat according to specific schedules, in order to develop self-control and function in society, and to eat exactly what the mother, guided by the doctor, deemed acceptable. What both groups of experts would have generally agreed on was the need for some schedule of infant feeding, whether devised by the expert or the baby. Also, unique to the 1970s, and foreign to the advocates of scientific motherhood, was a new expert concern about the connection between the eating habits of young children and rising obesity rates in North American society.

In Chapter 4, I examined the advice on crying and toilet training. As with feeding advice, it was marked in both government and commercial publications by a focus on the needs of the child. However, again, at least in regard to infant crying, I found intriguing echoes of scientific motherhood hidden within the expert advice. Most experts in the 1960s and 1970s agreed that parents should be generally responsive to the cries of their babies. This attitude was not shared by their counterparts in the 1920s and 1930s, who asserted that children should be left alone as much as possible and would become spoiled if picked up. Despite this apparent dichotomy, there persisted, within the advice, a

concern with spoiling the child. Experts, like Couture and Spock, told parents to be wary of a baby who cried only for attention and company. Most advisers, with the exception of the British Penelope Leach, also agreed that young children should be firmly put to bed and left alone at night. Thus, advisers in both periods would have agreed it was possible to spoil a baby with too much attention.

Toilet training was the area of expert advice, more so than feeding or crying, where the break from scientific motherhood was much more complete. Except for holding the mother responsible for successful training, the experts had little in common. Proponents of scientific motherhood called for a rigid and mother-managed period of training to be completed by the first year while experts in the 1960s and 1970s urged parents to be relaxed, casual and to realize that it was normal for children not to be trained until their second or third year. The shift in this advice, as suggested in Chapter 4, may have had a lot to do with the widespread introduction of washing machines and disposable diapers as well as the assertion of children's rights. In addition, psychological influences, primarily Freudian, permeated the advice and stressed the importance of training on personality development.

The advice analyzed in both chapters, whether produced by the state or commercial initiative, was, at times, supported by references to new medical, nutritional or scientific research. However, experts also relied, most especially Spock, on a combination of professional experience and consumer feedback. Unlike in previous periods, experts did not couch their advice in moral or religious arguments. Instead, we see in the manuals the use of personal experience, most particularly with motherhood, as a claim to legitimacy. This could be due to an increase in the number of female experts,

paralleling the growth of all women in the workforce, feminism, which stressed the validity of the female experience, and the decline in the prestige and authority of more scientific claims to knowledge. Experts, even Penelope Leach who attempted explicitly to connect parents with developmental research, may also have shied away from always quoting research as it could be contradictory and confusing.

Experts, at least in the three areas I chose to study, showed a rather remarkable indifference to the class, ethnicity or income level of their audience. The mothers in the manuals seemed to be a homogeneous group. Even in discussions of diet, where one might think experts would acknowledge cultural differences, little variation was presented in the advice. Only once, in his discussion of toilet training, did Spock allude to class differences among mothers. This insensitivity may have been the result of two decades of postwar prosperity, a rising standard of living and, in Canada, the construction of the welfare state. These developments may have encouraged experts, as well as the general public, to believe that class distinctions were no longer as significant as they once had been. Additionally, the experts may have thought, as Spock did, that their audience was primarily from the middle classes. On the topic of working mothers, who increased proportionally in the period under review, experts, with the exception of discussions on breast-feeding, did not often refer to this reality either. For the most part, and despite the calls of feminists for more shared responsibility in parenting, writers also usually directed their advice to mothers, as they had in earlier periods.

By focusing on feeding, crying/sleeping and toilet training, as three critical topics discussed by experts during scientific motherhood and in the 1960s and 1970s, I am aware that I have left some other aspects of the advice unexplored. Most importantly,

more research could be carried out on how the advice manuals addressed the topic of working mothers in a period in which their proportion increased.

The major preparation for this thesis has coincided with a veritable baby-boom within my own family. In particular, I have watched my sister progress through pregnancy to the birth of her first child. I have found it interesting to discuss both the current child-rearing advice she tries to apply or adapt as a new mother and the historical advice I examine and analyze. I am often struck by what within that advice has been maintained, modified or completely rejected. As I hope this thesis has shown, child-rearing advice is a dynamic field, drawing on older ideas, the social climate, so-called scientific developments and the experiences of mothers. I don't know if anyone will ever perfect child-rearing but new generations of experts, hopefully motivated by the best interests of the children, will certainly continue to build on both the advice of scientific motherhood and that of later experts.

Appendix 1

Table 1

Advantages and Disadvantages of Breast-Feeding According to Leading Experts Canada, 1960-1979

	Couture 1960	Canadian Mother and Child 1967	Canadian Mother and Child 1979	Spock 1962	Spock 1975	Spock 1976	Leach 1975	Leach 1978	C-R & Wood 1971
Advantages Of Breast-Feeding									
Natural	X	X	X	X	X	X		X	X
Sterile		X	X	X	X	X	X	X	X
Immunity to infection	X		X			X	X	X	X
Helped mother physically	X	X	X	X	X			X	
Economical			X	X	X	X			
Convenient	X	X	X	X	X	X	X	X	X
Psychologically Better for mother and baby	X	X	X	X	X	X			X
Will not ruin mother's figure				X	X	X		X	X
Baby could not be overfed			X				X	X	
Disadvantages of Breast-Feeding									
Impossible to tell how much baby ate							X	X	
Mother's health could affect milk							X	X	
Mother could not delegate feedings/Father could not feed	X	X					X	X	
Harder to work outside home			X	X	X	X		X	
Nursing meant baring breasts							X	X	
Breasts could get irritated							X		

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