

Medicalizing Motherhood: Maternity Care in Canada in the 1920s and 1930s

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How and when did professionals become so involved with childbirth, infant feeding, and parenting? This paper was originally completed for a graduate nursing history course at the University of Ottawa. I presented the paper at the 16th Annual Breastfeeding Seminar 2006 in Toronto and I have edited the conference presentation for this publication. I am a nurse who is interested in history and this is quite different from an historian who researches nursing. I consider my nursing background a strength for this work. Of course, I also consider my lack of experience as an historical researcher a weakness.

For the original class assignment, I needed to choose and write about an artifact from the Museum of Civilization's temporary exhibit, *A Caring Profession: Centuries of Nursing in Canada*.¹ The artifact I chose was a photograph of a Victorian Order of Nurses (VON) home visit nurse in Winnipeg in the 1920s.² She appears to be bathing a newborn in a kitchen with two older children, probably siblings, watching her. The woman wears a dress with a white collar, an apron and shoes. The baby is securely wrapped in a blanket and the older children are neatly dressed in play clothes. All seem to be relaxed. The woman holds a cloth and appears to be bathing the baby and speaking with the older children. The baby looks still on the woman's lap and the

children face the woman as if they are listening, though the younger child seems less intent. It was probably taken as a publicity photograph by a VON staff member.³

I was drawn to the photograph because of my work as a maternity nurse and lactation consultant and many questions came to mind when I first saw the picture: Where is the baby's mother? Was the baby born at home? Who took the photograph? What type of visit was this nurse doing? What was the role of professionals in childbirth, infant feeding, and parenting?

In the end, my research led me to learn many things about Canada during the third and fourth decades of the twentieth century (1920s-1930s). Life is messy and circular. It is hard to draw a straight line when discussing history. To understand and appreciate mothering, childbirth, and the work of professionals in the lives of families, I had to understand the many factors that worked together to put a visit nurse in a woman's home, bathing the woman's baby and speaking to the woman's other children in the 1920s. Political and social ideologies, epidemiological factors, and professional organizations, primarily nursing and medical, all contributed to professionals being involved with families. This article will not be able to go into depth

on any one part - consider it an overview of the changes in childbirth, infant feeding, and parenting. It is a snapshot of the 1920s and 1930s with a little before and after for perspective.

In historical research, primary sources are artifacts created at the time in question. Secondary sources are created after the time in question and are usually historical accounts or analyses of a particular time and place. Most of the data and research I used were secondary sources (see separate bibliography). I own one very interesting primary source. It is a copy of *The Canadian Mother's Book*⁴ and it was the first in a series of advice books for mothers written by Dr Helen MacMurchy, and published by the federal government. I also accessed census information and this, too, would be a primary source. I found many very useful secondary sources - books and articles - in my research and they helped me appreciate what life in Canada was like between World War I and World War II.

Historical Context

In the early 1900s, infant/maternal mortality was a serious concern. In Toronto, in 1907, an average of **1 in 5** infants died and in Montreal at the turn of 20th century about **1 in 3** infants died. Maternal deaths averaged 6-7/1000 in Canada. This statistic is not available until about 1925 and the rate continued until 1938. This rate compares to a current infant mortality rate of about 6/1000 (not **200-333**/1000 as it would have been in early 1900s) and a maternal mortality rate of about 3/100,000 live births (compared with **600-700**/100,000).⁵

Picture Canada in 1900 when the lifestyle was primarily agrarian and homesteading.

In other words, mothers and fathers were always home. Canada was 23 years old and had 7 provinces and 2 territories. Alberta and Saskatchewan would join in 5 years, Newfoundland in 49 years, and in 99 years Nunavut would become a territory. Time had been standardized, necessitated by train travel, for about 17 years. About 70% of the population was rural at the turn of the twentieth century. Modern cities emerged primarily between 1850 and 1920. In 1880, Toronto was Canada's 4th largest city behind Montreal, Quebec City, and Saint John, NB. Saskatchewan's population grew from about 90,000 in 1901 to about 900,000 in 1931. By 1920, Canada's population was about half rural and half urban. Change was happening and by 1931 the population was more urban than rural.⁶

At the turn of the twentieth century, there was no radio, no TV, and little electricity. In 1910, Berlin (Kitchener), Ontario became the first municipality to be connected to the provincial public power grid. There was no refrigeration. Refrigerators were first available for home use around 1915 and became popular after about 1920. Indoor plumbing also boomed after World War I due to mass production, standardization, and the installation of fixtures. By the 1930s, most urban homes had running water. Electric clothes washers were available in the 1920s. The average wage during the 1920s and 1930s? - men 27.50 per week and women 14.00 per week.⁷

Social Context

By 1900, Canada was undergoing fundamental social change through industrialization, immigration, and urbanization. Women were not considered persons under the British North American

Act and they could not vote. Contraceptives and midwifery were outlawed. Social reformists, mostly concerned women's groups like the National Council of Women of Canada and local Women's Institutes, were campaigning for temperance (prohibition of alcohol), maternal/infant health, and better sanitation.⁸

World War I was a catalyst for much economic and social change. The battle of Vimy Ridge is considered by many historians a turning point in Canada's nationhood. Many potential soldiers could not pass the army physical and this was a surprise to healthcare providers. The federal government began to temporarily (of course, it became permanently) collect income tax. Women joined up to work as nurses overseas. The Canadian Red Cross expanded and contributed to the war effort. The consequences were a patriotic country, a growing concern about the overall health of citizens, a federal government with income and an expanding infrastructure, and an experienced group of professional nurses and Red Cross workers just returned from overseas. Unfortunately, returning soldiers and personnel also brought influenza from Europe.

The 1920s and 1930s saw a rising middle class with an increase in consumerism and several social reforms.⁹ This was the time for first wave feminism, suffrage (women getting the vote), and woman rights. The federal government established a health department with Dr. Helen MacMurchy heading the new Child Welfare Department. Municipal, provincial, and federal public health services expanded.

It was a modern time. Science and the scientific method were revered. In health care, the germ theory was generally accepted. In industry, Taylor's 1911 monograph, *The Principles of Scientific Management*, was changing the workplace with efficiency and economy the main goals. Blatz and Brown's professional child study movement was underway in Toronto. They built nursery schools and studied child development. Science seemed to hold the answer to every question.

One very disturbing social change was the eugenics movement. Originating in France and Britain, the eugenics movement took hold in Canada during the interwar years. This ideology was inspired by Darwinism. It was reasoned that undesirable characteristics were inherited and, for the good of society, procreation should be controlled. Proponents, including many of Canada's leading academics, advocated that people who had undesirable traits or inferior genes should be discouraged from having children. Segregation in institutions or sterilization were used to achieve this goal. Of course, citizens with desirable characteristics and genes were encouraged to have children.¹⁰

Hospitals, Nurses and Physicians

The history of hospitals and of the professionalization of nurses and physicians helps explain professionals' involvement with childbirth, infant feeding, and parenting. Until the 1900s, hospitals were a form of poor house and were not used by the middle and upper classes. Most care that was available at the time was easily provided by family and professionals in the home. Poor citizens stayed in hospitals because they did not have the resources to

pay for care at home or because they had lost their homes due to illness.¹¹

By 1900, times were changing and hospitals became essential for the care of the sick as technology and elaborate surgeries were developed that were not available in home settings. Acceptance of the germ theory changed how hospitals were run and the public's perception of hospitals. The social stigma of staying in a hospital was lifted and all social classes began to use hospitals in times of illness. This also made giving birth in a hospital more acceptable.

Dr. Mack established the first nursing school in Canada in 1874 at Mack's General and Marine Hospital in St. Catharines, Ontario. Hospital schools flourished between 1900 and 1930. Nurses apprenticed in the hospital and the student apprentices did the majority of nursing care, housekeeping services, and administrative duties. After graduation from a hospital training school, most graduate nurses were self-employed in the community. Following World War I, there was an increase in VON and Red Cross home visit nurses and in municipally and provincially hired public health nurses. Graduate nurses did not form the majority of hospital nursing staff until after World War II.¹²

Several authors have reviewed and analyzed the history and professionalization of nurses. These authors look at hospital training schools and the work of private and hospital graduate nurses. Ultimately, professionalization had an effect on the role of nurses in providing childbirth and postpartum care. Some authors consider the rise in the professionalization of nurses contributed to the demise in midwifery.

The late 1800s saw a rise in the professionalization of medicine. Historically, surgeons were trained as apprentices and physicians obtained a university education. This led to the surgeons' opinion that the physicians lacked bedside teaching and to the physicians feeling superior due to their university education. For surgeons and physicians, diagnosis and treatment was related to patient symptoms since there was little technology (e.g. x-ray, sphygmomanometer, stethoscope) for diagnosing.¹³

Prior to the mid-1800s surgery was pretty fundamental - basically cutting off limbs and draining abscesses. With the discovery, improvements, and use of anesthesia and analgesia in the mid-1800s, surgery took on a new dimension because surgeons could actually cut into the human body. With recognition of the germ theory and the development of surgical techniques, along with required recuperation times, hospitals were accepted as a place for surgery.

Both professional groups, physicians and surgeons, have been reconciled and the education and training is now combined. The Medical Council of Canada formed in 1906 and medical licenses became consistent across Canada in 1911. Medical and surgical specializations developed in the early 1900s and the Royal College of Physicians and Surgeons in Canada was founded in 1924. With increased professionalization and the change in the perception and use of hospitals, nurses, physicians, and surgeons acquired a special status in society as experts in healthcare, including areas of childbirth, infant care and feeding, and parenting.

Childbirth and Infant Feeding Practices

Where birth takes place, who is in attendance, even the position a woman uses are politically driven. Whether a woman gives birth at home or in a hospital, in a supine or squatting position, and if the birth is to be attended by a nurse, midwife, or physician are socially determined and potentially contentious aspects of childbirth.¹⁴

In Canada in 1926, the first year this statistic is available, 17.6% of births took place in hospital. By 1940, 45.3% of births were in hospital and by 1950, 80% were hospital births. Home births were usually attended by physicians except where physicians were scarce then nurses usually attended births. It is interesting to note that prenatal care was not considered important at this time.

Secondary sources are abundant on the topic of childbirth in North America. The choice of attendant for birth has been analyzed by several Canadian and American authors. It appears many factors contributed to the move from midwife-attended home births to physician-attended hospital births. Certainly, physicians asserting authority over all aspects of healthcare was a factor but there were other influences at work. Nurses were seeking to professionalize their work and this meant separating their role from midwives. Also, midwives were seen by many women as old-fashioned or from the old country and new Canadians welcomed the physician and nurse as the best professionals for attending births.¹⁵

The change from homebirth to hospital confinement is also well researched and reported in secondary sources. Post-World

War I was a time when the modern and the scientific were embraced. For those women who had access to, and could afford it, a hospital birth was often the choice they made.¹⁶

Unlike childbirth, the history of infant feeding in Canada, both breastfeeding and bottle-feeding, does not seem to be well reported.¹⁷ It appears the change from breastfeeding to bottle-feeding began during this period. In 1900, breastfeeding was recommended and promoted, especially since cow's milk was dangerous.¹⁸ By 1920, breastfeeding was still recommended/promoted but formula was increasing in use. The 1940 version of the Canadian Mother and Child recommended and promoted artificial infant feeding with its emphasis on sterile techniques.

Reverence for science, availability of clean water, tinned milk, and refrigeration contributed to increase artificial feeding. Mothers wanted to do the best for their babies and the best seemed to be the scientific. The mothers most likely to bottle-feed during these interwar years were better educated and affluent. These characteristics are shared with their great (great?) granddaughters who were most likely to breastfeed in later generations when breastfeeding regained prominence.

Advice to Mothers - With Every Good Intention

There are many primary resources available to analyze the construct of motherhood in the 1920s. Some of these documents were generated by experts. The federal government issued books and pamphlets about infant care including *The Little Blue Books* with the first in the series called *The*

Canadian Mother's Book (1923) and the *Canadian Child Welfare News* (eg. Breast-feeding continues to decline, #1 Feb, 1930). There were childcare books written for mothers like *Parents and the Preschool Child* by William Blatz and Helen Bott (1928), *The Normal Child: Its Care and Feeding* by Alan Brown (1926), and *The Management of Young Children* by William Blatz and Helen Bott (1930).

Primary sources by the mothers and other laypersons would also be useful. For example, women's magazines such as *Chatelaine*, *Canadian Home Journal*, *La Bonne Fermière*, *La Revue Moderne*, and *Western Home Monthly* might have articles and letters pages describing motherhood. Also, other magazines or newspapers like the *Toronto Star*, *Macleans*, *The Farmer's Advocate*, *Le Droit*, *Family Herald*, and *Weekly Star* might have relevant articles. Less likely primary sources might be cookbooks from the period or catalogues and grocery ads that feature products women purchased for childcare.¹⁹

Secondary sources, discussing the construct of motherhood, have been provided by several authors. Most interesting are analyses of advice from governments and experts.²⁰ This was a time when the modern method of childcare was based on science and authority over motherhood was asserted by physicians, psychologists and the government. Whatever the motivation, motherhood was being usurped by experts.²¹

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[The Role of the VON Home Visit Nurse](#)

To appreciate the role of the VON home visit nurse, historical context must be understood. Maternal and infant mortality

rates, and living conditions, especially for poorer citizens, need to be recognized. This photograph was taken in the 1920s, between World War I and World War II and these interwar years were a time of much social, economic, and political change in Canada. A new interest in child welfare, the work of social reformists, the eugenics movement, social Darwinism, and first wave feminism including suffrage contributed to the role of a VON home visit nurse.²¹

At the same time, relationships need to be considered when placing the VON nurse in a mother's home. For example, physicians wanted authority and the public accepted the premise that the modern, better way was to let physicians have authority in matters of childbirth and childrearing. Canada was beginning to take on her nationhood and policy-makers and politicians recognized the socio-economic realities of having healthy labourers to keep the economy working. At the same time, industrialization had brought with it an increase in consumerism so products, including baby formula and pharmaceuticals, were being developed for modern mothers and their families. Mothers wanted medical services and the best methods for their families and the modern, scientific way of doing things held great promise.

Finally, to appreciate the forces at work influencing the role of the VON home visit nurse, there were several organizations active in the 1920s. There were child welfare departments at each level of government. For example, a woman living in Toronto had the municipal Child Welfare Council, the provincial Division of Maternal and Child Hygiene and Public Health Nursing and the federal Division of Child

Welfare looking out for her children's health. Of course, the way to the children's health was through the mother so this mother in Toronto was the target of many municipal, provincial, and federal programs. The Dominion Council of Health oversaw national health policy. Professional groups, predominately the Canadian Nurses Association and The Canadian Medical Association, lobbied for their groups' interests. There were women's groups like the National Council of Women of Canada, the local Women's Institutes, and social reform groups. The VON was one of the organizations providing services for mothers and their babies.²²

The "So What?" of this Paper

How and when did professionals become so involved with childbirth, infant feeding, and parenting? Most of all, we look back not to praise ourselves about how far we have come but to stop and reflect. What do we assume to be normal or requisite, but is really a direction we took many years ago and we continue on the path without question? Is there much difference between the eugenics movement and current attitudes about the human genome project?

At a national nursing conference in 2006, in a session about future roles for nurses, genetic counselling was discussed. The word "pedigree" was used when describing the goals for genetic counselling. The word seemed to go over everyone's heads. There were no questions, no comments. I was in shock, especially as woman with medical and physical disabilities. I also wonder if there much difference between being "1920s scientific" and current evidenced-based practice clinical guidelines? Do we allow for individuality? Are we doing the

right thing for the right reasons? I am thankful for the dialysis that keeps me alive, the epidural that was available for my c-section, and the drugs that keep me healthy and productive, but I will continue to be discerning about my values, my options, and my choices.

By looking at this time and place, we can see that an awareness of high infant/maternal mortality rates; acceptance of germ theory; increased roles for and professionalization of doctors and nurses; and changes in the use of hospitals contributed in changes in maternity care. We can also see that beliefs in proper training; a value of schedules and control; an increased middle class; growth in industrialization, immigration, urbanization, nationalism; and disdain of the old fashioned in favour of the modern all influenced how parents, especially mothers, cared for their children. Some ways of doing things resulted from the consequences of other factors and some ways of doing things are just coincidental to what was going on.

Throughout Canada's history there have been many good people trying to do good things and some self-centred people looking out for their own interests, but no one works in a vacuum and, in the end, we are all interdependent. Life is rarely a straight line; most often it is part of a circle. There are no villains and no saints, just different ways of looking at and of doing things. Some of our ways for doing things are reactive and some are proactive. In the end, we are doing the best we can with what we have and with what we know. By stopping and looking back, we might be better informed and freer to choose as we step forward.

Notes

1. *A Caring Profession: Centuries of Nursing in Canada* was an exhibition of Canadian nursing artifacts at the Museum of Civilization from June 16, 2005 to July 30, 2006. A cropped version of the photograph was featured at the exhibition. See the Museum of Civilization website at <http://www.civilization.ca/cmc/nursing/nurse3e.html>
2. The photograph is featured in several books. Barbara Keddy and Dianne Dodd, "The Trained Nurse: Private Duty and VON Home Nursing (late 1800s to 1940s)," In *On All Frontiers: Four Centuries of Canadian Nursing*, eds. Christina Bates, Dianne Dodd and Nicole Rosseau, (Ottawa; University of Ottawa Press, 2005), p. 50. Also in Sheila Penney, *A Century of Caring: The History of the Victorian Order of Nurses for Canada* (Ottawa: VON Canada, 1996), p. 65. The full photograph is available online at: <http://www.civilization.ca/cmc/nursing/images/nurse06.jpg>
Neither the books nor the citation at the museum specify the year of the photograph.
3. The supposition that this photograph had been taken as a publicity photograph by VON staff was proposed by Meryn Stuart (University of Ottawa), Christina Bates (Museum of Civilization), and Jennifer Stevens (VON Canada) in three separate personal communications.
4. An example of a primary source of advice to mothers is Helen MacMurchy's *The Canadian Mother's Book* (Ottawa: Department of Health, 1923). Note that this was the advice given to, not necessarily the advice taken by mothers.
5. Historical statistics are available at <http://www.statcan.ca/english/freepub/11-516-XIE/sectionb/sectionb.htm>. For information about current maternal/infant mortality rates (1995) please see http://www.phac-aspc.gc.ca/rhs-ssg/factshts/mort_e.html and http://www.phac-aspc.gc.ca/publicat/cphr-rspc03/pdf/cphr-rspc03_e.pdf
6. Population and census information is available at <http://www.statcan.ca/bsolc/english/bsolc?catno=11-516-X>
7. The Canada Science and Technology Museum has a very interesting site describing domestic technology at http://www.sciencetech.technomuses.ca/english/schoolzone/Domestic_Technology1.cfm

8. For analyses of women and social reform see Linda Kealey (ed.), *A Not Unreasonable Claim: Women and Reform in Canada, 1880s-1920s* (Toronto: Women's Educational Press, 1979); Michael E. Mercier and Christopher G. Boone, "Infant Mortality in Ottawa, Canada, 1901: Assessing Cultural, Economic and Environmental Factors," *Journal of Historical Geography* 28, no.4 (2002), pp. 486-507.
9. Three articles that describe the child welfare movement are Cynthia R. Abeele, "The Infant Soldier': The Great War and the Medical Campaign for Child Welfare," *CBMH/BCHM*, 5, (1988), pp. 99-119; Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," pp. 203-230; and Meryn Stuart, "Ideology and Experience: Public Health Nursing and the Ontario Rural Child Welfare Project, 1920-25," *CBMH/BCHM* 6, (1989), pp. 111-131.
10. Sebastian Normandin, "Eugenics, McGill, and the Catholic Church in Montreal and Quebec: 1890-1942", *CBMH/BCHM* 15, (1998), pp. 59-86. Martin S. Pernick, *The Black Stork: Eugenics and the Death of 'Defective' Babies in American Medicine and Motion Pictures Since 1915* (New York: Oxford University Press, 1996).
11. David Gagan, "For 'Patients of Moderate Means': The Transformation of Ontario's Public General Hospitals, 1880-1950", *Canadian Historical Review* LXX, 2, (1989), pp. 151-179.
12. For an overview of history about Canadian nurses see Christina Bates, Dianne Dodd, and Nicole Rousseau (eds.), *On All Frontiers: Four Centuries of Canadian Nursing and Kathryn MacPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996). For discussions of the professionalization of nursing see Julia L. Kinnear, "The Professionalization of Canadian Nursing, 1924-32: Views in the CN and CMAJ," *CBMH/BCHM* 11, (1994), pp. 153-174; Veronica Strong-Boag, "Making a difference: The history of Canada's nurses," *CBMH/BCHM* 8, (1991), pp. 231-248; Meryn Stuart, "War and Peace: Professional Identities and Nurses' Training, 1914-1930," In *Challenging Professions: Historical and Contemporary Perspectives on Women's Professional Work*, eds. Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice (Toronto: University of Toronto Press, 1999), pp. 171-193; and Cynthia Toman, " 'Trained brains are better than trained muscles': Scientific management and Canadian nurses, 1910-1939," *Nursing History Review* 11, (2003), pp. 89-108.
Photographs, including one from the Mack Training School for Nurses may be seen at the Museum of Civilization website,
<http://www.civilization.ca/cmhc/nursing/nurse3e.html>

13. For a survey of medicine and surgery, please see Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 1999).
14. For a comprehensive look at childbirth in Canada see Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002).
15. For discussions about the demise of midwifery see Katy Dawley, "Ideology and Self-Interest: Nursing, Medicine, and the Elimination of the Midwife," *Nursing History Review* 9, (2001), pp. 99-126; Sylvia Rinker, "To Cultivate a Feeling of Confidence: The Nursing of Obstetric Patients, 1890-1940," *Nursing History Review* 8, (2000), pp. 117-142; and Linda V. Walsh, "Midwives as Wives and Mothers: Urban Midwives in the Early Twentieth Century," *Nursing History Review* 2, (1994), pp. 51-65.
16. For discussions about the change in attitude toward home versus hospital births see Jo Oppenheimer, "Childbirth in Ontario: The Transition from Home to Hospital in the Early Twentieth Century", pp. 51-74 and Veronica Strong-Boag and Kathryn MacPherson, "The Confinement of Women: Childbirth and Hospitalization in Vancouver, 1919-1939", pp. 75-107, both in eds. Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson, *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*. (New York: Routledge, 1990); Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995); Dianne Dodd, "Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women", In *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, eds. Dianne Dodd and Deborah Gorham (Ottawa: University of Ottawa Press, 1994), pp 135-161; and Wendy Mitchinson, "The Sometimes Uncertain World of Canadian Obstetrics, 1900-1950," *CBMH/BCHM* 17, (2000), pp. 193-207.
17. There are analyses of infant feeding in the United States, for example Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding* (Madison, WI: The University of Wisconsin Press, 1987). There does not seem to be an equivalent Canadian perspective.
18. At the turn of the 1900s, fifty percent of infant deaths occurred in the three summer months. By that time of the year, the blocks of ice for ice boxes and ice chests had run out and combined the high temperature and lack of refrigeration, milk became a deadly source of gastrointestinal illness.
19. I have not accessed these primary sources about motherhood. Both the lists of expert and lay sources are gathered from readings I have done and documents I am familiar with related to other work I have completed.

20. For discussions of advice to mothers see Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth Century Canada* (Toronto: University of Toronto Press, 1994); Cynthia R. Comacchio, "*Nations are Built of Babies*": *Saving Ontario's Mothers and Children*; and Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *CBMH/BCHM* 8, (1991), pp. 203-230.
21. For role of professionals, including health and childcare experts, see Veronica Strong-Boag, "Intruders in the Nursery: Childcare Professionals Reshape the Years One to Five, 1920-1940," In *Childhood and Family in Canadian History*, ed. Joy Parr (Toronto: McClelland and Stewart Limited, 1982), pp. 160-178. The story of the Dionne quintuplets as an example of attitudes toward motherhood during the interwar years.
22. Lady Aberdeen, working with the National Council of Women of Canada, formed the Victorian Order of Nurses for Canada in 1997 in celebration of Queen Victoria's Diamond Jubilee, see Penney, *A Century of Caring: The History of the Victorian Order of Nurses for Canada*, pp. 13-14. Three articles that describe the child welfare movement are Cynthia R. Abeele, " 'The Infant Soldier': The Great War and the Medical Campaign for Child Welfare," *CBMH/BCHM*, 5, (1988), pp. 99-119; Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," pp. 203-230; and Meryn Stuart, "Ideology and Experience: Public Health Nursing and the Ontario Rural Child Welfare Project, 1920-25," *CBMH/BCHM* 6, (1989), pp. 111-131.

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