Creating the Little Machine: Child Rearing in British Columbia, 1919-1939*

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The interwar years witnessed many new and dramatic changes in child rearing practices in British Columbia, as well as in other parts of the industrialized world. Developments in medical science, advances in disease prevention and control, and increased knowledge of both child nature and development between the 1880s and the 1920s shifted the focus on child rearing advice from the development of children's moral character to the provision of better physical care. For the first time in history, infants had a good chance of surviving to adulthood if parents adopted the new scientific approach to child care. Science, advisors argued, provided greater efficiency in both industry and the school system; therefore science should be just as effective in improving child care and the quality of family life.

British Columbians did not suddenly become aware of children and their needs in 1919, but in the immediate post-First World War period politicians, academics and social reformers in all parts of Canada talked and wrote of a developing nation in a new age where social ills could be

- * I am grateful to Neil Sutherland for his comments on this paper.
- ¹ George Rosen, "A Healthier World," in Eli Ginsberg, ed., The Nation's Children: White House Conference on Children and Youth, (New York: Columbia University Press, 1960), pp. 139-57; see also John Newson, "Cultural Aspects of Child Rearing in the English Speaking World," in Arleen Skolnick, ed., Rethinking Childhood: Perspectives on Development and Society (Berkeley: Little, Brown and Co., 1976), pp. 324-43.
- ² Newson and Newson, "Cultural Aspects of Child Rearing," pp. 335, 343; see also Helen Kelly, "Colwood," Public Health Nurses' Bulletin 1 (Oct. 1924): 1-2; Neil Sutherland, Children in English Canadian Society: Framing the Twentieth Century Consensus (Toronto: University of Toronto Press, 1976), p. 288.
- ³ Bernard Wishy, The Child and The Republic (Philadelphia: University of Pennsylvania Press, 1968), p. VI; Raymond E. Callahan, Education and the Cult of Efficiency (Chicago: University of Chicago Press, 1962), p. 23; for a discussion of attempts in efficiency in education in British Columbia see Timothy A. Dunn, "The Rise of Mass Public Schooling in British Columbia, 1900-1929," in J. Donald Wilson and David C. Jones, eds., Schooling and Society in British Columbia (Calgary: Detselig Enterprises Ltd., 1980), pp. 23-51.

at least ameliorated if not eradicated.⁴ Government administrations at all levels began to organize and maintain health care, educational and welfare services for children and to provide child care information for parents. Voluntary organizations such as the Red Cross, the Victorian Order of Nurses and the Women's Institute channelled their energies toward peacetime work and sought to co-ordinate their work with government agencies.⁵ Children were perceived as the nation's future citizens; therefore advisors were determined to preserve child life through the application of better health care and child care techniques.

Health professionals and child care advisors counselled parents to rely no longer on maternal instinct and traditional child rearing techniques, but rather to adopt the new systematic, regimented approach that, according to both advocates and critics, seemed to turn the infant into a "little machine." Advisors believed that once the new methods were demonstrated, their value was so rational and obvious that parents would immediately adopt the new techniques and procedures, and advisors viewed themselves as instructors of parents in these new methods. Furthermore, advisors urged parents to seek out child care and child rearing information. As Mrs. V. S. MacLachlan, Secretary to the British Columbia Women's Institute, told the November 1919 Okanagan convention, "every woman in British Columbia had the right to know the facts which science had made certain for the protection of child life." MacLachlan also asserted that it was the patriotic duty of all women to demand

- ⁴ Sutherland, Children in English Canadian Society, discusses in detail the efforts of Canadian reformers to provide better health care, better educational programs and more rights before the law for Canadian children for the period 1880 to 1920; see see also Rebecca Coulter, "The Dear Little Ones," The ATA Magazine 59 (Jan. 1979), 6-8; Robert Crain Brown and Ramsay Cook, Canada, 1896-1921: A Nation Transformed (Toronto: McClelland & Stewart, 1974), pp. 294-309, 336-38; Richard Allen, The Social Passion: Religion and Social Reform in Canada, 1914-19 (Toronto: University of Toronto Press, 1973), pp. 4-17; British Columbia Board of Health, Report, 1920, p. A5.
- ⁵ Jessie Forshaw, "How Child Welfare Work Can Be Assisted in the Rural Districts of British Columbia," *Canadian Public Health Journal* XII (June 1921): 283-88; Vancouver Board of Health, *Report*, 1920, pp. B4-7.
- ⁶ Alan Brown, The Normal Child: Its Care and Its Feeding (London: The Century Co., 1923), pp. 2-5; "The Baby Clinic," Chatelaine, Nov. 1934, p. 44; "Modern Babies in Rebellion: Regimentation Creeping into Nursery," Vancouver Sun, 7 Oct. 1935.
- ⁷ Alan Brown, "The Relation of the Pediatrician to the Community," Canadian Public Health Journal X (Feb. 1919): 45-55; British Columbia Board of Health, Report, 1921, p. A6.
- 8 "Women's Institute Holds Convention," Vernon News, 6 Nov. 1919, p. 11.

information that would make them better informed and more intelligent mothers.9

This paper examines the sources of child care and child rearing advice available to parents during the interwar years, the methods used to disseminate the advice, and whether the nature and content of the advice changed over the two decades. Finally, this paper will consider whether child rearing advice given parents of the 1920s and 1930s is relevant to parents today.

Ι

The work and research of two physicians, L. Emmett Holt of New York and F. Truby King of New Zealand, formed the nucleus of infant care advice of the 1920s and 1930s.10 Probably more than any other individual, Dr. Holt was responsible for establishing a systematic approach to infant care. In 1889, while serving as a professor of children's diseases at Columbia University and as attending physician at both the New York Babies and Foundling Hospitals, Holt wrote his systematic approach to infant care in a simple manual, Catechism for Nurses. In 1894, Holt expanded the popular catechism into a book for use by mothers and children's nurses, The Feeding and Care of Children. Holt believed the high mortality among infants was caused by either ignorance or carelessness on the part of mothers and/or nurses; therefore he laid out in meticulous detail the systematic, highly scheduled manner in which he believed infants should be fed, rested, clothed, exercised, bathed and taught to eliminate.11 Holt's systematic methods dominated infant care procedures during the 1920s and 1930s.12

But it was Dr. F. Truby King who developed a health care — health education program designed to provide better care for both infants and mothers. Under King's direction, the Royal New Zealand Society for the Health of Women and Children formed in Dunedin in 1907 (also known as the Plunket Society after the then Governor-General of New

⁹ Ibid.

¹⁰ L. Emmett Holt, The Care and Feeding of Children, 9th ed. (London: D. Appleton and Co., 1923); F. Truby King, Feeding and Care of Baby (London: Macmillan, 1913).

¹¹ Holt, The Care and Feeding of Children.

Mrs. Dr. Patten, "The Care and Feeding of Children," Women's Institute Handbook, 1914, p. 168; M. M. Griffin, "Breast Feeding for Infants in Saanich," Public Health Nurses' Bulletin 1 (Apr. 1927): 24-27; "Education and Public Health," Bulletin of the British Columbia Board of Health 4 (Sept. 1934): 156.

Zealand), worked to reduce both infant and maternal mortality.¹⁸ By 1911, New Zealand's infant mortality rate was one of the lowest in the industrial world.¹⁴

Although King was concerned with all aspects of child care, between 1900 and 1910 his research provided information in two vital areas: (1) techniques and procedures used by mothers to initiate and maintain their ability to breast feed; (2) the development of carefully balanced artificial formulas. ¹⁵ British Columbia's public health workers adopted, reprinted and distributed Plunket Society materials to mothers throughout the province. ¹⁶

But Canada was not without its own medical authority on child care. In his books, articles and speeches, internationally known pediatrician Alan Brown, physician-in-charge at Toronto's Hospital for Sick Children, head of the Department of Pediatrics of the University of Toronto Medical School, and one of the inventors of Pablum, preached child rearing techniques to Canadian parents. Although Brown's book, *The Normal Child: Its Care and Its Feeding*, focused on the physical aspects of child care, he also dealt with discipline and habit training. The Normal Child was enthusiastically reviewed by The Canadian Churchman as the only book of its kind written by a Canadian containing "just what every mother should know from the birth of the child—the care and feeding during infancy, etc., and a thousand and one other suggestions." Like Holt and King Brown believed in a "careful regime regarding feeding, sleeping, bathing and airing, and the performance of its various functions at stated times every day..." Furthermore, the infants' attendants

¹³ Olive M. Garrood, "Sir F. Truby King — A Tribute," Public Health Nurses' Bulletin 2 (Mar. 1938): 10-11; "A Lowered Death Rate," Family Herald and Weekly Star, 22 Nov. 1922, p. 29.

¹⁴ British Columbia Commission on Health Insurance, Report on Maternity Insurance and Public Health Nursing, 1921, pp. 5-6, 9-10; see also Garrood, "Sir F. Truby King," p. 29. In 1917 King opened an infants' hospital at Earls Court, England. In subsequent years centres were opened in South Africa, Australia, Brazil and, in 1931, in Toronto.

¹⁵ King, Feeding and Care of Baby, pp. 9-43.

Griffin, "Breast Feeding For Infants in Saanich," pp. 23-24; Olive M. Garrood, "Teaching Public Health in Kamloops," Public Health Nurses' Bulletin I (May 1930): 21-23; Guide to the Artificial Feeding of Babies after 9 Months, adopted from a New Zealand Health Bulletin, distributed by the British Columbia Board of Health.

¹⁷ Brown, The Normal Child.

¹⁸ The Canadian Churchman, 11 Oct. 1923, p. 645.

¹⁹ Brown, The Normal Child, p. 215.

ultimately determine whether infants acquired regular habits, caused no problems, and as a consequence, Brown asserted, thrived far better than other non-regulated infants.²⁰

Another Canadian, Dr. J. W. S. McCullough, a contemporary of Brown and chief inspector of health for the Ontario Board of Health from 1910 to 1935, edited *Chatelaine's* monthly column, "The Baby Clinic," from 1935 to 1939. McCullough also focused on the physical aspects of child care: feeding; immunization; habit training.²¹ Like Brown, McCullough's assertive and didactic tone showed little patience with what he conceived as maternal ignorance or laziness.²² Through his monthly column, he castigated mothers who failed to establish a rigidly scheduled, systematic approach to feeding, toilet training and habit training.²³

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The work of these theorists must be considered in the context of the broader social concerns of the interwar years. The high infant mortality rates in both rural and urban areas, and the lack of co-ordinated welfare programs for Canadian children concerned government authorities at all levels.²⁴ In 1920, the newly organized Federal Department of Health created the Child Welfare Division with Ontario physician Helen Mac-Murchy as Division Chief. At its May 1920 meeting, The Dominion Council of Health requested the newly formed Child Welfare Division to produce original publications on child welfare for use by Canadians.²⁵ MacMurchy and the division staff provided Canadian mothers with practical advice and useful information through *The Canadian Mother's Book*, a publication which focused on infants' physical care and development. The book was an immediate success and has remained a popular

²⁰ Ibid.

²¹ Chatelaine was a popular magazine among British Columbia readers. There were 12,270 copies distributed in B.C. in 1930 and 23,009 copies distributed in 1939.

²² "The Baby Clinic," Chatelaine, Nov. 1934, p. 44; ibid., Jan. 1935, p. 24.

²³ Ibid.

²⁴ Handbook of Child Welfare Work in Canada (Ottawa: King's Printer, 1923), p. 3; Vancouver Board of Health, Report, 1920, p. 16; British Columbia Board of Health, Report, 1918, p. G139.

²⁵ Child Welfare Division, Dominion Department of Health, Report, 1922, p. 22. MacMurchy had previously prepared three comprehensive reports for the Ontario government in which she outlined various causes of infant deaths and summarized attempts made to reduce the infant death rate; see also Helen MacMurchy, "The Division of Pensions and National Health," Canadian Public Health Journal XIX (Nov. 1928): 514-21.

publication until the present under the title *The Canadian Mother and Child*.²⁶ *The Canadian Mother's Book* did not suggest any new or innovative child care practices, but reiterated in simple, straightforward language those procedures and methods advisors believed best for feeding, caring and training infants.

But *The Canadian Mother's Book* was only one source of child rearing advice. Throughout the interwar years, parents in British Columbia, as in other parts of Canada, had access to an ever growing body of child care knowledge provided through an increasing number of outlets. The development of public health nursing services and the establishment of health units staffed by professionals training in public health work led to programs such as well baby clinics, home nursing classes, and regular home visits by health workers aimed at monitoring the growth and the development of infants and at providing advice to parents.²⁷ Advisors devoted considerable attention and care both in the choice of information supplied and in the type of media utilized to disseminate information.²⁸ Health agencies distributed the materials they produced, or reprinted and distributed materials prepared in other provinces and countries or by other agencies.²⁹ There appears to be no record of the total number of pieces of literature distributed during the interwar years, but during one

- ²⁶ The Canadian Mother's Book was released 3 March 1921 and 12,000 copies were distributed in the first thirty days. By 1923 the book was into its second edition, available in both French and English, and 220,000 copies had been given out. A third edition appeared in 1927, a fourth in 1932. The Canadian Mother and Child has appeared in four editions: 1940, 1953, 1967 and 1979.
- J. J. Marshall, "The Development of Public Health in British Columbia," Canadian Public Health Journal XXV (Aug. 1934): 359-68; "Henry Esson Young, B.A., M.D., C.M., LLD." ibid., XXX (Nov. 1939): 564; Margaret Street, Watchfires on the Mountain: The Life and Writings of Ethel Johns (Toronto: University of Toronto Press, 1973), p. 116; Vancouver Board of Health, Report, 1920, p. 15; History of the British Columbia Division of the Canadian Red Cross Society—1919-1957, p. 2; British Columbia Board of Health, Report, 1923, p. E6; ibid., 1937, p. P3; ibid., 1928, p. W5; John Gibbon and Mary S. Matheson, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1927), p. 322.
- Anne E. Wells, "Principles and Methods of Publicity in Health Education," Canadian Public Health Journal XXIII (Sept. 1932): 442-47; "May Day Child Health Day," Bulletin of the British Columbia Board of Health 4 (May 1933); 34; "Education Publicity," ibid., 3 (Mar. 1933): 34; Geraldine Homfray and Marion Campbell, "Publicity Campaign," Public Health Nurses' Bulletin 2 (May 1933): 10-12; "Perfect Baby at Provincial Fair," Vancouver Sun, 6 Oct. 1919.
- Examples of such materials include The Child, Metropolitan Life Insurance Company, 1924; "Facts About Vaccination," British Columbia Board of Health, 1925; "The Health Guards," Canadian Health Association, n.d.; "The Treasure House," Canadian Dental Hygiene Council, 1937; The Runabout, American Child Health Association, 1923; "Guide to Artificial Feeding," New Zealand Health Bulletin, n.d.

year, 1929 to 1930, Dr. H. E. Young, Provincial Health Officer, reported that in addition to numerous talks, lectures and demonstrations given by health workers, 240,000 bulletins and pamphlets were distributed — an average of 20,000 a month. 30 During 1939, 1,705 sets of prenatal letters, 1,108 sets of preschool letters and 604 sets of school child letters were mailed to parents throughout the province.31 In addition, thousands of pamphlets, bulletins, and other printed materials were distributed by other agencies. In 1925, for example, the Metropolitan Life Insurance Company offered free pamphlets on forty different health and disease subjects to policy holders, health agencies and members of the general public.32 Drug companies also offered both free materials and free product samples.³³ An unnamed drug company provided free samples of cod liver oil to public health nurses for distribution to families where they saw the need in order to encourage mothers to feed their infants cod liver oil.³⁴ Although their motives were designed to increase the sales of their products, such companies did provide useful services.

Many local pharmacies provided baby departments which stocked not only items required or desired for infants' care, but also provided sets of scales where mothers could weigh their infants regularly. Although designed to encourage the sale of infant care materials, baby departments provided mothers with a useful and apparently well used service.³⁵

The press was also utilized as a means to advise parents on child care. Mrs. V. S. MacLachlan reported to the 1925 Canadian Conference on Child Welfare that "Day after day the press is at work in the mind and character of the vast masses of this country and no other influence is to compare with theirs in shaping the moral destinies of our nation."³⁶

³⁰ British Columbia Board of Health, Report, 1930, p. W6.

³¹ *Ibid.*, 1939, p. CC9.

The British Columbia Board of Health distributed Metropolitan Life Insurance Company information such as "Measles," and "My Health Habits"; "Some Sources of Materials — Health Education for Schools," Child and Family Welfare VIII (May 1932): 36-52.

Steedman's Powders Advertisement, Family Herald and Weekly Star, 25 Sept. 1929, p. 34.

³⁴ Margaret E. Kerr "The Public Health Nurse and Child Study Groups," Public Health Nurses' Bulletin 1 (Mar. 1932): 10-11.

³⁵ George Fisher, Pharmacist-Owner Fisher's Drugs, Dunbar Street, Vancouver; "Why Not a Baby Department in a Drug Store?" The Druggists Circular LXXVI (Sept. 1932): 35; "A Section for Baby's Needs," Canadian Pharmaceutical Journal LXXX (Jan. 1937): 22.

³⁶ V. S. MacLachlan "Progress 1920-1925 and Recommendations 1925-30 in Child Health," *Papers and Proceedings of the Canadian Conference on Child Welfare*, 1925, pp. 29-33.

Many of the province's newspapers and Canadian publications read by British Columbians carried either regular daily, weekly or monthly columns advising parents on infant care, or else carried feature articles or pertinent news items dealing with infant feeding and care.³⁷ These same publications advertised child care information and materials available free from the Canadian Council on Child and Family Welfare, the British Columbia Board of Health, or publications offered by various columnists.³⁸

Advisors utilized other media to reach parents. As early as 1925, Mrs. C. A. Lucas, nurse-in-charge of the Saanich Health Unit, used a Victoria radio station to speak to listeners in the Saanich municipality about health care. ³⁹ "The Health Officer Suggests..." was the title of a twenty-four part series of radio talks given in 1939 by health professionals over a Victoria radio station. The talks touched on all aspects of public health, and included three separate broadcasts treating the age groups of infants, preschoolers and school children. ⁴⁰ In fact, British Columbia health workers used public talks, film demonstrations, classes and group studies, dramas and window displays in their efforts to inform parents about the techniques of infant care that would ensure their infants' survival. ⁴¹

TII

The nature and content of advice to parents was firmly rooted in advisors' concepts of infants. Alan Brown reflected the *Tabula Rasa* point of view accepted by many advisors of the early 1920s when he described newborns as not being directly aware of anything, having little more intelligence than a vegetable, unable to distinguish light and darkness, but

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      37
      Vancouver Province,
      1935 —
      85,000 circulation

      1939 —
      88,000

      Vancouver Sun,
      1935 —
      66,000

      1939 —
      70,000

      Chatelaine (B.C. only),
      1930 —
      12,270

      1939 —
      22,285

      Star Weekly (National),
      1919 —
      80,613

      1939 —
      361,159
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- 38 Vancouver Sun, 1926-1939; Star Weekly, 1930-1932.
- ³⁹ MacLachlan, "Progress 1920-25...," pp. 29-33.
- ⁴⁰ "The Health Officer Suggests..." Bulletin of the British Columbia Board of Health 9 (July 1939): 144-228.
- ⁴¹ M. R. Upshall, "Rain or Shine," Public Health Nurses' Bulletin 2 (Apr. 1935): 34-35; see also Olive Garrood, "Public Health in Kamloops," ibid., 1 (May 1930): 26-29; History of the British Columbia Division of the Canadian Red Cross, pp. 2-3; Canadian Red Cross Society, British Columbia Division, Report, 1922, pp. 13-14, 19, 21, 22.

equipped with a slight sense of smell and a well-developed sense of taste.⁴² As a consequence, advisors such as Brown placed strong emphasis on systematic child training.⁴³ Beginning immediately after birth, parents were charged with the responsibility of training their infants in those basic habits which advisors maintained would produce an obedient, self-reliant, self-controlled, unselfish adult.⁴⁴

But a growing group of child care advisors of the interwar years considered children as active individuals, learning through the interplay of innate characteristics and environmental influences. Although concerned for children's physical development, they saw children as also having emotional and social needs. W. E. Blatz, Director of St. George's Child Study Centre, University of Toronto, emphasized the need for parents to guide their children into good habits at an early age in order to provide the basis for their emotional, intellectual and moral development. 45 As the writer of the Introduction to the British Columbia edition of "Post Natal Letters" pointed out: "The care and training of the child for the first few years lays the foundation upon which is built the physical and mental conditions that will govern the life of the child and determine its success in life."46 Furthermore, parents were warned that if they took the wrong action during the formative years, their children could be permanently impaired.⁴⁷ Parenthood, and especially motherhood, was an awesome responsibility.48

Brown, The Normal Child, p. 53; see also King, Feeding and Care of Baby, pp. 93-95; "Your Infant's Sight," Family Herald and Weekly Star, 17 Oct. 1923, p. 39; "How Much a Baby Sees," ibid., 24 Oct. 1923.

⁴³ "Post Natal Letter, #2," Canadian Council on Child and Family Welfare, n.d.; Stella E. Pines, "The Baby's Routine and Management," *Chatelaine*, Jan. 1929, p. 19.

⁴⁴ "Post Natal Letter #1"; see also King, Feeding and Care of Baby, p. 149; John B. Watson, Psychological Care of the Infant and Child (New York: W. W. Norton and Co. 1928), pp. 3-10; Pines, "The Baby's Routine and Management," p. 19.

⁴⁵ W. E. Blatz and Helen Bott, Parents and the PreSchool Child, (New York: William Morrow and Co., 1929); ——, The Management of Young Children, (New York: William Morrow and Co., 1930); for an interesting discussion of the work of St. George's Child Study Centre, see Veronica Strong-Boag, "Intruders in the Nursery: Childcare Professionals Reshape the Years One to Five, 1920-1940," in Joy Parr, ed., Childhood and the Family in Canadian History (Toronto: McClelland & Stewart, 1982), pp. 160-178.

^{46 &}quot;Post Natal Letters," Canadian Council on Child and Family Welfare, 1938.

⁴⁷ Ibid.

⁴⁸ "Ex-Convict Says Child's Future Is With Parent," Vernon News, 2 Oct. 1931, p. 4; see also Frances Lucy Johnson, "The Making and Breaking of Habits," Chatelaine, June 1928, p. 38; Watson, Psychological Care of Infant and Child, p. 3.

Advice on infant care focused on three general topics: feeding and diets; habit training; and elimination and toilet training.⁴⁹ When to feed, what to feed and how much to feed were questions that concerned mothers. During the early 1920s, all advisors advocated breast feeding not only as the most natural, normal method, but also as the cheapest, safest and most nutritious way.⁵⁰ By the sixth or seventh month of pregnancy, expectant mothers were urged to begin preparing their breasts for nursing. A few hours after giving birth, women were to begin the procedure of breast feeding "by the clock." Advisors advocated that infants be fed with "perfect regularity" at four hour, though occasionally at three hour, intervals.⁵¹

When mothers failed to establish a regular breast feeding routine or discontinued breast feeding, visiting health nurses often insisted they begin again. Nurse Griffin described the "re-establishing breast feeding by technique or expression" procedure she used with mothers who believed they could not or preferred not to breast feed. The milk flow was re-established to fit the advocated feeding schedule "by the simple method of bathing the breasts with hot and cold water alternately, massaging daily, and stripping them after each feeding, and regular three hourly to four hourly feedings; no feed between 10 PM and 6 AM."⁵² Advisors advocated that breast feeding "by the clock" continue until infants were weaned. Most health professionals suggested that nine months was the best age for weaning, unless the infants were teething, feeling unwell, or the weather was hot. At these times they were more susceptible to colic, rashes, diarrhea or the more serious and sometimes fatal dysentery.⁵³

There was general agreement among most advisors that weaning be effected over a two to six week period. But Alan Brown advocated a sudden and complete weaning as less detrimental in the long run because

⁴⁹ The Canadian Mother's Book, 1923, Holt, The Care and Feeding of Children; Brown, The Normal Child.

⁵⁰ P. Charlton, "Armstrong," Public Health Nurses' Bulletin 1 (Apr. 1929): 8; The Canadian Mother's Book, 1923, pp. 30-33, 67-73; Dr. Harvey W. Wiley, "Breast Feeding," Family Herald and Weekly Star, 27 Oct. 1920, p. 37; "Pre-Natal Letter #6," Canadian Council on Child and Family Welfare, n.d.

⁵¹ King, Feeding and Care of Baby, p. 33; The Canadian Mother's Book, 1923, p. 73.

⁵² Griffin, "Breast Feeding For Infants," p. 24.

^{58 &}quot;Mother and Baby," Family Herald and Weekly Star, 6 Sept. 1922, p. 29; Frederick F. Tisdall, "Care of Infant and Child During the Summer Months," Canadian Public Health Journal XX (July 1929): 357-60.

infants accepted the bottle or solid food from sheer hunger.⁵⁴ In practice, most mothers adopted the gradual change as they believed it to be less trying for both infants and mothers.

But not all mothers could or would breast feed, even though health workers claimed, but could not substantiate, that artificially fed babies ran an eight or nine times greater risk of dying in infancy than breast fed babies. Their concern was justified, for letters to the unnamed columnist of the *Family Herald and Weekly Star* indicated that some infants were fed non-nutritious mixtures of cream and water, milk with cornstarch and water, or one part milk to two parts water. Little wonder artificially fed babies were more susceptible to colic, diarrhea and malnutrition. Advisors recognized the need for artificial feeding in some instances and supplied mothers with formulas and diets based on infants' ages and weights. 7

Most artificial infant diets recommended by advisors were derived from four modified milk formulas developed by F. Truby King, based on the use of top milk, fresh milk, sweetened condensed milk and dried milk. Nurse Garrood pointed out that these four formulas were designed scientifically to be exactly the same as mother's milk. In fact, artificial formulas became so standardized that in the March 1939 issue of *Chatelaine*, Dr. MacCullough outlined in detail diets for infants between one day and one year of age. His outline included changes in the proportions of formula ingredients, the exact feeding times and the specified supplements, such as orange juice and cod liver oil, to be added to the infant's diet on a bi-weekly or monthly basis. 59

Teaching mothers to use pasteurized milk, to home pasteurize raw cow's milk, to keep clean and cool, to boil water and to practise scrupulous cleanliness in the care of infant's utensils, bottles and nipples was a recurring theme of the 1920s and 1930s.⁶⁰ Impure or raw milk was not only an occasional cause of indigestion, but the possible source of diseases

⁵⁴ Brown, The Normal Child, pp. 102-03; The Canadian Mother's Book, 1923, p. 107, suggests gradual weaning.

⁵⁵ The Canadian Mother's Book, 1923, p. 75; The Child, 1924, p. 14.

 ^{56 &}quot;Mother and Baby," Family Herald and Weekly Star, 29 Oct. 1919, p. 53; ibid.,
 7 Nov. 1929, p. 29; ibid., 2 Sept. 1931, p. 30; ibid., 6 Oct. 1920, p. 37.

⁵⁷ Canadian Mother's Book, 1934, p. 131; "Mother and Baby," Family Herald and Weekly Star, 29 Nov. 1922, p. 29; "Your Baby and Mine," Vancouver Sun, 29 Oct. 1929, p. 15.

⁵⁸ King, Feeding and Care of Baby, pp. 19-26.

⁵⁹ "The Baby Clinic," Chatelaine, Mar. 1939, p. 42.

^{60 &}quot;Your Baby and Mine," Vancouver Sun, 3 Oct. 1927.

such as tuberculosis and tubercular meningitis.⁶¹ Increasingly, mothers recognized the need for such care, and in 1937 Dr. J. M. Hershey, director of the Peace River Health Unit, reported that in spite of the prevalence of dysentery among older age groups, the incidence was low among younger children. He stated that "this is attributed to the fact most mothers are boiling milk and water used in feeding their children."⁶² With the provision of safer milk, purer water, scientifically developed formulas and the addition of fruit juices and cod liver oil as regular components of infants' diets, artificial feeding became a suitable, safe and acceptable substitute for breast feeding.⁶³

During the interwar years, infants' bowels concerned advisors as much as their stomachs. Open bowels were considered the key to good health; therefore infants must be trained to have one or more regular bowel movements each day.⁶⁴ King admonished mothers: "Don't let 10 o'clock in the morning pass without getting the bowels to move if there has not been a motion in the previous 24 hours."⁶⁵ Infants were subjected to various treatments for constipation, including the use of paragroic suppositories or enemas.⁶⁶ Castor oil was the most commonly advocated and used laxative, although Dr. McCullough warned against its excessive use.⁶⁷ Fortunately for children, by the early 1930s advisors realized that a daily bowel movement was not normal for every child, and five or six movements a week were quite acceptable.⁶⁸

In the 1920s and the 1930s, before the invention of disposable diapers or the widespread use of automatic washers and dryers, mothers were anxious to toilet train their infants as early as possible. As Dr. Holt pointed out, not only was regularity important to the child, but also it was convenient for the nurse or mother.⁶⁹ Advisors believed regularity of

^{61 &}quot;Halt Wastage of Human Life," Vernon News, 10 Nov. 1921, p. 4; British Columbia, Statutes, "An Act to Amend the Health Act, May 11, 1909," prohibited the sale and use of milk from tubercular cows.

⁶² British Columbia Board of Health, Report, 1937, p. 32.

^{63 &}quot;Diet Series #2 — Artificial Feeding," Canadian Public Health Association, n.d.; "Keeping Babies Alive," Vancouver Province, 20 Dec. 1934.

^{64 &}quot;Mother and Baby," Family Herald and Weekly Star, 1 Oct. 1919, p. 38; The Canadian Mother's Book, 1923, p. 100; Holt, The Care and Feeding of Children, p. 116.

⁶⁵ King, Feeding and Care of Baby, p. 62.

^{66 &}quot;Mother and Baby," Family Herald and Weekly Star, Oct. 1919, p. 29; ibid., 9 Sept. 1931, p. 30.

^{67 &}quot;The Baby Clinic," Chatelaine, Mar. 1939, p. 42.

⁶⁸ Ibid.; "Your Baby and Mine," Vancouver Sun, 6 Oct. 1932.

⁶⁹ Holt, The Care and Feeding of Children, p. 118.

bowel movement could be established within the first few weeks of the infant's life, but bladder control took longer. To Infants who were not completely toilet trained by eighteen to twenty-four months of age reflected their mother's inability to establish regular habits.

Every aspect of infants' lives was scheduled—the time to eat, the times to sleep, the time to defecate, and time to exercise both body and lungs.⁷¹ Young infants were permitted a few minutes of unhampered play time several times a day when arm-waving, leg-kicking, wriggling and squirming were permitted.

Babies were also scheduled to cry for a few moments each day in order to expand their lung capacity.⁷² But they must learn that unless they were ill, crying availed nothing. Once infants were put to bed at their scheduled time, parents were warned not to respond to their infant's cries, and infants would soon learn to go to sleep when put to bed.⁷³

Although parents made many changes in their child rearing practices during the 1920s and 1930s, the most startling change was their willingness to withhold overt demonstrations of affection. Parents were advised to love their children, but not to cuddle, handle, pamper, kiss or allow others to kiss their infants. Advisors urged that frequent handling could cause spinal curvature, bone deformities, nervousness and irritability, spoiled sleeping habits, weight loss and retarded growth. If babies were bottle fed, the bottle and not the babies was to be held. Many mothers accepted the advice of child care advisors and permitted medical hygiene to supersede natural demonstrations of love and attention. Only women with courage, or those who ignored all advice in the first place, rejected the advice of authorities and continued to follow their natural desires to cuddle their infants.

Although advisors of the 1920s and the 1930s focused on physical care, there was a growing awareness of infants' psychological development. Temperance, self-control, self-discipline, obedience and sincerity were

^{70 &}quot;Post Natal Letter #2," n.d.

^{71 &}quot;Freedom for Baby," Family Herald and Weekly Star, 2 Nov. 1929, p. 39.

⁷² The Runabout (Children from 2 to 6 Years), American Child Health Association, 1923.

⁷⁸ "Your Baby and Mine," Vancouver Sun, 1 Oct. 1930; Gregory Clark, "Don't Spoil The Baby Picking Him Up," Star Weekly, 15 Oct. 1921, no page given.

^{74 &}quot;The Baby Clinic," Chatelaine, Nov. 1934, p. 44; Brown, The Normal Child, p. 39; "Holding the Baby," Family Herald and Weekly Star, 23 Sept. 1931, p. 30.

⁷⁵ Newson and Newson, "Cultural Aspects of Child Rearing," p. 331.

the attributes to be developed.⁷⁶ The columnist of the Family Herald and Weekly Star likened a child's character to a growing plant that needed to be pruned and supported, but always trained in the direction it was to go.⁷⁷ As Brown pointed out, discipline, by which he meant guidance and not punishment, began when children were still infants. "The young child should know no other way," Brown stated.⁷⁸ Bad habits must be either prevented or eradicated, although advisors' views of what constituted bad habits altered over the two decades. Thumb-sucking and masturbation, for example, were viewed with less concern in 1939 than in 1920, but advisors did not change their attitude toward the use of pacifiers.⁷⁹

Advisors of the interwar years adopted an extremely authoritarian attitude towards parents as they demanded the adoption of the new scientific approach to infant care. This approach is best summarized in the introduction prepared by the British Columbia Board of Health to the "Post Natal Letters" 1937, which states:

Breast feeding is the baby's birthright. Do not deprive him of it. Artificial feeding should be given only on your physician's orders. See that the baby has regular medical supervision. Have your baby protected against smallpox and diphtheria. Regularity on your part will develop regular habits in the baby. A clean baby is likely to be a healthy and happy baby. A baby needs sleep, sunshine and fresh air. The baby's bowel control depends on your efforts. You are moulding the baby's character and habits whether you plan to do so or not: The baby trusts and depends on you: Do not fail him.⁸⁰

Was the highly scheduled and rigidly regulated method of child care successful? Certainly, advisors were able to support their appeal with statistical evidence that showed a steady decline in infant mortality, from 73.6 per thousand live births in 1920 to 39.0 per thousand live births in 1939 (Table 1). Although other factors such as better sanitation, purer milk, cleaner water and better medical care combined with the scientific

⁷⁶ Ethel N. Shook, "Playtime for Children," Chatelaine, May 1933, p. 69.

[&]quot;Character Like a Plant Needs Pruning," Family Herald and Weekly Star, 26 Oct. 1921, p. 27.

⁷⁸ Brown, The Normal Child, p. 208.

⁷⁹ King, Feeding and Care of Baby, p. 122; "Mother and Baby," Family Herald and Weekly Star, 14 Nov. 1928, p. 37; "Your Baby and Mine," Vancouver Sun, 5 Oct. 1937; "Thumbsucking — Canadian Mother Craft Society," Star Weekly, 22 Oct. 1932, p. 12; "The Baby Clinic," Chatelaine, Mar. 1936, p. 61; ibid., Nov. 1938, p. 50.

⁸⁰ Introduction by the British Columbia Board of Health to the "Post Natal Letters," Canadian Council on Child and Family Welfare, 1937.

TABLE 1
Infant Mortality — Province of British Columbia, 1920-1939

Year	Total deaths for B.C.	Total deaths under 1 year	Percentage of total deaths	Total births (live)	Death rate per 1,000 live births
1920	4,888	685	14.0	9,308	73.6
1921	4,489	617	13.7	10,687	57.7
1922	4,748	627	13.2	11,197	56.0
1923	4,997	668	13.4	10,001	66.8
1924	5,004	574	11.5	10,119	56.7
1925	4,945	569	11.5	10,342	55.0
1926	5,474	588	10.7	10,063	58.4
1927	5,750	606	10.5	10,084	60.9
1928	5,910	524	8.9	10,385	50.4
1929	6,347	575	9.1	10,378	55.4
1930	6,400	562	8.8	10,867	51.7
1931	6,114	518	8.5	10,424	49.7
1932	6,150	477	7.8	10,214	46.7
1933	6,221	439	7.1	9,583	45.8
1934	6,400	426	6.7	9,813	42.3
1935	6,857	460	6.7	10,013	45.9
1936	7,222	465	6.4	10,517	43.9
1937	7,973	630	7.9	11,279	55.8
1938	7,450	556	7.5	11,476	44.6
1939	7,517	483	6.4	12,375	39.0

SOURCES: British Columbia Board of Health, Reports, 1919 to 1939; British Columbia Department of Vital Statistics, Reports, 1927 to 1939.

approach to infant care to reduce infant mortality, advisors put forth convincing arguments so that most parents adopted at least to some degree the rigid, systematic approach to infant care.⁸¹

There were, however, a few health professionals who deplored the regimentation of infants. In 1935, Dr. Grover F. Rowens, Yale University Medical School, in a syndicated article titled "Modern Babies in

⁸¹ Ernest Couture, "Some Aspects of Child Health Program in Canada," Canadian Public Health Journal XXX (Nov. 1940): 531-38; for a discussion of the decline of infant mortality in Britain see M. W. Beaver, "Population, Infant Mortality and Milk," Population Studies XXVII (1973): 243-49.

Rebellion: Regimentalism Creeping Into the Nursery?" stated that he believed many problems were caused by an utter disregard for babies' needs and desires by parents and pediatricians who wanted to fit all babies into a schedule. "It would be wise for the physician to worship the baby more and the measuring stick, the scales, the graduate and the clock less. . . . "82 Syndicated columnist Angelo Patri expressed the same view in a different way, when he suggested a difficult boy did not need discipline, but rather "maybe he needs a rest from the schedule." Such contradictory advice must have raised doubts in the minds of parents anxious to adopt correct child rearing practices. Advice not to indulge their infants, not to rock, cradle, comfort or feed them at unscheduled times must have created tensions within parents as they sought to reconcile their desire to comfort and cuddle their children with a child rearing method that condemned such indulgences. Poetess Mona Gould expressed these feelings in a poem entitled "Modern Mother."

I have tried philosophy And applied psychology And when John bumps his knee I forget — and kiss it.⁸⁴

In their attempt to ensure infants' survival, advisors failed to recognize the emotional and psychological needs of both mothers and infants to express and receive love through physical contact. The scientific method which turned infants into "little machines" probably ensured both good physical care for infants and convenience for parents, but the schedule and not the infant became the important factor. If most advisors had been given their way all infants would have been trained to eat, sleep and exercise on schedule. No allowances would have been made for individual differences among infants.

Parents of 1920 had few resources from which to seek child rearing and child care advice; parents of 1939 could turn to a growing number of child care specialists, helping professionals, and printed materials. With increased child care and child rearing information, advisors implied that many parents failed to provide properly for their children's physical, intellectual and ethical development.⁸⁵ The advice and criti-

⁸² "Modern Babies in Rebellion: Regimentation Creeping into Nursery," Vancouver Sun, 7 Oct. 1935.

⁸³ Angelo Patri, "A Bad Day," ibid., 7 Oct. 1936.

⁸⁴ Mona Gould, "Modern Mother," Chatelaine, 1 Nov. 1932.

^{85 &}quot;The Baby Clinic," Chatelaine, Oct. 1936, p. 59; "Ex-Convict Says Child's Future is With Parent," Vernon News, 2 Oct. 1931, p. 4; Eileen Carruthers, "Discussion

cism given by health professionals and child care advisors did little to reassure these parents of the 1920s and the 1930s who doubted their own parenting ability.

This study has focused on the nature and the content of child care and child rearing advice available to parents during the interwar years. It does not determine how many parents actually sought out or heeded the advice. Neither does it determine whether the members of specific ethnic groups or social classes followed the advice more fully than other groups.

The practice of advising parents was not confined to the interwar years. Today, parents have access to a vast body of advice from pediatricians, health workers, child psychologists, nutritionists, early childhood educators, family counsellors and social workers. Bookstores and pharmacies carry a large array of child rearing manuals. Health workers distribute free materials on a wide range of child care topics. Newspaper articles and radio and television programs provide information on all aspects of child development from conception through to adolescence. Many of the concerns of advisors of the interwar years are reiterated today: parental care; breast feeding; nutrition; immunization; toilet training.86 The availability of modern drugs and commercially prepared milk diets means respiratory infections and gastro-enteritis are no longer the scourge they once were, but advisors and environmentalists are concerned that milk and water may be contaminated with more insidious and dangerous agents than they were sixty years ago. The high incidence of teenage pregnancies and the onset of puberty at a younger age have led some parents and advisors to advocate that family life education classes be required courses in the public school program. Family counsellors also recommend that both male and female high school students be trained in child care techniques. The high optimism of the 1920s and 1930s that the scientific approach would solve all problems associated with child care and child rearing failed to materialize, and, in reality, advice to parents has changed substantially less in the past sixty years than a cursory examination might lead one to believe.

Groups for Mothers," Public Health Nurses' Bulletin 2 (Apr. 1935):10; "Post Natal Letters," Canadian Council on Child and Family Welfare, 1938. Introduction by the British Columbia Board of Health.

⁸⁶ The Canadian Mother and Child, 1979 ed.