

Articles

Ideal Births and Ideal Babies: English-Canadian Advice Literature in the 1950s and 1960s

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Abstract. This paper explores how the ideal birth was constructed after World War Two, noting in particular the abstract enthusiasm on the part of physicians and government advocates for technological innovation accompanied by simultaneous silence regarding the specificities of labour and delivery in advice literature. The relationship of prescriptive mothering to the nascent medical ideology of prevention-oriented surveillance had a direct impact on the disembodiment of women in the birthing process. Both vaginal and surgical childbirth were kept firmly within the realm of medical expertise, painting parturition as something that happened to women, rather than something they did themselves.

Keywords. childbirth, prescription, advice literature

Résumé. Cet article analyse comment l'idée de la "naissance parfaite" s'est construite après la Deuxième guerre mondiale. Il se penche en particulier sur ce que la documentation de conseil révèle de l'enthousiasme ambiant des médecins et des représentants du gouvernement à l'endroit de l'innovation technologique et, par contraste, de leur oubli commun des réalités liées au travail et à l'accouchement. La rencontre entre l'obligation de maternité et l'idéologie médicale naissante autour d'une surveillance orientée vers la prévention eut un impact direct sur la désincarnation du corps féminin dans le cadre de la naissance. L'accouchement vaginal comme chirurgical continuait alors de relever exclusivement du monde médical entraînant une caractérisation de ce processus comme un processus s'imposant à la femme non quelque chose à laquelle elle participait activement.

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Mots-clés. Naissance, normes, documentation de conseil

Since the public health movements of the early 20th century, maternal and infant health have been heavily discussed and debated in various contexts in Canada. As the health of Canada's citizens grew to be seen as integral to the success of the nation, mothers increasingly engaged in educational advice about pregnancy and child-rearing offered by a wide range of experts who constructed, via their expertise, standards and ideals.¹ As Cynthia Comacchio argues in her discussion of Ontario's child welfare campaigns in the first half of the century, "Science and the state together lent their authority to social constructions depicting the ideal mother, the ideal child, and the ideal family relationships."² This paper explores, in the context of such expertise, how the ideal birth was constructed after World War Two (WWII), noting in particular the abstract enthusiasm on the part of physicians and government advocates for technological innovation, accompanied by simultaneous silence regarding the specificities of labour and delivery in advice literature. In the Cold War climate of risk containment, when Canadian families were eager to return to a post-WWII sense of "normalcy," experts advised mothers and fathers of the best ways to nourish and guide their offspring, but kept the details of parturition itself vague. Both vaginal and surgical childbirth were kept firmly within the realm of medical expertise, painting parturition as something that happened to women, rather than something they did themselves.

In her analysis of *The Cultural Contradictions of Motherhood*, American sociologist Sharon Hays points out that "ideas about child rearing, like all ideas, bear a systematic and intelligible connection to the culture and organization of the society in which they are found."³ Moreover, as historian Mona Gleason argues in her examination of psychological discourses of the post-WWII era, "advice from experts, on any subject and in any time period, represents a cultural artifact in and of itself."⁴ Analyzing popular birthing and mothering texts reveals the interactions of the era's changing discourses of motherhood with burgeoning discoveries in medical science. The mainstream construction of the ideal birth included passive and obedient mothers with active and informed practitioners. Despite the nascent "natural childbirth" movement, women were urged to blindly trust their physicians in matters relating to both normal and high risk birth. The ideal birth was constructed as doctor-dominated with passive patients who submitted to the decisions of the medical establishment.

Exploring influential examples of the prescriptive literature widely available to Canadian mothers of the era alongside available popular media such as *Chatelaine* magazine offers the opportunity to analyse the prescribed mothering ideology with particular attention to childbirth.

Specifically, I examine the widely distributed Canadian government publication, *The Canadian Mother and Child*, and the ever-popular American publication, Dr. Spock's *Baby and Child Care*. Considered alongside articles on childbirth from *Chatelaine*, Canada's highest circulation women's magazine in these years, these expert-endorsed manuals reveal the evolution of ideas about medical authority, continued temporal references to women's bodies in vague, veiled terms, and extant Victorian ideals about gendered parenting.

THE PURVIEW OF PRESCRIPTIVE DISCOURSES

Publications by Robbie Davis-Floyd, Harriet Marshall, and Anne Woollett, among others, interrogate and deconstruct the role of present-day mothering manuals in North American culture. In particular, contemporary scholars identify the effects of discursive regulation and medical hegemony on the writing and reading of these texts. Davis-Floyd identifies bio-medical technocracy, which she defines as "the ritual transformation of nature to conform to culturally constructed images,"⁵ as the dominant force informing the ideological construction of childbirthing. She points out that "under the technocratic model the female body is viewed as an abnormal, unpredictable, and inherently defective machine" such that pregnancy and labour are defined in Western societies "through the selective application of medical technologies for the de- and reconstruction of that process."⁶ Birth is not portrayed as something that women's bodies do, but as something they do dangerously and must therefore be redefined technologically. This analysis, while offered in the context of late 20th-century childbirthing advice, is rooted in the early 20th-century medicalization of birth and reified in the post-WWII technological expansion of medical knowledge. By re-configuring the physical process of labour and delivery and replacing it with a technologically advanced one that requires expert control and mechanical operation, women's active participation in childbirth is discursively removed from birth.

Medical science made numerous advances after WWII in the management of both normal and abnormal birth. Specifically, obstetricians developed standardized tests and record-keeping to both measure and manage labour and delivery, as seen in the work of Emanuel Friedman. Technological developments in anaesthesia and analgesia alongside the induction of labour changed opportunities for women in high risk birthing scenarios. And a campaign among obstetricians to increase peer recognition of the scientific merit of the profession was shaped by, and helped to shape, social and medical discourses that encouraged mothers and their care-givers to embrace new medical standards and the expert advice of medical practitioners.⁷ The advent of helpful birthing

technologies certainly had the goal of rendering safer childbirth, but respect for women's embodied knowledge was often sacrificed.

Marshall and Woollett also explore the distancing of women from this knowledge in their discussion of the regulative role of American pregnancy texts, taking apart "the recurring use of certain repertoires, attending to tensions in their use and the ways in which parents, mothers and health professionals are positioned, located as subjects and hence accorded or disallowed certain rights...."⁸ Their analysis pinpoints the absence in these texts of embodied experience on the part of mothers: "The pregnant body is rendered as isolated from women's previous knowledge or interest in their bodies, and pregnancy is decontextualized—separate and distinct from women's prior histories and experiences. The notion of preparation and gaining of bodily knowledge is set out as if for the first time."⁹ Pregnancy and birth, according to the model these articles expose, become about risk management, and problems are the fault of the individual mother who did not manage her body wisely.

In the immediate post-WWII era this model intensifies, both in the discourses around prenatal care and in the childbirth-related discussions in advice manuals. The absence of corporeal education was drastic and long-serving when it came to women's understandings of childbirth. The combination of continuing advanced technological intervention into childbirth and archaic social conventions such as not discussing the bodily functions that are interrupted by such interventions serves as a founding factor for the late 20th-century rise in interventive birth. In the popular press, in particular, women are faulted for any so-called failures relating to their pregnancies. Even more relevant is the Cold War ideology in which the containment of risk permeated all factors of life. As Tarah Brookfield notes, child welfare was a focal element of 1950s' and 1960s' motivations, rendering children "emotionally driven symbols of Cold War successes and failures."¹⁰

The idea of risk loomed large in the discourses of medical hegemony after World War Two, when the notion that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"¹¹ was emerging as the definitive health model in Western thought. A form of bio-power in the context of medical discourses, risk was invoked by medical experts in the name of preventive health, a factor which contributed to the intensification of the ideology of passivity in an era when the burgeoning welfare state offered Canadian mothers new opportunities for medical care. Indeed, as risk theorist Anthony Giddens points out, "the welfare state is more correctly seen as a form of collective risk management."¹² Embraced by the state in the interests of creating and maintaining healthy citizens, and reified or resisted by practitioners and recipients of health care in Canada, risk

functions discursively when it "is represented as a self-evident danger to be avoided."¹³

Bio-power, as Foucault labeled the hegemonic effects of state-sanctioned medicalization, governs the creation and marketing of mothering manuals.¹⁴ The primary interest of bio-power focuses on life, how to secure, extend, and improve it. It is a technique of power that "centre[s] on the body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls."¹⁵ The supervision of such power is "effected through an entire series of interventions and regulatory controls: a bio-politics of the population."¹⁶ The common goal of the state, modern medicine, and parents to reduce maternal and infant morbidity and mortality encouraged the employment of bio-power to regulate birthing. As cultural theorist Deborah Lupton argues, "[t]his increasing power of scientific medicine, it is contended, has detrimental effects for the traditionally disempowered and exploited social groups by deflecting questions of social inequality into the realm of illness and disease, there to be treated inappropriately by drugs and other medical therapies."¹⁷ While feminists and Foucauldian scholars have recently set about taking apart the gendered effects of bio-power, the tenets of medical hegemony are prominent in the popular conceptualizations of mothering in the 1950s and 1960s. Advice manuals urge readers to adopt the new ideology of preventive health with its technocratic versions of appropriate child-birthing choices. The very implication that there are increased choices in this era, is, indeed, couched in the language of risk, passivity, and the separation of woman from her embodied knowledge.

READERSHIP

Determining how prescriptive literature was consumed after World War Two is difficult. Most mothers were too busy to record their reading habits. As Arnup points out in analyzing English Canadian prescriptive literature between 1920 and 1960, "We cannot merely assume that advice manuals provide an accurate representation of either official wisdom on child rearing or parental behaviour without even putting those assumptions to the test."¹⁸ Mothers were hardly passive recipients of ideas about pregnancy, childbirth, and childrearing. Personal perspectives and social locations informed all interpretation.

Contemporary feminists have examined advice literature, noting that "different people make use of culture in different ways"¹⁹ and that parenting manuals "do not, of course, tell the whole story of reproductive management."²⁰ While many mothers may have requested, read,

and re-read guides to motherhood, whether and how they applied this knowledge is difficult to discern. Whether accessed through government distribution or purchased out of a desire for more information, parents were certainly consulting the available information.²¹ Requests for *The Canadian Mother and Child*, a manual made available to mothers free of charge, outstripped supply in the 1940s.²² Hays' sociological analysis notes that the American readership of Dr. Spock's *Baby and Child Care* was second only to *The Bible* by the 1980s.²³ These influential texts joined other sources of information. Arnup points out that women attended seminars and displays, listened to radio programs, wrote letters to government officials and women's magazines, and participated in well-baby clinics in the postwar era.²⁴ As she concludes, although "there was no unitary experience of motherhood for Canadian women" there did emerge a dominant view of 'good mothering,' an ideology of "appropriate Canadian child-rearing practices."²⁵ Mona Gleason's study of advice to Canadian parents argues that "conceptualizing advice as an ideological artifact in itself, rather than as a flawless blueprint of how parents actually behaved, allows social historians to learn something about the climate of ideas in the past."²⁶ A careful reading offers a glimpse of "what those in a position to shape social convention, such as parenting experts, had to say."²⁷

Canadian women and mothers have never been homogenous and their response to dominant or other ideologies has always varied. North American child-rearing advice literature largely reflected the priorities and commonalities of the dominant white middle class. For the most part, manuals appeared to speak to women who were not obligated to work for wages. Spock typically placed his discussion of "The Working Mother" alongside "The Fatherless Child" and "The Handicapped Child" in a chapter entitled "Special Problems."²⁸ He advised his readers that "some mothers have to work. Usually their children turn out all right... but others grow up neglected and maladjusted."²⁹ In Spock's world, working mothers are readily stigmatized, critically "handicapped," or at the very least, disadvantaged.

While *The Canadian Mother and Child* does not specifically discuss wage-earning mothers, images located women routinely within a domestic workplace. As pregnant readers learn about what advice to follow, they see a photograph of a woman lounging before a fireplace knitting (with a copy of the book next to her).³⁰ A discussion on exercise during pregnancy suggests that "a very common mistake for the expectant mother to make is to stay in bed until late in the afternoon."³¹ Waged labour remains invisible.

Both *The Canadian Mother and Child* and *Baby and Child Care* similarly ignore racialized minorities. They assume a white readership: cultural or ethnic differences that might affect non-white women's birthing and

child-rearing experiences are once again left out of the story they have to tell. This lack of attention to difference occurs similarly in *Chatelaine*, where it, however, raised some concern. As Valerie Korinek notes in her discussion of the magazine's readership: "there were repeated tensions in the readership community over representations of the ideal Canadian women, which, more often than not, provided readers with images of white, middle-class, urban women."³² Although the magazine occasionally examined ethnic diversity, refugees, and featured a non-white woman on the cover of three issues during the 50s and 60s, feedback indicated that "readers were not prepared to accept racial 'difference' as representative of Canadian beauty."³³ Depictions of Canadian womanhood—and by extension Canadian motherhood—remained for the most part ethnically homogenous and middle class.

Demographic shifts in postwar English Canadian society nevertheless encouraged many women to turn to contemporary experts when it came to pregnancy and child-rearing.³⁴ In particular, the growing medicalization of childbirth and its removal from home to hospital distanced women from mothers, grandmothers, and extended family. Arnup points out that "as traditional female support networks broke down ... new mothers found themselves alone on what must have often appeared to be alien terrain."³⁵ In an era when government-funded healthcare was still being established, impoverished and rural women were hard put to afford regular visits to the doctor or connection by telephone. Parenting guides, on the other hand, were a relatively cheap and abundant source of information that could be consumed at the discretion of readers. Some combination of such factors encouraged women across Canada to seek parenting guides.³⁶ Few would have been able to entirely ignore dominant ideas and discourses about maternity, parturition, and child-rearing.

ALTERNATIVE OPTIONS

The lack of consensus among women about "the ideal birth," and signs of active resistance to experts underscores women's diversity and engagement. *Chatelaine* offers evidence of critical readers. Korinek points out that "*Chatelaine* did not trade on stereotypes or uncritical portraits of domestic bliss. Instead, the editors, writers, and readers more often dealt with the difficulties in adjustment to modern living, and continually debated both the joys and the challenges of marriage and motherhood."³⁷ The April 1947 series, "Now About Having Babies," demonstrated a range of opinions. It needs to be remembered as well that many women appeared happier with the experts. One article, "I've Just Had My Last," reflected prescribed ideology in its emphasis on a maternal appearance that offspring can be proud of, as well as in its promotion

of hospital births.³⁸ In "I'm Having My First," another author in contrast challenged the pervasive romanticization of motherhood by critiquing the idea that "the birth of a baby is the most glorious achievement in the life of a woman"³⁹ For her, the public portrayal of pregnant women showed how their bodies remained a taboo subject: "Canadian society is still in mental hoopskirts when it comes to accepting a woman great—with—child."⁴⁰ If children are so valuable to Canadian society, clothing designers, beauticians, and others ought to put more effort into revering rather than hiding the pregnant body.⁴¹ "I'm Not Having Any ... *Now*" in the same series, also rejected the dominant ideology: "My reasons are simply that I think the woman who tries to live the traditional kind of life today is gypped. Moral and sociological pressure, bent on making every woman bring forth babies, has only a raw deal on hand for her kind."⁴² While never commonplace, such views always offered an alternative to the dominant imagery and discourses of the day. Proper motherhood and womanhood were always at least somewhat open to debate.

International discourses about childbirth in the postwar era were also evolving. A few physicians in the UK, France, and other parts of Europe re-envisioned women as active participants in labour and birth. They questioned the role of hospitals and technology, and the necessity of highly medicalized childbirth. British physician Grantly Dick-Read's *Childbirth Without Fear* was first published in England in 1933 and in an American edition in 1943. An American lecture tour followed in 1947. French obstetrician Fernand Lamaze's *Painless Childbirth* was released in 1956.⁴³ Both doctors focused on preparing patients physically, psychologically, and intellectually for labour and delivery. They rejected a mechanistic, doctor-directed model of birth and emphasized emotional and physiological preparedness through education and preparation.

In an address delivered in Britain in 1948, Dick-Read identified a telling shortcoming of modern obstetrics: "The fact that in childbirth there is usually a woman present is not always remembered."⁴⁴ Better educated mothers were more important than mere reliance on new technology. Fear created nervous tension, which rendered labouring mothers physiologically less capable and caused psychological problems. As medical sociologist William Arney points out, Dick-Read "felt that the 'mind' side of the mind-body dichotomy had to be resurrected from the depths to which obstetricians had tried to banish it if obstetricians were to understand the experience of pain in childbirth and treat it properly."⁴⁵ Such ideas challenged the mainstream paradigm.

Lamaze's ideas about pain-free childbirth, which he called psychoprophylaxis, advocated preparing women for childbirth. Education about what to expect was combined with breathing and relaxation techniques. At the height of the Cold War, his ideas, which drew on his

observation of Russian birthing experiences, were initially less well-received.⁴⁶ Despite concerns, Lamaze quickly reached a broader reader audience than Dick-Read. Ironically, Lamaze's disparaging comments about Dick-Read in his introduction, and his own claims to scientific method generated further interest in women's roles in their own pregnancies.⁴⁷

Experts and the Canadian press took up the debate. Articles on "natural childbirth" appeared in the *Canadian Medical Association Journal* as early as 1955.⁴⁸ Three years later *Chatelaine* joined in the fray.⁴⁹ Awareness of *Thank You, Dr. Lamaze: A Mother's Experiences in Painless Childbirth*, a book published by American Marjorie Karmel who had experienced childbirth under the Lamaze method in Paris,⁵⁰ encouraged interest in psychoprophylaxis. The 1958 *Chatelaine* article "Having Your Baby" presented both Dick-Read's and Lamaze's ideas for the consideration of its readers.⁵¹

A popular movement towards "natural childbirth" appeared in Canada in the late 1960s.⁵² While the term "natural" is contested in today's discussions of childbirth, its appearance marked opposition to medicalized maternity care.⁵³ Such resistance set the stage for a later reconfiguring of women's roles in childbirth. Specific, detailed information about "natural childbirth," however, remained scarce in popular parenting advice literature in the 1950s and 1960s. Above all this presented an idealized birth focused on the medicalized body.

PRESCRIPTIVE LITERATURE IN CANADA

Prescriptive childbearing and child-rearing marketing was well developed by the mid-20th century. Although manuals on the care and feeding of infants were available as early as the 1760s in Britain and the United States, widespread distribution did not occur in Canada until the late 1800s.⁵⁴ In her history of advice for mothers, Katherine Arnup notes the changing nature of discursive texts: "In contrast to those [earlier] volumes, child-rearing manuals of [the 20th] century are presented as scientific tracts, written by officials in various levels of governments and members of the medical, nursing, and psychological professions."⁵⁵ Sharon Hays similarly points out that "toward the end of the nineteenth century middle-class, child-rearing ideologies took a somewhat curious turn. A mother's instincts, virtue, and affection were no longer sufficient." "Scientific" training was needed.⁵⁶

Mass-produced advice literature circulated through magazines, radio programs, government pamphlets, and books. It was variously a response to industrial capitalism, social Darwinism and the eugenics movement, the modernizing and reforming agendas of Western imperialism, and emerging public health systems. Women's very citizenship

became tied to maternal responsibility while many activists embraced public parenting or mothering. In a discussion of the relationship between motherhood and imperialism in Britain, historian Anna Davin points out that “good motherhood was an essential component in [the] ideology of racial health and purity. Thus the solution to a national problem of public health and politics was looked for in terms of individuals of a particular role—the mother—and a social institution—the family.”⁵⁷ The situation was much the same in the Canadian dominion.

Mass-marketed maternity literature in Britain and North America drew on patriarchal, imperial, and racialized priorities that aimed to make motherhood more scientific and modern.⁵⁸ This transformation is visible in the pages of *The Canadian Mother's Book*, published in the early 1920s as part of the “Little Blue Books” series of public health publications, by the Child Welfare division of the newly formed federal Department of Health.⁵⁹ The director of the division, Dr. Helen MacMurchy, advocated “prenatal care, rest, nutrition, cleanliness, and especially physician-attended births”⁶⁰ as the guarantee of national well-being. These priorities, accompanied by a focus on positive eugenics as “a means to both improve ‘the race’ and preserve the authority and prestige of the movements’ professional leaders,”⁶¹ shaped much prescriptive child-rearing literature. MacMurchy’s publications addressed infant and maternal mortality, particularly in the context of Canada’s overall health.⁶² Her strictures were a powerful endorsement of doctors’ care in an era when many women birthed at home under the care of a midwife, relative, or neighbour.⁶³

While knowledge of Nazi atrocities encouraged Canadian child-birthing and –rearing advice to turn away from negative eugenic messages, the post-WWII agenda of raising better citizens through adherence to science continued to link maternal and child health to national progress. In the opening pages of *The Canadian Mother and Child* (1949), the federal successor to MacMurchy’s publications, Dr. Ernest Couture, chief of the Division of Child and Maternal Hygiene of the federal Department of Health, asserted that “the governments of the present day are giving more attention than ever before to the care of mothers, because it is recognized that the mother holds the key position with regard to the health of the nation.”⁶⁴

PRESCRIPTIONS FOR POSTWAR MOTHERS

In his history of the baby boom generation in Canada, Doug Owrn identifies generational differences in mothering ideology. Mothers and fathers were rooted in experiences of war and depression: “This generation, comprising more than a quarter of the Canadian population, could scarcely remember a time in which home life had not been

threatened."⁶⁵ Assisted by postwar housing programs aimed to revitalize the Canadian economy and unprecedented levels of employment, they placed their hopes on postwar prosperity. Encouraged by representations of romanticized and idealized domesticity in the ever-broadening mass media market, most Canadians aspired to marriage, babies, and home-ownership.⁶⁶

Prescriptions for child-rearing reflected the hopes of the day as they became increasingly permissive. More accepted than ever before was "the idea that the natural development of the child and the fulfillment of children's desires are ends in themselves."⁶⁷ As Korinek concluded of the 1950s and 1960s, "for the first time in many years, personal destinies and dreams took precedence over economic, political, and military tensions."⁶⁸ At the same time, ironically, the prescription for ideal mothering became more intensive and rigid: mothers were increasingly advised "to expend a tremendous amount of time, energy and money in raising their children."⁶⁹ They should devote themselves to ensuring their children's social, emotional, and psychological well-being, including adhering to medical imperatives in the producing of those children.

Not only the parenting manuals but the very infrastructure of the nascent welfare state was geared to prioritizing reproduction. Owram points out that "society seemed to revolve around babies."⁷⁰ Advertising in newspapers and magazines concentrated on household consumption. Veteran compensations and programs focused on supporting family life. The 1944 national housing act encouraged suburban dreams of child-centred domesticity.⁷¹ The baby boom became a social project, and not just a demographic anomaly.

While a wealth of media featuring tips and ideas about parenting circulated throughout the era, two volumes offered a comprehensive portrait of the construction and dissemination of the ideal birth. First published in 1945 and selling over four million copies in North America before its first revision in 1957, Dr. Spock's *Baby and Child Care* was a household favourite in both the United States and Canada.⁷² Spock, an American paediatrician, emphasized the instinctiveness of child-rearing, urging parents to trust themselves and to take their clues from their baby. Departing from interwar parenting manuals, Spock focused on babies' mental and emotional well-being, contradicting advice that suggested that offspring manipulated parents from the very start. He urged loving, cuddling, and indulging in order to create a strong sense of self in the future citizens of the world. As he stated in his opening paragraph, "We know for a fact that the natural loving care that kindly parents give to their children is a hundred times more valuable than their knowing how to pin a diaper."⁷³ The apparent practicality of Spock's message appealed strongly to readers, and was influential in shaping ideas of how to best nurture children's minds, bodies, and souls.⁷⁴

Spock's manual was revised twice in the era in question, once in 1957 and again in 1968.

The Ministry of National Health and Welfare's *The Canadian Mother and Child*, first authored by Ministry employee Dr. Ernest Couture, also put out updated versions every decade. Couture, a French-Canadian specialist in obstetrics and gynaecology,⁷⁵ offered basic child-rearing advice while addressing, in part, women in rural and outport areas whose circumstances might well be far from the ideal. His *The Canadian Mother and Child* sold over two million copies between 1940 and 1953 and was widely disseminated free of charge by the federal Department of Health to householders, public health nurses, physicians, women's organizations, members of the clergy, the Royal Canadian Mounted Police, and Indian agents.⁷⁶ As Denyse Baillargeon remarks in her analysis of the medicalization of motherhood in Quebec, the provincial league for dental hygiene "claimed to have sent out over 50,000 copies in French in 1950 alone, at the request of listeners and correspondents."⁷⁷ *La Mère Canadienne et Son Enfant* also reached French-speaking citizens elsewhere in Canada.

Changes in the advice supplied by *Baby and Child Care* and the *Canadian Mother and Child* over the three editions of each that appeared between 1949 and 1969, reveal important shifts in approaches to North American family life. Spock's 1946 edition and the 1949 edition of *The Canadian Mother and Child* reflect wartime and immediate postwar concerns with practicality, infection, accessibility of care, and convincing mothers and fathers of the usefulness of their advice. By the mid- to late 1960s, new editions reflect a change in goals and tone. In 1965 the Canadian government manual addressed an audience accustomed to consistent medical care and a parenting ideology of permissiveness. By the mid-1960s Spock similarly addressed a firmly entrenched understanding of psychology-based parenting and an audience familiar with the technological modernity of their time. The gradually increasing assumption of familiarity with preventive medicine combined with the omnipresence of increasingly intensive parenting was evident in prescriptions for mothering.

Medicalization

The language in Spock and Couture is always clearly oriented towards hospitalization—reassuring parents that institutions offer the safe, appropriate choice. Differences between the two books, particularly in their earlier editions, suggest somewhat different national agendas but later editions share confidence in the entrenchment of medically supervised birth. In 1946, Spock emphasizes engaging a doctor during pregnancy and childrearing: "The way to be sure your baby is doing well

is to have him checked by a doctor regularly.”⁷⁸ His meagre discussion of birthing options stresses physicians in every setting: “Whether you have your baby at home or in the hospital depends mostly on where you and your doctor live.”⁷⁹ Hospitals are the ideal sites with benefits that include helpful staff, the “magical equipment” and the fact that it “makes the mother feel very safe.”⁸⁰ Most telling is the location of these advantages in the section of the book entitled “The Right Start” and under the sub-heading “Hospital Impressions.”⁸¹ Spock waits until later to address disadvantages that include the babies sleeping away from their mothers, the fact that fathers feel like outsiders, and the impersonality of the masks worn by the delivery room staff.⁸² While he is careful to acknowledge that home-birthing still occurs, the very structure of his argument clearly favours hospitalization.

More than 20 years later Spock is still more outspoken. Hospital birth was safer than ever and more appealing to all family members. His 1968 treatment of labour and delivery begins: “Nowadays most babies in this country are born in a hospital.”⁸³ Advantages are linked to technology: “A hospital offers all the complicated equipment, like incubators and oxygen tents to cope with sudden emergencies.”⁸⁴ Risk was mastered in this setting. Drawbacks to hospitalization remain the same as the previous editions. The 1968 version, however, explains how to overcome them and points out innovations that enhance the choice of the institution. Spock’s extended discussion of hospital birth in 1968 suggests both growing popularity and contemporary debates around medicalized versus “natural” childbirth. It nevertheless confirms firm links between safety and preventive medical technology.

The Canadian government manual follows a similar trajectory. The 1949 *The Canadian Mother and Child* insists that “Today, all Canadian mothers, without exception, can obtain the benefit of proper guidance during and after pregnancy. If at all possible, they should remain throughout these months under the constant supervision of a medical man.”⁸⁵ Couture’s work focusses more overtly and at greater length than Spock’s on medical care, reflecting Canada’s smaller and more dispersed population. The author warns against “unfortunate prejudice” against medical care: “Many have ignored the necessity of having recourse to competent medical assistance unless special circumstances occurred, but experience has definitely proved that this is a gross error, and that better results are obtained where close medical supervision is exercised.”⁸⁶

In the section on “the doctor and his assistants” Couture addresses home versus hospital births. Direct language imparts to readers the importance of experts: “first of all, follow your doctor’s advice. He is most assuredly interested in obtaining the best possible results in your case, and it’s only fair that you should give him your full co-operation

by allowing him to work under conditions of his choice."⁸⁷ The choice of where to give birth is clearly the doctor's, not the patient's. Couture also specifically emphasizes the absence of infection in maternity wards in his determination to convince mothers of the proper choice.

The Canadian Mother and Child advises that "no amount of practical experience or reading of instructions can take the place of a doctor with his long and intensive training, or equal the services of a fully qualified nurse."⁸⁸ Couture nonetheless substantially addresses home births, especially those in rural or remote areas. The chapter, "Preparations for the Confinement," describes the supplies for mothers delivering at home and a separate chapter addresses Canadians without access to medical attendants. Despite the acknowledged audience in home births of "willing but inexperienced friends,"⁸⁹ Couture's images of proper procedures, from suctioning the baby's mouth, dressing the cord, to dealing with vernix are of uniformed and masked doctors and nurses. Admission of the significance of home births is, however, perhaps the most significant difference between the Canadian public and American commercial publications.

Just as references to hospital and physician care increased in the 1968 edition of *Baby and Child Care*, the 1965 edition of *The Canadian Mother and Child* places increased emphasis on medical innovation as normative and useful. Readers are assured that birth in Canada is safer than ever, resulting in happier Canadian mothers whose "confidence comes from knowing that medical care of mothers and babies is as advanced in Canada as anywhere else in the world. More is known about the general hygiene of pregnancy than ever before, and continuous research in this field assures mothers of the safest possible childbirth."⁹⁰ The 1965 edition also pays heed to the popularity of 'natural childbirth,' beginning the first chapter with the statement that "childbirth is a natural process, beautiful in its complexity and efficiency."⁹¹ Much like Spock's subtle nod to Dick-Read and Lamaze in 1968, the Canadian 1965 edition insists on mothers' preparation: "When the processes of pregnancy are fully understood, fear is replaced by confidence."⁹²

Unlike 1949, the chapter entitled "The Doctor's Role" in the 1965 edition of *The Canadian Mother and Child*⁹³ assumes that readers will have engaged an expert and describes appropriate care. The need to convince consumers of the importance of medical supervision is no longer so apparent; a cursory paragraph at the chapter's end is the only acknowledgement that doctors might be absent. Nevertheless, the 1965 edition also includes "A Chapter for the Midwife," which discusses sanitary conditions and offers helpful hints to midwives guiding mothers through labour, although with repeated references to the preference for doctor-oriented care. In addition to a mid-section paragraph listing

circumstances under which to call professional assistance, the chapter also closes with a section sub-titled "When to Call the Doctor" which gives examples of postpartum complications.⁹⁴ While consistently undermined, alternatives to doctors remain a feature of the Canadian, unlike the American, publication. In the 1960s both manuals applaud medical advances. Unlike postwar editions, neither makes any attempt to affirm the supremacy of physician-directed delivery in the portrayal of the ideal birthing scenario. Readers are presumed fully attuned to the benefits of modern medical birth.

Disembodiment

The medicalized birthing process threatened to distance women from their bodies.⁹⁵ Perhaps the single most disembodiment effect of *Baby and Child Care* is the lack of detail on birth. Each edition begins with chapters on preparing for a baby's arrival, including lists of needed supplies, suggestions on the hiring of help for the immediate postpartum days, and discussion of engaging a pediatrician. Spock largely ignores the details of labour and delivery, implying that women did not need that knowledge. In the 1946 edition, the chapter "The Right Start" begins with the decision of whether to have the baby in the hospital or at home, acknowledges the often poor hospital experience for the father, and then moves directly to postpartum depression and infant feeding. The 1968 edition is much the same. The section on "The Hospital" falls between preparing for the baby and nursing it. Birthing is simply absent.

In contrast, advice in *The Canadian Mother and Child* provides detailed information for readers lacking professional help. Both editions devote three chapters to birthing, including information about preparation, the actual event, and aftercare. The language, however, is polite and formal, distancing readers from actual bodies. While the book is largely written with a second person narrative, referring to "Your baby" and "Your doctor" for example, bodily references are consistently in the passive voice. A section on caring for the pregnant body in the 1949 edition typically suggests that "the circulation in the breasts must be perfectly free from any constraint"⁹⁶ and later emphasizes that "it is of the utmost importance that the bowels be kept regular."⁹⁷ Perhaps most significantly, in a chapter entitled "Medical Attention," Couture warns against foregoing a "Special local examination" (i.e. a gynaecological exam) without actually saying what this might be:

On no account should you let false modesty influence you in the matter of this local examination. Unfortunately, this is often the case, particularly with mothers expecting their first baby. You would not forgive yourself if, through neglect of this very important examination, some mishap occurred.⁹⁸

The manual encourages blind trust of physicians. Reflective of social codes and narrative customs designed to preserve modesty, the cost is women's agency. Couture's clinical references to bodies underscore German historian and theorist Barbara Duden's reminder that the removal of the woman from medical language "not only disembodies her perceptions but forces her into a nine-month clientage in which her 'scientifically' defined needs for help and counsel are addressed by professionals."⁹⁹

Couture's chapter on delivery similarly speaks not to the mother but to her helper and again refers to bodily functions in the passive voice. "The genitalia," "the womb," and "the breasts" become clinical actors in their own right. Descriptions of a mother's relationship with her doctor also encouraged passivity: "The doctor has no means of fixing the exact date. If however, he considers it advisable, he will induce labour."¹⁰⁰ For all his acknowledgements that homebirths continued, Couture constructs doctors, not mothers, as the main agents in childbirth.

A later edition of *The Canadian Mother and Child* refers, in contrast, more specifically to relevant anatomy. A new chapter, entitled "The Miracle of Life," describes the physiology of reproduction. Here the doctor shares agency with "Mother Nature," perhaps a reflection of the success of the "natural childbirth" movement: "The mother who understands what is happening during the nine months before her baby is born is impressed many times by the wonderful way in which Mother Nature takes over to prepare her for the physical effort of producing a baby."¹⁰¹ Notably, however, mothers remain largely passive. The language of physiology in the 1965 edition, while more concrete than previously, remains impersonal: "The uterus rests on the pelvic floor and the cervix, or lower end of the uterus, protrudes through the floor and opens into the vagina."¹⁰² Pelvises without bodies appear in photos. Similarly, although the discussion of the doctor's "special exam" has expanded to explain how it actually happens, the woman goes unmentioned. In the chapter entitled "The Doctor's Role," the text states that "he will ... make a vaginal examination to detect changes in the uterus and to examine the pelvic organs. This examination is very important to ensure a healthy birth, and should not be put off because of shyness."¹⁰³ While the advice no longer ignores the realities of female bodies, it still avoids personalizing physiological processes despite its otherwise more direct approach. Decisions about birthing remain squarely with medical personnel. While referring to the new-to-Canada Lamaze¹⁰⁴ method of coping with labour pain, the text emphasizes that "of course, the doctor is anxious to see the mother as comfortable as possible, and he will decide what she needs in the way of sedatives."¹⁰⁵

Idealizing Motherhood

The key component of the postwar ideology of intensive mothering was gendered parenthood. This remained consistent across successive editions of the advice manuals. Gendered constructions were not new in parenting discourse; they now reinforced messages that Canadian mothers should leave wartime workplaces and re-embrace domestic life. As historian Annalee Gözl argues, the growing welfare state, especially provision for families, helped define the parameters of the Canadian family more precisely. In the face of the Great Depression and World War Two, the burgeoning welfare state, and the perceived threat of the Cold War, the ideal Canadian family had a "potent ideological force."¹⁰⁶ As Gözl observes, "metaphors of the 'united' and 'harmonious' family were invoked to describe Canadian nationhood both in terms of its international status and its domestic relations."¹⁰⁷ In the face of such uncertainty, child-birthing and child-rearing manuals asserted the centrality of the maternal presence to family survival. No better an example can be found than in Spock's 1946 opening apology to parents of girls: "I want to apologize to half the fathers and mothers who are going to read the book. I mean the parents whose first baby is a girl. Everywhere I've called the baby 'him....' I need 'her' to refer to the mother."¹⁰⁸ In addition to erasing the significance of baby girls, the role of the father is so minimal that the male pronouns, other than those employed for medical experts, are unnecessary. In fact, only a few words explain how fathers can be useful in the early days of the child's life. Fathers are cautioned that they will feel useless during the delivery but later they can be just as involved as mothers. That conclusion is, however, contradicted by that statement that, "of course, I don't mean that the father has to give just as many bottles or change just as many diapers as the mother. But it's fine for him to do these things occasionally."¹⁰⁹ Pitching in at times is not the same as an equal partnership.

The Canadian Mother and Child offers similarly little mention of fathers. Child-bearing and child-rearing are placed entirely with mothers. The 1949 edition echoes much of the early post-war era's discourse in its construction of motherhood as the ultimate fulfillment of womanhood: "The birth of a baby is the most glorious achievement in the life of a woman, for, in becoming a mother, she completely fulfils the special purpose of her existence as a woman. It is also an event which should bring her great satisfaction and real joy."¹¹⁰ Family health is also placed squarely in the hands of mothers in Couture's discussion of nutrition: "A housewife has the responsibility of giving her family meals planned carefully and correctly...."¹¹¹ The 1965 edition's discussion of activities such as gardening, ironing, and baking that must be scaled back during pregnancy confirms women's responsibility for domestic labour.¹¹²

While the 1949 version does not acknowledge women's employment outside the home, the 1965 edition includes a brief paragraph recommending that pregnant women seek help with the housework if they are employed. As I have noted already, Spock's includes "working" mothers in a section called "Special Problems."

Similar sentiments appeared in various *Chatelaine* articles. Fertility was the core of women's lives: "The bearing of a live baby represents the fulfillment of a woman's femininity."¹¹³ Even as late as August 1969 *Chatelaine* portrayed a longing for babies as an expression of true femininity. Dorothy McClearn's "Why You Can't Get Pregnant," focused entirely on female fertility problems and constructed women's searches for solutions as desperate.¹¹⁴ In 1955, Kate Aitken, a leading Ontario radio talk show host and sometime newspaper columnist, explained to the magazine's readers that "in Canada, it is almost universally conceded that the woman in the home sets the standard of family-life—and women have never had to work with such system and forethought as we must today."¹¹⁵ From Aitken's perspective, contemporary definitions of femininity were shallow: "Our concept of femininity today focuses more on the secondary sex characteristics—figure, dress, and hair—and less on the emotional qualities of femininity—tenderness, warmth and a giving attitude."¹¹⁶ Despite her complicated position on femininity, she nevertheless embraced passivity:

With pregnancy, not only is the woman's body adjusting to look after the new life within, but her emotional self is being prepared too. She becomes more introverted, more passive in essence, more maternal.¹¹⁷

Aitken's perspective was rejected by another popular Canadian writer, Shirley Wright. In "A Mother Inferior," published in June of 1959, she argued that "I, for one, would like to tell the experts that their standards of maternal perfection plus the overwhelming preoccupation with the delicacy of the child's psyche have placed an intolerable burden of inadequacy and failure on many of us."¹¹⁸ After advocating common sense in listening to popular child-rearing advice, she concluded that "I shall soothe myself with the thought that mothers are just human beings like anyone else."¹¹⁹ Wright's identification of intensive mothering as overwhelming and guilt-inducing showed a critical reader at work. In contrast, however, the vast majority of representations subscribed to Aitken's idealized, passive mother.

Post-war gender constructs revolved around the primacy of the household as mothers' domain. They determined the survival of the family. While constructed as crucial, mothers were to be docile and acquiescent. This contradictory ideal extended into the idealization of childbirth, wherein expert advisors encouraged mothers to submit to overwhelmingly male medical doctors.

CONCLUSION

To what extent women submitted to the paternalistic authority of medicalized birth is currently unknown, as is the extent to which individual Canadian practitioners adhered to this construction of the ideal birth. Nonetheless, its social construction in popularly circulated parenting manuals after WWII indicates a government-endorsed and physician-directed concept of parturition consisting of obedient, willing mothers, eager to strengthen the nation by submitting to the authority of modern medicine. As the nation delved deeper into Cold War risk containment, prescriptions for motherhood in this era endorsed both state and medical imperatives of reducing risk in childbearing while encouraging women to embrace motherhood and domesticity. The advice of Dr. Spock and the Canadian government via Dr. Couture, echoed by other authorities in *Chatelaine* magazine, encouraged parturient women to engage the services of qualified medical experts. Gendered prescriptions for appropriate parenting placed mothers at the centre of decision-making, echoing Victorian modesty and docility in the process. While alternatives occasionally surfaced, as with Dick-Read and Lamaze and occasional contributors to *Chatelaine*, the progression of advice from one edition of Spock's and Couture's volumes to the next paid little attention. Even by the late 1960s, both government and commercial manuals addressed birthing in vague and disembodied terms.

NOTES

- 1 On early 20th-century maternal and child health campaigns see, for example, Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal & Kingston: McGill-Queen's University Press, 1993); Katherine Arnup, *Education for Motherhood* (Toronto: University of Toronto Press, 1994); Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-1934," *Canadian Bulletin of Medical History* 8 (1991): 203-30.
- 2 Comacchio, *Nations are Built of Babies*, p. 95.
- 3 Sharon Hays, *The Cultural Contradictions of Motherhood* (New Haven and London: Yale University Press, 1996), p. 19.
- 4 Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), p. 10.
- 5 Robbie Davis-Floyd, "The Technocratic Body: American Childbirth as Cultural Expression," *Social Science & Medicine* 38 (1994): 1127.
- 6 Davis-Floyd, "The Technocratic Body," p. 1125.
- 7 I have explored these points in greater detail elsewhere. See S. Mennill, "Prepping the Cut: Caesarean Section Scenarios in English Canada, 1945-1970" (PhD dissertation, University of British Columbia, 2012).
- 8 Harriette Marshall and Anne Woollett, "Fit to Reproduce? The Regulative Role of Pregnancy Texts," *Feminism and Psychology* 10 (2000): 354.
- 9 Marshall and Woollett, "Fit to Reproduce?" p. 357.
- 10 Tarah Brookfield, *Cold War Comforts: Canadian Women, Child Safety, and Global Insecurity* (Waterloo: Wilfrid Laurier University Press, 2012), p. 14.

- 11 World Health Organization Act 1947. http://www.austlii.edu.au/au/legis/cth/consol_act/whoa1947273/sch1.html.
- 12 Anthony Giddens, "Risk and Responsibility," *Modern Law Review* 62, 1 (Jan 1999): 9
- 13 Jennifer Harding, "Bodies at Risk: Sex, Surveillance and Hormone Replacement Therapy," in *Foucault, Health and Medicine*, Alan Petersen and Robin Bunton, eds. (London and New York: Routledge, 1997), p. 137.
- 14 Michel Foucault, *The History of Sexuality* Volume 1 trans. Robert Hurley (New York: Vintage, 1978), p. 140.
- 15 Foucault, *History of Sexuality*, p. 139.
- 16 Foucault, *History of Sexuality*, p. 139.
- 17 Deborah Lupton, "Foucault and the Medicalisation Critique" in *Foucault, Health and Medicine*, Alan Petersen and Robin Bunton, eds. (London and New York: Routledge, 1997), p. 97.
- 18 Arnup, *Education for Motherhood*, p. 7.
- 19 Hays, *Cultural Contradictions*, p. 52.
- 20 Helena Michie and Naomi Cahn, *Confinements: Fertility and Infertility in Contemporary Culture* (New Brunswick, New Jersey: Rutgers University Press, 1997), p. 6.
- 21 Arnup, *Education for Motherhood*, p. 122.
- 22 Arnup, *Education for Motherhood*, p. 118.
- 23 Hays, *Cultural Contradictions*, p. 51.
- 24 Arnup, *Education for Motherhood*, p. 118-21.
- 25 Arnup, *Education for Motherhood*, p. 8.
- 26 Mona Gleason, "Disciplining Children, Disciplining Parents: The Nature and Meaning of Advice to Canadian Parents, 1945-1955," *Histoire Sociale/Social History* 29, 57 (1996): 190.
- 27 Gleason, "Disciplining Children," 190.
- 28 Benjamin Spock, *The Pocket Book of Baby and Child Care* (New York: Pocket Books Inc., 1946), p. 459-64.
- 29 Spock, *Baby and Child Care* (1946 ed.), p. 459-60.
- 30 Ernest Couture, *The Canadian Mother and Child* (Ottawa: Department of National Health and Welfare, 1949), p. 4.
- 31 Couture, *Canadian Mother and Child* (1949 ed.), p. 19.
- 32 Valerie Korinek, *Roughing it in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000), p. 24.
- 33 Korinek, *Roughing it in the Suburbs*, p. 118.
- 34 See, for example, Doug Owram, *Born at the Right Time: A History of the Baby Boom Generation* (Toronto: University of Toronto Press, 1996); Korinek, *Roughing it in the Suburbs*; and Veronica Strong-Boag, "Home Dreams: Women and the Suburban Experiment in Canada," *Canadian Historical Review* 72, 4 (1991): 471-504.
- 35 Arnup, *Education for Motherhood*, p. 124.
- 36 Arnup, *Education for Motherhood*, p. 118.
- 37 Korinek, *Roughing it in the Suburbs*, p. 7.
- 38 "I've Just Had My Last," *Chatelaine*, (April 1947), 15.
- 39 "I'm Having My First," *Chatelaine*, (April 1947), 14.
- 40 "I'm Having My First," *Chatelaine*, (April 1947), 14.
- 41 "I'm Having My First," *Chatelaine*, (April 1947), 14.
- 42 "I'm Not Having Any ... Now," *Chatelaine*, (April 1947), 14.
- 43 Donald Caton, "Who Said Childbirth is Natural?: The Medical Mission of Grantly Dick-Read," *Anesthesiology* 84, 4 (April 1996): 955-64.
- 44 Grantly Dick-Read, "The Discomforts of Childbirth," *British Medical Journal* (16 April 1949): 651-54.
- 45 William Ray Arney, *Power and the Profession of Obstetrics* (Chicago: University of Chicago Press, 1982), 210-11.

- 46 Tina Cassidy, *Birth: The Surprising History of How We Are Born* (New York: Grove, 2006), p. 153.
- 47 See this argument in Caton, "Who Said Childbirth is Natural?" p. 955-64.
- 48 "Natural Childbirth," *The Canadian Medical Association Journal* 73, 7 (1 October 1955): 564-65.
- 49 See, for example, Evelyn Hamilton, "Dr. Grantly Dick Read Answers Your Questions on Natural Childbirth," *Chatelaine* (January 1958), 17.
- 50 Cassidy, *Birth: The Surprising History*, p. 153. Lamaze first appeared in *The Globe and Mail* in December of 1965 in an article entitled "Unreformed Cult of the Cheerful Childbirth," 16 December 1965, p. W03. Notably, it is an article obtained from the British press. In *Chatelaine* magazine, the first mention of psychoprophylaxis occurred in November of 1958 in an article summarizing the latest developments in childbirth: Joan Morris, "Having Your Baby," *Chatelaine* (November 1958), 21, 72-8. Lamaze himself was not mentioned until May of 1966: Patricia Land, "What the Russians Can Teach Us About Childbirth," *Chatelaine* (May 1966), 25, 58-60, 64.
- 51 Joan Morris, "Having Your Baby," *Chatelaine*, (November 1958), 74. See also H.B. Atlee, "Childbirth Should be Easier," *Chatelaine*, (November 1960), 33, 54-60.
- 52 On the alternative birthing movement in Canada, see the recent work of Megan J. Davies, most notably "Countercultural Childbirth: Homebirth and Midwifery in the Kootenay Region of BC, 1970-1990," February 2008, European Social Science History Conference, Lisbon.
- 53 See Margaret Macdonald, "Gender Expectations: Natural Bodies and Natural Births in the New Midwifery in Canada," *Medical Anthropology Quarterly* 20, 2 (June 2006): 235-56.
- 54 Arnup, *Education for Motherhood*, p. 6.
- 55 Arnup, *Education for Motherhood*, p. 6.
- 56 Hays, *Cultural Contradictions*, p. 39.
- 57 Anna Davin, "Imperialism and Motherhood," *History Workshop Journal* 5, 1 (1978): 12.
- 58 Comacchio, *Nations are Built of Babies*, p. 9.
- 59 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), 135-161. See also Dodd, "Advice to Parents."
- 60 Dodd, "Helen MacMurchy," p. 136.
- 61 Dodd, "Helen MacMurchy," p. 135.
- 62 While MacMurchy's advocacy for mothers and babies in terms of adequate prenatal care to resolve serious problems of morbidity and mortality was grounded in genuine concern and public health expertise, her eugenic agenda added a problematic discriminatory angle to her rhetoric. Angus McLaren, among others, analyses MacMurchy's eugenics-oriented approach in chapter two of his *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart, 1990).
- 63 Dodd, "Helen MacMurchy," p. 150.
- 64 Couture, *Canadian Mother and Child* (1949 ed.), p. 6.
- 65 Owsram, *Born at the Right Time*, p. 7, 8.
- 66 On postwar domesticity in Canada see, for example, Strong-Boag, "Home Dreams"; Mona Gleason, "Psychology and the Construction of the 'Normal' Family in Post-War Canada, 1945-60," *Canadian Historical Review* 78, 3 (September 1997): 442-77; Korinek, *Roughing it in the Suburbs*; and Owsram, *Born at the Right Time*. For the American context see, for example, Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988) and Margaret Marsh, *Suburban Lives* (New Brunswick, NJ: Rutgers University Press, 1990).
- 67 Hays, *Cultural Contradictions*, p. 45.
- 68 Korinek, *Roughing it in the Suburbs*, p. 7.

- 69 Hays, *Cultural Contradictions*, p. x.
- 70 Owram, *Born at the Right Time*, p. 5.
- 71 Owram, *Born at the Right Time*, p. 11.
- 72 On the Canadian popularity of Spock's work, see Strong-Boag, "Home Dreams."
- 73 Spock, *Baby and Child Care* (1949 ed.), p. 3.
- 74 Gleason's *Normalizing the Ideal* discusses in more depth the growth in popularity of psychological discourses in the post-WWII parenting literature.
- 75 Comacchio, *Nations Are Built of Babies*, p. 102.
- 76 Arnup, *Education for Motherhood*, p. 53. See also Norah Lewis and Judy Watson, "The Canadian Mother and Child: A Time-Honoured Institution," *Health Promotion* 30, 3 (Winter 91/92):10-13.
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- 79 Spock, *Baby and Child Care* (1946 ed.), p. 12.
- 80 Spock, *Baby and Child Care* (1946 ed.), p. 12.
- 81 Spock, *Baby and Child Care* (1946 ed.), p. 12.
- 82 Spock, *Baby and Child Care* (1946 ed.), p. 12.
- 83 Spock, *Baby and Child Care* (1968 ed.), p. 55.
- 84 Spock, *Baby and Child Care* (1968 ed.), p. 55.
- 85 Couture, *Canadian Mother and Child* (1949 ed.), p. 3.
- 86 Couture, *Canadian Mother and Child* (1949 ed.), p. 6.
- 87 Couture, *Canadian Mother and Child* (1949 ed.), p. 60.
- 88 Couture, *Canadian Mother and Child* (1949 ed.), p. 68.
- 89 Couture, *Canadian Mother and Child* (1949 ed.), p. 68.
- 90 Couture, *Canadian Mother and Child* (1965 ed.), p. 9.
- 91 Couture, *Canadian Mother and Child* (1965 ed.), p. 11.
- 92 Couture, *Canadian Mother and Child* (1965 ed.), p. 11.
- 93 Couture, *Canadian Mother and Child* (1965 ed.), p. 14.
- 94 Couture, *Canadian Mother and Child* (1965 ed.), p. 60.
- 95 On the metaphorical distancing of women from their bodies in contemporary contexts, see Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 2001).
- 96 Couture, *Canadian Mother and Child* (1949 ed.), p. 24.
- 97 Couture, *Canadian Mother and Child* (1949 ed.), p. 25.
- 98 Couture, *Canadian Mother and Child* (1949 ed.), p. 7.
- 99 Barbara Duden, *Disembodying Women* (Cambridge: Harvard University Press, 1993), p. 4.
- 100 Couture, *Canadian Mother and Child* (1949 ed.), p. 50.
- 101 Couture, *Canadian Mother and Child* (1965 ed.), p. 11.
- 102 Couture, *Canadian Mother and Child* (1965 ed.), p. 11.
- 103 Couture, *Canadian Mother and Child* (1965 ed.), p. 17.
- 104 See Caton "Who Said Childbirth is Natural?" 955-964, and Cassidy, *Birth*, p. 98.
- 105 Couture, *Canadian Mother and Child* (1965 ed.), p. 34.
- 106 Annalee Gözl, "Family Matters: The Canadian Family and the State in the Postwar Period," *Left History* 1, 2 (1993): 10.
- 107 Gözl, *Family Matters*, 10. See also Gleason, "Disciplining Children," p. 191.
- 108 Spock, *Baby and Child Care* (1946 ed.), p. 2 and Spock, *Baby and Child Care* (1968 ed.), p. xv.
- 109 Spock, *Baby and Child Care* (1946 ed.), p. 15. See also Spock, *Baby and Child Care* (1968 ed.), p. 28-30.
- 110 Couture, *Canadian Mother and Child* (1949 ed.), p. 3.

- 111 Couture, *Canadian Mother and Child* (1949 ed.), p. 17.
- 112 Couture, *Canadian Mother and Child* (1965 ed.), p. 21.
- 113 Joan Morris "The Fight to Save Babies Who May Never Be Born," *Chatelaine* (June 1956), 71.
- 114 Dorothy McClearn, "Why You Can't Get Pregnant," *Chatelaine* (August 1969), 34.
- 115 Kate Aitken, "It's Fun Raising a Family" *Chatelaine* (January 1955), 48.
- 116 Morris, "The Fight to Save Babies," p. 70.
- 117 Morris, "The Fight to Save Babies," p. 71.
- 118 Shirley Wright, "A Mother Inferior," *Chatelaine* (June 1959), 102.
- 119 Wright, "A Mother Inferior," p. 109.