Saving South Australia's Babies: the Mothers' and Babies' Health Association

Judith Raftery

The year in which Playford became premier was a buoyant one for the Mothers' and Babies' Health Association (MBHA). In its annual report of 1938, it reported more enrollees than ever before, and attendances in excess of 100,000 at its 106 Baby Health Centres.[1] The associations Baby Health Train travelled 1,600 miles to visit 29 country towns every seven weeks, staying one or two days at each place.[2] Torrens House, which provided training in infant welfare for nurses, and short-term hospital accommodation and specialised care for mothers and new-borns, opened during the year, with special grants from the King George and Queen Mary Jubilee Fund and the South Australian government.[3] This development fulfilled 'a long felt [training] need in this State' and was predicted to 'result in far reaching benefit to the whole community'.[4] Perhaps best of all, the infant mortality rate, 30.5 per 1,000 live births, was the lowest in the commonwealth.[5]

At the end of Playford's long parliamentary term, the MBHA was still a flourishing organisation. Annual attendances numbered in excess of one quarter of a million, and the association claimed to have contact with 83 percent of infants who were within range of one its 265 metropolitan and rural Child Health Centres.[6] Three Baby Health Trains, which had regularly taken nursing staff to outlying centres, had all ceased running by 1964, and had been replaced by a fleet of 44 cars.[7] Infant mortality, which remained in the 30s until the end of the war, and see-sawed in the 20s until 1960, had dropped to 19.03 per 1000 live births in 1964-65, and was established in a steady downward trend.[8] The association's work was supported by state government grants which had risen from £3,000 in 1938 to close to £100,000 in 1965.[9]

The MBHA was a staple of South Australian life and standard-bearer of community values throughout the Playford period. Its services reached deep into suburban and rural life. Its staff

were in contact with the overwhelming majority of South Australian families with young children, and hundreds of women worked as volunteers to maintain its local branches. It preached a gospel of responsibility and good order, which, it assured all parents, was the key to happier and healthier lives. The MBHA seemed, on the surface, to be universally accepted and respected as a valuable community resource, and attracted no public criticism, controversy or negative comment. However, while many parents found its message encouraging and comforting and conscientiously adhered to it, others, irked by it or sceptical of it, set it aside and followed their own judgements. But few could have been unaware of it or entirely proof against its moral authority and its impact on conventional wisdom about infant welfare. In many ways the MBHA's social role and influence paralleled that of the Sunday School. Certainly the MBHA Child Health Centres and the Sunday Schools were both ubiquitous, highly respected, socially cohesive and politically non-contentious features of the new suburbs and towns produced by the dramatic economic expansion and population growth of Playford's South Australia. They were patronised by a large proportion of South Australians, many of whom did not subject their message or their methodology to serious analysis, but who readily assumed that what they offered contributed something worthwhile to their own and their children's lives.

The values and assumptions that drove the MBHA were the product of an earlier period, and they proved resilient in the face of the social and economic trends and pressures of the Playford period. The MBHA developed from the Adelaide School for Mothers, which was established by Dr Helen Mayo and Miss Harriet Stirling in 1909. In the context of high infant mortality rates, which had not proved amenable to improvement through environmental reform, its aims were:

> to promote the education of the mother in all that concerns the physical, mental and moral development of herself and her offspring … [and to bring about] the reduction of infantile mortality by means of timely advice and instruction on scientific lines in the care and upbringing of infants, especially during their first year of life.[10]

The Adelaide School for Mothers was characteristic of the infant health organisations that proliferated in Britain, Australia and the United States of America in the early twentieth century. Their programs were predicated on the complementary beliefs that infant life was threatened by maternal incompetence and that it could be protected through the application of the scientific and rational insights of experts. Thus the infant welfare movement was part of that complex of ideas and programs called Progressivism, which contended that social progress and efficiency followed from the elevation of the rational and scientific over nature, instinct and tradition, and from the leadership of a skilled elite, whose authority derived from their technical expertise. While Progressivism affected thinking and policy in many areas it was particularly influential in public health, and resulted in the subjection of hitherto private and domestic activities, in this case the rearing of infants, to professional scrutiny and prescription.[11] In the case of the Adelaide School for Mothers, and later the MBHA, this meant the establishment of Baby Health Centres, to which mothers were encouraged to bring their infants for regular growth checks, and for advice and instruction on feeding, sleeping, 'management' routines, and the inculcation of order, regularity, good habits and self-control in both mother and baby. The experts largely ignored the social determinants of health and illness, and portrayed the saving of babies as a relatively straight forward process: so long as mothers adhered to the ‘clear cut rules and simple measures’ that quickly hardened into dogma in the Adelaide School for Mothers and the MBHA, the ‘health and happiness of the infant, not to mention that of the family in general', and indeed, the 'nation to be', would be 'profoundly influenced’.[12]

The doctors who directed and the nurses who formed the core of the staff of the Adelaide School for Mothers and the MBHA often behaved as though their clients existed in a social vacuum, in which factors such as class, wealth, employment, housing and family size had no impact on their health status. Despite their access to compelling statistical and epidemiological evidence of the impact of material circumstances on infant morbidity and mortality, they insisted that the agent of good health was the mother and that infant survival depended on her efficiency and responsibility. The associated view, that women needed to be

instructed in the science of motherhood, was usually coupled with a naive and untested faith that the instruction would be readily complied with and would lead directly to more efficient mothering. If, on occasion, the desired outcome did not ensue, then it was assumed to be the result of maternal stupidity and irresponsibility, rather than of social factors outside the control of individuals. Such thinking, which, in its disregard for the broad social determinants of health, was highly political, but was presented as though it was free of political value, was the inheritance of the MBHA. The many changes to South Australian society during the Playford period did little to challenge it. It was so non-threatening to the social and economic status-quo, so enmeshed with the way professionals tended to see their role, and with what clients saw as appropriate health-seeking behaviour, and fitted so neatly with conventional notions about appropriate roles for women, that it acquired considerable authority.[13] In this environment it was easy for the MBHA to promote itself as successful, and to claim a causal relationship between its work and reduced infant mortality.[14]

The role of infant welfare programs in promoting the health of the nation was acknowledged as important in the first two decades of the twentieth century, when the Boer War and the First World War intensified concerns about national efficiency, and the falling birth rate cast doubt on the capacity of 'white Australia' to 'people the vast areas of the continent'.[15] Concerns about national fitness and efficiency were frequently coupled with support for eugenics. However, the liberal democratic values which prevailed in Australia ensured that radical eugenicist thought did not flourish here. The 'demands of national fitness' were to be answered not by 'the extinction of the unfit', but by 'sustain[ing] the health of all by every possible effort'.[16] The Adelaide School for Mothers exemplified these concerns and responses. It declared its work to be of 'vital national importance', and called for financial support from the government and from the public on this basis.[17] From 1913 until 1957 the *Annual Reports* of the school and the MBHA stressed this national efficiency role by carrying the slogan 'Babies are the Best Immigrants'. During the Second World War the emphasis on the national role intensified. In 1942, the MBHA President, Lady Paquita Mawson, declared that 'the work of the MBHA is a national one', and that 'to save the baby is to save the

world'.[18] In the following year, the annual report referred to the British policy of 'mothers and babies first', and asked: 'Can we in Australia aspire to a higher ideal, or do less'?[19] Apparently we could not, because in 1943 the MBHA was praising 'the far-sighted government' for supporting the enlargement of Torrens House and realising that 'to care for the child is to benefit the citizen'. According to the association, 'Never before in the history of Australia has it been so important as now to save the life of every baby born'.[20]

The MBHA was administered from its headquarters in the city of Adelaide. This was in Wright Street at the beginning of the Playford period, moved to North Terrace during the war, and finally to South Terrace in 1957. Headquarters was responsible for central functions of the association such as staffing of the Baby Health Centres, the operation of Torrens House and the Baby Health Trains, and mothercraft education in secondary schools. But for most of its clients, the MBHA was the local Baby Health Centre, and the local MBHA sister. To these centres young mothers took their infants for regular weighing, test feeds, advice and guidance on breast feeding, 'artificial' feeding, weaning, toilet training and sleeping, for immunisation against childhood diseases, and reassurance that their children were growing and developing 'normally' as measured by the reaching of certain milestones. How often and how regularly they went, and how they responded to the advice they received depended on a range of factors, including class, culture, income, education, family size, the presence or absence of extended family, and their reaction to particular clinic nurses. The MBHA did not acknowledge the capacity of such factors to influence the expert/client relationship or to modify its impact. It assumed, with what now appears as considerable insensitivity to individual differences and naive indifference to social context, that one prescription fitted all, and that the prescription was bound to be efficacious.

Services were provided free of charge, although grateful clients sometimes made donations to the work of the association. A major proportion of the MBHA's funds always came from the South Australian government in the form of annual grants to cover basic operating costs, and additional allocations for capital costs such as extensions to Torrens House, purchase of vehicles and branch buildings. Playford seems to have trusted the MBHA to develop sensible

priorities and use its money well. When asked whether the government intended providing a pound for pound subsidy for MBHA clinics in the country, he indicated that this was a matter on which the Minister of Health would be guided by the association:

> we have always worked in closely with the association, which the Government believes is doing a marvellously good job. The Government believes that it is a matter upon which an interchange of views would be desirable before any policy is laid down.[21]

The central committee of the MBHA regularly acknowledged the support of the government. For example, in 1954, Lady Jean Bonython, who was president of the central committee from 1953-65, thanked the Minister for Health, Lyell McEwin, 'for his sympathetic understanding of our work and for his willingness to meet us to discuss our problems ... and [for] putting our requests for financial assistance to the government'.[22]

State government grants were supplemented with much smaller grants from local government, subscriptions from branches, donations, bequests, and special fund-raising efforts. The proportion of total income which was provided by the state government increased during Playford's premiership. At the beginning, the state government grant was £3,500, including £500 for Torrens House, out of a total income of about £10,500 (33 per cent); by the end it was $216,000 of $353,000 (61 per cent). For most of the period, the government grant increased steadily, but the 1945 grant was a greatly increased one, in response to the association's plea for funds to support an ambitious building program. Its aim was to have its own buildings in every district, so that it no longer had to rely on churches and other local organisations for makeshift accommodation. [23] It may be that war-induced concern about the health and fitness of the nation, and strong community support for the 'national importance' of its work, came to the aid of the MBHA at this time. Lady Mawson reported in 1945 that when war had been declared the association had hoped that its work would 'take its place beside and not below that of war efforts'. In assessing what had transpired, she was 'filled with a deep sense of gratitude toward the public, who, war-minded as it had to be, realised that when easing the burden of the mothers of the State, it was helping

the soldier fathers in the field'. She praised the 'untiring efforts' of more than a thousand women who worked on the branch committees, and offered them thanks 'on behalf of … the citizens of the future whose health they [had] so sedulously guarded and fostered'.[24]

In the face of such public support, and given its industrial and immigration policies, which were filling new suburbs with young families, the government must have felt under some obligation to back the MBHA's building program. As well as doubling its annual grant in 1945, it supplemented it with a conditional subsidy of £4,000, which made it possible for the MBHA to build in the areas of most urgent need. This was done in cooperation with the Housing Trust. The association's report of the service it received from the Housing Trust, and the apparent ease with which it secured land, materials and building permits underlines its high standing in the community. It also illustrates the links between the growth of population and new suburbs, which have been examined elsewhere in this volume, and the expansion of the MBHA:

> In the first instance the assistance of the South Australian Housing Trust was enlisted. Its architect (Mr J.S. Hall) designed a small centre for the association to embody essential facilities at a minimum cost. The plan provided for a waiting room with a retiring room opening from it, consulting room with kitchen alcove and test feed cubicle, and a verandah for a pram shelter. The total ground space required for such a building was approximately 23 feet by 33 feet. Constructed in brick with a tiled roof, these buildings cost between £700 and £800 each at present day prices for labour and material.[25]

The MBHA adopted this design, and 'recognising the importance of the Association's activities in the community, the Directorate of War Organisation of industry readily granted the required building permits'. The first centre built to this design was at Woodville Gardens, 'to serve a locality where hundreds of families are living in Trust homes'. Others followed at St Peters, Glandore, Prospect, Keswick and Lockleys. Local councils provided land on long leases at peppercorn rents. Half the building costs were met by the conditional subsidy, and the balance provided by local councils and local branches of the MBHA. [26]

Although the MBHA always enjoyed a substantial degree of public support, at central committee level it behaved as though it were a private organisation, and a genteel one at that, with more than a hint of *noblesse oblige* about its operations. By the beginning of the Playford period there was a well-established pattern: vice-regal patronage; a central committee dotted with the names of wealthy and prestigious Adelaide families; and promotional and fund-raising activities that appealed to the spirit of philanthropy, rather than to an informed concern for the health of the public. This is clearly reflected in the contributions of Jean Bonython to the *Annual Reports*. Her 'surveys of the year' mention tasteful branch buildings, frolics and fetes, charming debutantes who were presented to her, and prominent persons she met in the course of her presidential tours. She gave her 'Coronation Talk' or her 'Flower Talk' wherever she went,[27] and each Christmas she entertained in her stately Adelaide home – St Corantyn and later, Eurilla – 'to show our appreciation to all … nursing and clerical staff''.[28] But she reported few thoughts about the purposes of the MBHA, or its plans and visions for a healthier community.

Although this was never actually stated, the babies whom the MBHA were saving during the first couple of decades of the Playford period were clearly assumed to be white, of Anglo-Celtic background, middle class, or a least aspiring to be middle class, and so similar to each other as to be amenable to one standard set of rules. The first hint of criticism of this approach and of a developing awareness that not all babies are the same appeared in 1954. In that year the Medical Director, Dr Ruth Mocatta, noted in the latest edition of the association's *Australian Mothercraft Book* that 'the emphasis has been placed on the wisdom of treating each child as an individual' and said 'a more permissive type of feeding is advocated especially in breast-feeding'.[29] Reflection on the program and the direction of the MBHA increased with the appointment of Dr David Fearon as Medical Director in 1957. In his first report he argued that 'to keep babies and children alive is not enough. Our approach should be a positive one, and the aim "complete physical, mental and social well-being" '.[30] In the following year he reported: 'I should like to emphasise the necessity for planning our

service to meet the needs of the community at present and in the future'[31] and by 1960 had developed a proposal that constituted a critique of current practice. 'Everything pointed', he said, 'to the need for a changing approach in Baby Health Centre work'. Mothers needed to be encouraged to be more self reliant. The centres needed to make their advice and information more acceptable and accessible, and he foreshadowed future developments by suggesting that discussions among groups of mothers, 'under trained leaders', might be a way of encouraging this. In addition, the focus of the centres' advice needed to widen from feeding and supervision to include other issues in child rearing, as well as behavioural and developmental problems. [32] Fearon endorsed the view of Dr F.W. Clements, Medical Administrator of the Institute of Child Health at the University of Sydney, that the association

> had the opportunity to develop a service better suited to present day needs. He expressed the opinion that the parents in the community should have some say in the type of service which is given. He also noted . . . that the nursing staff in the health centres would need a wider training to better understand and meet the needs of mothers and their children in the future.[33]

By the late 1950s, meeting the needs of the community involved meeting the needs of recent migrants. In 1958, the Correspondence Department, which was established in 1945 for mothers who did not have easy access to a Baby Health Centre, reported that it received letters from a large group at the Leigh Creek coal field. Some of these were New Australian' parents, who were 'anxious to do the best for their babies', and who visited headquarters when they were in Adelaide. They presented the MHBA with a new challenge:

> We are especially interested in the lives of these mothers and their little ones. They need individual help and sympathetic understanding of their personal problems. We consider this part of our work is often as important as giving advice on baby's diet etc. [34]

There were migrants among the clients of the MBHA at Radium Hill as well. In 1953, the Mines Department provided a bus to enable Radium Hill mothers to attend Baby Health Train Number Two when it visited Olary.[35] During 1954, when a spur line into Radium Hill

was opened, Radium Hill became another stop on the MBHA's far flung rail service. By 1955, a local branch had been organised and Baby Health Train Number Two brought MBHA sisters to a Baby Health Centre which was run from the Radium Hill Civic Hall. It was well-patronised and attendances doubled in the first year. [36]

MBHA records suggest that Fearon was among the first within the association to acknowledge the existence of migrant families in Adelaide. In 1959 he reported the view of Dr John Last, a suburban general practitioner with many migrant families in his practice, that many of the migrant mothers and children 'would benefit from increased availability of information on health matters'. Fearon concluded that 'we should all like to do more to help the newcomers in their often difficult situation but it is not always easy'. As a start, some MBHA material was printed in Italian, Greek, German and Dutch, as well as in English.[37] There is evidence, in subsequent years, of some continuing concern about reaching migrants. For example, in 1961-62, there is a report on cooperating with the Good Neighbour Council in relation to interpreters, and adding Serbo-Croatian to the languages into which publications were translated.[38] In that same year, Aborigines were mentioned for the first time: the nursing sister who was responsible for the River Murray circuit was making fortnightly visits to the Gerard Aboriginal Reserve.[39] What the Aborigines at Gerard made of the MBHA is not recorded, but by 1963 the myth of the standard family, responding as required to standard advice, had clearly taken a battering.

In January 1963, the MBHA established a Home Visiting Department, and employed a Home Visitor 'to help families with problems', and to provide links between the association and other social services. This involved working with hospital follow-up cases, mental health cases, and 'problem and potential problem families'. In that third category were

> the social misfits, who cannot or will not measure up to the normal standards which society demands. These families require guidance and encouragement to improve their own lot, and to ensure that they do not become a source of danger to their immediate neighbours, and indeed the community as a whole.[40]

The Home Visitor described her work as dealing with 'social problems' such as 'deserted wives', 'teenage marriages', and 'miniature parents'. In 1964 she reported:

> These young parents need guidance in many ways; we try to teach them to budget, and live within their incomes, but they easily become victims of the time payment system. One such young mother was in great distress due to overdue bills, and was very grateful for regular visiting and advice. She responded so quickly and efficiently, that we were not surprised to learn that she had gained a credit in Mothercraft when at school.[41]

Sadly, however, many families were not so easily helped:

> It is with regret that we must report that most of our real problem families, the social misfits, have all had, or are having, new babies. Most of their other children already show signs of being educationally sub-normal - this is rather frightening when thinking of them as citizens and parents of the future.[42]

There seems to have been no insight into the middle class assumptions behind these statements, or awareness of their glib, patronising, even offensive tone. Nor did the MBHA recognise the futility of advice-giving as a solution to social problems. The Home Visitor's reports quickly degenerated into a cosy record of charitable relief of symptoms, which fitted well with the upper middle class philanthropy of the central committee. This is not in the least surprising, given that the infant welfare movement in South Australia, like its counterparts elsewhere, had, from its beginnings, relied on instruction rather than social policy to bring about improvements in infant health, and had never submitted its philosophy or practice to serious review.

While instruction of individuals is clearly not an adequate response to many of the social and economic factors that threaten good health, it is ironical that, even in areas where it might reasonably be assumed that advice-giving was an appropriate and helpful strategy, it could be counter-productive. The MBHA was not good at reflecting on such things. This may be demonstrated by tracing what happened to one of its central concerns, breast-feeding, during the association's hey-day. This seems to be a clear example of instruction mystifying,

complicating and depowering, rather than encouraging and enabling.

In 1935, the MBHA announced plans for the establishment of an Infant Welfare Nurses' Training School. Among the perceived benefits were ‘the provision of expert facilities for occasions when natural feeding problems arise’, and the opportunity for medical students to study breast feeding ‘in all its aspects’.[43] Sixth year medical students were already observing demonstrations of breast feeding at headquarters, and Dr Frank Hone, Lecturer in Preventive Medicine at Adelaide University, took his students to one of the Baby Health Trains for that purpose. The emphasis on breast feeding was paramount. Mothers who at a later period identified the MBHA clinics with rigid approaches to bottle feeding are often surprised to learn of this emphasis. When the Adelaide School for Mothers was established there were few safe and healthy alternatives to breast feeding especially for less well-off mothers, and the staff were well aware of the links between infant mortality and artificial feeding. Improvements in general standards of living, in milk supplies and in artificial infant formulae, as well as increased understanding of disease processes, had made artificial feeding less dangerous by the Playford period. However, the MBHA emphasis on breast-feeding was no less marked. In 1939, the Medical Director wrote:

> The establishment and continuation of breast-feeding is the most important part of our teaching, and precedence of admission [to Torrens House] is always given to such cases. Many inexperienced mothers come straight from a maternity hospital before difficulties actually occur, and learn to handle their babies under supervision, and so return home to carry on with confidence.[44]

That was the theory, and the hope. In practice, it did not always work and, in fact, the period of the MBHA’s greatest vigour coincided with a long period of decline in breast feeding. By the late 1950s, the association was regularly expressing concern about the prevalence of artificial feeding. In 1958, in the metropolitan area, only 48 per cent of one to two month old infants were being breast fed, and only 17 per cent of six to eight month olds. In the country areas, the corresponding figures were 47 per cent and 12 per cent.[45] In 1960, the MBHA was attributing the continuing decline in breast-feeding to ‘ignorance, advertising, disinterest and

even self-interest' which 'too often seem to encourage early and unjustified weaning'.[46] By 1963, the Medical Director of the association was regretting that the decline was continuing 'despite the unalterable view of all authorities on maternal and child welfare that the best food for an infant is its mother's milk'. He acknowledged that 'trends in human behaviour are not necessarily influenced by advice', but still argued a case for it:

> That the factors influencing early weaning can be counteracted by skilled supervision and encouragement has been shown by the results, published last year, from the Mothercraft Hospital where the incidence of breast-feeding among former patients was still nearly 40 per cent in the 3-5 months group.[47]

However, a survey carried out in 1967-68 showed that only about a third of babies in the general population were being breast fed at one to two months and as few as five per cent at six to eight months.[48]

Why was this the case? Certainly it was not peculiar to South Australia; similar trends were discernible in the other Australian states and in other developed countries. While there were undoubtedly many factors at work to create this situation, several historians have suggested that ironically, it may have resulted, at least in part, from the work of the MBHA and other infant welfare organisations. By insisting on the ignorance of mothers and on their need for expert, scientific advice, and by arguing that the skills of 'mothercraft' were not attainable through instinct, commonsense or tradition, they made the natural process of breast-feeding into such a complex and daunting process that many women lost confidence and failed.[49] However, the MBHA did not see this, and blamed the decline in breast-feeding on affluence, lack of support from doctors and nurses, and short hospital stays.[50]

The MBHA experienced a staffing crisis after the Second World War. It claimed in 1947 to be suffering from a 'world-wide scarcity of nursing staff', and was still describing its staffing situation as 'desperate' in 1959. [51] Continuing staff difficulties led to the closure of the Eyre Peninsula circuit in 1949-50. Infant welfare sisters were triple-certificated, and it was difficult to find suitably trained part-time and relieving staff to replace sisters who resigned

or took extended leave.[52] The MBHA's staffing difficulties were the result of several factors. Post-war social upheavals, signified by a rash of marriages and a rise in the birth rate, as well as high levels of immigration, intensified the need for nurses. In addition, within the profession, infant welfare nursing may have faced greater shortages than some other kinds of nursing. The MBHA suggested that it was an area of nursing which did not enjoy high status, and needed better conditions and 'a fairer scale of salaries'.[53] Ironically, some improvements to conditions, like the reduction of the working week to 44 hours, actually exacerbated staffing problems, and the conservatism of the profession over matters such as the employment of male nurses and married women did nothing to ease the situation. All of these difficulties were evidence of inadequate planning for a nursing workforce which could cope with the steep increase in population in South Australia after the war, and were part of a larger issue: the concentration of the Playford government on industrial expansion at the expense of vital social services such as health and education.[54]

By end of the Playford period, many challenges to the MBHA's traditional program were becoming apparent. There was a considerable mismatch between the infant welfare needs of the South Australian community and the response of the association. As was the case in other aspects of health care, as well as in education and welfare, there were major philosophical and organisational reforms in the offing. But these did not come quickly or easily. The MBHA was an essentially conservative organisation, supported by conservative political and professional forces and promoting deeply-entrenched bio-medical and behavioural views of health and illness. Nothing in Playford's social understanding or concerns challenged this. However, some of the economic and demographic changes which he either set in train or encouraged did. So too did the political and intellectual reforms of the late 1960s and the 1970s, which were, in part at least, a reaction to his long period of socially conservative government. Eventually these forces effected changes in the infant welfare field as in many others. Ironically, however, Playford's impact on infant health probably did not have a great deal to do with either his consistent support for the MBHA, his failure to understand its inherent limitations, or his lack of support for change in its approach. It had more to do with

his provision of things far more fundamental to the health of ordinary South Australians: decent housing, steady employment and a manageable cost of living.

Unless indicated otherwise, *Annual Reports* are those of the Mothers' and Babies' Health Association.

[1]*Annual Report* 1938, p.4.
[2]*Annual Report* 1938, p.10.
[3]Annual Report 1938, pp.4-7, 40.
[4]*Annual Report* 1938, p.7.
[5]*Annual Report* 1938, p.4. For a comparison with infant mortality rates in other Australian states see Wray Vamplew ed., *Australians : Historical Statistics*, Fairfax, Syme and Weldon Associates, Broadway , NSW, 1987, p.58.
[6]*Annual Report* 1965, pp.14, 20-25. The centres were called Child Health Centres from 1961.
[7]*Annual Report* 1964, pp.6, 15; 1966, p.7.
[8]*Annual Report* 1965, p.17.
[9]*Annual Report* 1965, p.7.
[10]Adelaide School for Mothers, *Annual Report* 1909-10, p.1.
[11]For an introduction to Progessivism and its application to public health in Australia, see Michael Roe, *Nine Australian Progressives: vitalism in bourgeois social thought, 1890-1960*, Queensland University Press, St. Lucia, 1984, and Kereen Reiger, *The Disenchantment of the Home: modernising the Australian family, 1880-1940*, Oxford University Press, Melbourne, 1985.
[12]Helen Mayo, 'Problems in the Working of a Child Welfare Scheme in the Community', *Medical Journal of Australia,* vol. 1, no. 8, 1932, pp. 249-52.
[13]For further background, see Judith Raftery, ' "Mainly a question of motherhood": professional advice-giving and infant welfare', *Journal of Australian Studies* , June 1995. See also Jane Lewis, *The Politics of Motherhood: child and maternal welfare in England, 1900-1939*, Croom Helm, London, 1980.
[14]Recent research into the early history of infant welfare activity in Australia argues convincingly against such a claim, and underlines how little is known about how expert advice is received, and what actual effects it has on behaviour. See Philippa Mein Smith, 'Infant Welfare Services and Infant Mortality: a historian's view', *Australian Economic Review*, 1st quarter 1991, pp.22-34; and 'Mothers and Babies and the Mothers' and Babies' Movement: Australia through depression and war', *Social History of Medicine,* vol.6, no.1, 1993, pp.51-83.
[15]NSWPP:1904 , vol 4: second session, JVP, 'Report of the Royal Commission on the Decline of the Birth-Rate and on Mortality of Infants in New South Wales', vol.1, p.53. This was a continuing concern of public health officials in the commonwealth and state governments throughout the 1920s and 1930s. One of its strongest and most consistent manifestations were efforts to preserve infant life. See, for example, chapters on J.H.L. Cumpston and J.S.C. Elkington in Roe, *Nine Australian Progressives;* Michael Roe, 'The Establishment of the Australian Department of Health', *Historical Studies,* 1976, pp.176-92; M.J.Lewis, 'Editor's Introduction', in M.J. Lewis ed., J.H.L. Cumpston, *Health and Disease in Australia: a history* [1928], AGPS, Canberra, 1989.

[16]Roe, *Nine Australian Progressives,* p.99. Roe associates this positive form of eugenics particularly with J.S.C. Elkington, whom he regards as foremost amongst those who applied the ideas of Progressivism to public health.
[17]Adelaide School for Mothers, *Annual Report* 1913-14, p.9; 1917-18, p.3.
[18]*Annual Report* 1942, p.4.
[19]*Annual Report* 1943, p.4.
[20]*Annual Report* , 1944. pp.4-5.
[21]*SAPD*: HA 19.9.1946, p.517. For other examples of the same attitude, see *SAPD*:HA 17.10.1945, p.551; *SAPD*:LC 12.11.1946, p.873.
[22]*Annual Report* 1955, p.5. See also, 1963, p.8; 1965, p.7. etc.
[23]*Annual Report* 1945, p.6.
[24]*Annual Report* 1945, p.4.
[25]*Annual Report* 1945, p.7.
[26]*Annual Report* 1945, p.7.
[27]See for example, *Annual Report* 1955, pp.4-5; 1957, pp.4-5, 1956, pp.4-6 etc.
[28]*Annual Report* 1960, p.9, 1961, p.5, 1962, p.6, 1963, p.7, 1964, p.6.
[29]*Annual Report* 1955, p.15.
[30]*Annual Report* 1958, p.12.
[31]*Annual Report* 1959, p.17.
[32]*Annual Report* 1960, pp.15-16.
[33]*Annual Report* 1960, pp.15-16. Clements stated these views at a convention held in 1959 to celebrate the golden jubilee of the Adelaide School for Mothers/MBHA.
[34]*Annual Report* 1958, p.26.
[35]Malcolm Harrington and Kevin Kakoschke, *We Were Radium Hill: stories and memoirs of people who once lived at Radium Hill*, Malcolm Harrington, Morphett Vale, SA, 1991, p.15.
[36]*Annual Report* 1955, pp.32, 33, 64; *1*956, p.27.
[37]*Annual Report* 1960, pp.15, 18.
[38]*Annual Report* 1962, p.13.
[39]*Annual Report* 1962, p.14. The MBHA's lack of attention to Aborigines before this time should not be seen as remarkable, but as a reflection of prevailing community attitudes and government policies.
[40]*Annual Report* 1963, p.35.
[41]*Annual Report* 1964, p.25
[42]*Annual Report* 1964, p.25.
[43]*Annual Report* 1936, pp.4-5.
[44]*Annual Report* 1940, p.15.
[45]*Annual Report 1*958, pp.13-14.
[46]*Annual Report* 1960, p.18.
[47]*Annual Report* 1963, pp.18-19.
[48] *Annual Report* 1968, p.25.
[49] See, for example, Reiger, *The Disenchantment of the Home*; Lewis, *The Politics of Motherhood*; Mein-Smith, *Social History of Medicine.* Their arguments, which are supported by anecdotal , as well as 'harder' evidence from many places, confirm the largely undocumented views of many South Australian women recalling their experiences with the MBHA. This is an area ripe for research in South Australia.
[50]*Annual Report* 1968, p.25.
[51]*Annual Report* 1949, p.5; *1960*, p.17.
[52]*Annual Report* 1951, pp.6, 15.
[53]*Annual Report* 1958, p.13.

[54]Joan Durdin, *They Became Nurses: a history of nursing in South Australia 1836-1980*, Allen and Unwin, North Sydney, 1991, pp.157-166.