Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34*

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Abstract. This examination of the first set of all-Canadian, government-sponsored childcare advice literature, written by Helen MacMurchy as Chief of the Child Welfare Division of the newly formed federal Department of Health in the 1920s, investigates divisions within the public health movement. MacMurchy's conciliatory role in balancing the interests of organized women's groups who promoted improvements in maternal and infant health, and the diverse professional interests who considered infant and maternal health as one aspect of a larger public health program, are reflected in the advice. The resulting contradictions provide insight into the relationship between feminism and professionalism in the 1920s, and between public health and private medicine. This discussion also illustrates the influence of eugenics on public health, with its often contradictory expectations. Canadian mothers were asked to provide the ultimate in childcare to preserve both the physical and mental health of children, to guard their own precious health, and to continue to have large families—despite serious restrictions on accessibility of medical services.

Résumé. L'examen de cette première série de documents de consultation sur la protection de l'enfance, entièrement canadiens et commandités par le gouvernement connus informellement sous le nom de «Livres bleus» et rédigés par Helen MacMurchy, alors chef de la division de la protection de l'enfance du nouveau ministère fédéral de la Santé formé dans les années 1920, portera sur les divisions au sein du mouvement pour la santé publique. Ces documents consultatifs reflètent le rôle de conciliatrice de madame MacMurchy, qui devait rechercher l'équilibre entre les intérêts des organismes de femmes voués à la promotion de l'amélioration de la santé des mères et des bébés d'une part et ceux des divers professionnels qui estimaient que les services de santé aux mères et aux bébés s'inscrivaient dans un programme plus vaste de santé publique. Les contradictions qui en résultent permettent de comprendre les rapports entre le féminisme et le professionalisme dans les années 1920 et entre...
les programmes de santé publique et la pratique privée de la médecine. Elles illustrent également l'influence de l'eugénique sur la santé publique, avec toutes les attentes contradictoires que ce secteur nourissait. Les mères canadiennes devaient dispenser les meilleurs soins à leurs enfants afin de préserver leur santé mentale et physique, veiller soigneusement sur leur propre santé et continuer d'élever de grandes familles, malgré les nombreuses barrières qui bloquaient l’accès aux services médicaux.

Recently historians have begun to analyze the impact, on mothers, of medical advice literature in the interwar period.¹ Most concede that such literature, which aimed at improving infant and maternal health by educating parents—particularly mothers—on the principles of preventive medicine, imparted valuable information. The medical advice literature also reinforced the traditional sexual division of labor in the home, undermined women’s autonomy as mothers, and advocated standards more in keeping with the values, lifestyles, and resources of its middle class, professional authors, and sponsors than those of its intended audience. What has not been as closely examined, however, are the internal divisions within this middle-class alliance of physicians, government officials, eugenicists, and maternal feminists who promoted informed motherhood. Through a detailed analysis of one particular set of advice booklets, known informally as the “Little Blue Books,” and published by the Canadian government’s newly created Department of Health in the 1920s, this article investigates some of those divisions and contradictions.

By looking at the Blue Books in conjunction with a study of their author’s role in the public health movement, the historian gains insights into the relationship between feminism and professionalism in the interwar period.² The Blue Books’ author, Dr. Helen MacMurchy, Chief, Child Welfare Division, Department of Health, herself a professional,³ tried to balance the interests of lay women reformers—maternal feminists who initiated the campaign to improve infant and maternal health—with the overlapping, but by no means identical, interests of male professional elites in government, medicine, public health, and the mental hygiene or eugenics movement, professionals who brought new resources and legitimacy to the movement, and quickly assumed a leadership role.

Public health literature often appears useless when viewed from the perspective of the individual user, and the Blue Books are no exception. However, MacMurchy’s role in politicizing the need for infant and maternal health reform, not only among Canadian women, but also among private medical practitioners, whose efforts on behalf of Canadian motherhood often fell far short of the public health ideal, should not be overlooked.
The Blue Books represent the first indication of federal government responsibility for the health of Canadians, and foreshadow later implementation of health insurance. The Blue Books highlight—for the first time in an official publication—the major contradiction in the public health message, that is, the discrepancy between an officially endorsed medical monopoly over health care, and the restricted access to medical services, particularly in regard to obstetrical and prenatal care in isolated areas.

THE CHILD WELFARE DIVISION AND ITS ADVOCATES

Why did the federal government decide to establish a Department of Health in 1919, and then, one year later a Division of Child Welfare, appointing Dr. Helen MacMurchy, a prominent physician and medical reformer as its chief? The short answer is that during World War I, the experience of recruitment had highlighted the dismal state of health among many Canadians. The tragedy of war losses, amid a declining birth rate which worried many Canadians, further heightened public concern over the human waste of an infant mortality rate which did not fall below 100 deaths per 1,000 live births until the mid-1920s. While Ontario’s infant mortality rate in the 1907-8 period peaked at nearly 140 infant deaths under one year of age per 1,000 live births, New Zealand’s 1907 infant mortality rate was only 88.9, while Britain and Ireland had an infant mortality rate of 115 per 1,000 births.

But the federal government’s foray into writing advice literature was more than a by-product of the war. It was the culmination of a reform movement led by women’s groups, public health professionals, the medical profession, and eugenicists, which preceded the war by several decades. All of these groups were instrumental in pushing for the formation of the federal department of health, and they were all represented on the Dominion Council of Health which was set up to advise the new department on health issues. The Council was composed of provincial health department representatives, as well as a representative from both rural and urban women, the public health profession, labor, and agriculture. These groups worked with the new department in setting and meeting its goals.

At one of its first meetings (May 1920) the Dominion Council made a unanimous request for original Canadian publications of a national character on maternal and child welfare. While members of the Council expressed appreciation for publications of the Children’s Bureau of the United States Department of Labor at Washington, “and the courtesy and generosity with which these had been presented, on request, to health and child welfare officials in all parts of Canada,” they felt that “Canada should not continue to borrow, but rather exchange.”
The result was the Blue Books. Consisting of an initial series of 16 pamphlets,10 the most popular of which was the Canadian Mother's Book, they dealt with pre- and postnatal care, childbirth, and child-rearing, as well as the ancillary tasks of cooking, housecleaning, nutrition, household accounting, and even domestic waste disposal. As well, there were several books directed at recent immigrants such as How We Cook in Canada and Beginning a Home in Canada, and a book on pioneering entitled How to Make Our Outpost Home in Canada. The most popular of the books dealt with child and baby care, while the least popular dealt with care of the mother. This is not surprising, for as MacMurchy noted, it was usually the mother who ordered the books and "she forgets herself."11 In the late 1920s others were added on the prevention of childhood diseases such as poliomyelitis and rickets, as well as several booklets on the prevention of maternal mortality. These were abbreviated versions of the major study on maternal mortality conducted by MacMurchy in 1925-26. In 1932 Good Food for Little Money was added—an obvious response to the Depression.12

The federal government was content to limit its commitment to child welfare to the production and distribution of advice literature, although much more was being done at the municipal and provincial levels. As in other areas of social welfare policy, the federal government in the interwar period used the provincial jurisdiction argument to excuse its inaction in the health field.13 The low commitment to child welfare was indicated by the disbanding of the Division in 1934 upon MacMurchy's retirement, when its functions were taken over by a voluntary organization, the Canadian Council on Child and Family Welfare.14

Dr. Helen MacMurchy was an obvious choice as Chief of the Child Welfare Division. As a woman, a medical doctor, an outspoken eugenicist, and a prominent individual who held appropriately conventional views on women's role in society, she reflected a bland but safe consensus among the many groups interested in maternal welfare. One of the second generation of women doctors educated in Canada, and one of the first women to receive an MD from the University of Toronto (1901), MacMurchy did postgraduate work at Johns Hopkins University, and taught obstetrics and gynaecology at the University of Toronto during her early career.15 Like many women doctors of the period, who were excluded from the more prestigious specialties, MacMurchy's medical career focussed on the care of women and children. She also served for a time as medical inspector of schools, a not untypical experience for women.16

MacMurchy's penchant for popularization of medical ideas fit well with the officially approved emphasis on improving health through education, rather than more substantive (and expensive) reforms.17
MacMurchy had begun her career as a schoolteacher at the Toronto high school where her father was principal. She wrote extensively in both popular and medical journals, primarily on her three chief interests—eugenics, child health, and maternal health, and authored books on the feebleminded and on birth control.\(^{18}\)

The Child Welfare Division, with its mandate to educate mothers, institutionalized reforms demanded by women reformers, and confirmed a public role for elite professional women such as MacMurchy. In the immediate postsuffrage period, when some apprehension existed as to the impact of the women's vote, the federal government felt compelled to recognize the pioneering role played by women's groups, such as the National Council of Women, in politicizing the poor state of infant and maternal health. MacMurchy, who had links with the National Council of Women had herself been active in the campaign to improve the conditions of woman's maternal labor,\(^{19}\) and occasionally to argue for an expanded role for women in the public sphere. Middle-class women had founded well-baby clinics and pure milk depots, and established organizations such as the Victorian Order of Nurses in their efforts to keep mothers well informed on the latest scientific and technological developments.

As lay women lacked the resources or legitimacy to fulfil the program on their own, they increasingly co-operated with medical and other public health professionals in infant and maternal health reform. MacMurchy, who had herself made the transition from maternal feminism\(^{20}\) to the professional world, was an important link between these two groups. She not only symbolized the women's movement's success in opening up public roles for women, but she also gave voice to women's concerns in the language of professionalism—which meant that they could not be ignored. Between 1910 and 1912, prior to her appointment with the federal government's new Department of Health, MacMurchy wrote three influential reports for the Province of Ontario documenting the extent of infant mortality in the province, and recommended solutions to the problem.\(^{21}\) Later in her capacity as Chief of the Child Welfare Division, she wrote a similar report on maternal mortality, articulating the concerns of many women who saw Canada's dismal record on maternal mortality\(^{22}\) as evidence that maternity was not valued highly enough: "On the list of seventeen civilized nations arranged in order as regards maternal mortality, Canada and the United States stand at the foot of the list. We are seventeenth in a class of seventeen. It is a disgrace to us."\(^{23}\)

While MacMurchy began her medical career as a private practitioner, she was clearly more at home as a public health activist, who specialized in women's issues. In the public health field, infant mortality was seen as a measure of the general health of Canadian society.\(^{24}\)
which in the period 1880-1920 was experiencing rapid industrial and urban growth. Efforts to save the baby soon led to a realization that improved maternal health was also essential to the infant’s cause. As MacMurchy put it:

Infant mortality has been looked on in the past as the most sensitive index we possess to the general health conditions of any community or nation. It will no doubt always remain an important part of any health report but to-day we do not consider infant mortality apart from maternal mortality. It has been slowly realized in the last twenty years that infant welfare and maternal welfare cannot be separated and that the surest way to reduce infant mortality is to reduce maternal mortality.25

In her efforts to reduce first infant mortality and then maternal mortality, MacMurchy clearly had much in common with male public health officials for whom mothers and babies were merely part of a larger plan to improve health. These officials were also concerned with control of venereal disease, communicable diseases, TB, etc., as well as the administration of a growing bureaucracy of public health. By the 1920s the public health movement had become professionalized as many of the voluntary agencies which women volunteers had established were incorporated into public health departments. Provincial officials employed medical officers of health (usually male) at the community level to supervise the work of public health nurses (usually female) who spread the knowledge of prevention.26 Experience in the public health field had demonstrated the “need” for a woman’s voice to reach Canadian mothers,27 who were not always friendly toward professional encroachments on their territory. Like public health nurses who did the more mundane work of home visiting, MacMurchy played an “educational” role, albeit at a somewhat higher profile. With her sympathetic, non-judgmental tone, MacMurchy spoke to Canadian mothers, “woman-to-woman.” She often referred to Canadian mothers as heroic and refrained from blaming infant and maternal mortality on maternal ignorance, as did many male public health officials and private practitioners. MacMurchy liked to highlight the input women had in her Division, reporting that the Blue Books derived their name from the mothers for whom they were written. As MacMurchy remarked: “several mothers, in writing to us, gave the Canadian Mother’s Book the popular name the ‘Little Blue Books’”; therefore, “it was thought suitable to adopt that name for all our publications on child welfare.”28 MacMurchy also apparently kept up an active correspondence with many of the mothers who wrote to the department. Thus MacMurchy served as a link to both women’s groups and individual women in the home.

It is significant that MacMurchy was also a physician, for the private medical practitioner had to be won over to the public health cause.
Health care for mothers and children necessitated a large role for physicians through providing prenatal care, medical attendance at childbirth, and supervision of infant health. While many physicians saw infant and maternal health reform as a means of enlarging family practices and/or of promoting the emerging specialties of pediatrics and obstetrics/gynaecology, many were, in general, lukewarm toward the public health movement. Hostile to non-professionals playing any role in areas they considered their own, they nonetheless tended to follow the lead of advocates such as MacMurchy who educated physicians on infant and maternal health, traditionally a low priority in the medical hierarchy.

The eugenics movement was also interested in educating mothers. Groups such as the Canadian National Committee on Mental Hygiene (CNCMH), later to become the Canadian Mental Health Association, which MacMurchy helped to found, focussed on improving the race. Proponents focussed on hereditary weaknesses as the cause of antisocial behavior, crime, and even poverty. In the heyday of immigration, prior to the First World War, reformers located the source of eugenic contamination in the free flow of immigrants entering the country. By the interwar period, however, reformers were more willing to see the problem as internal, and some began to pin their hopes for racial improvement on the prevention of insanity and feeblemindedness via healthy childrearing practices.

But the idea of eugenics extended much further than the CNCMH. As Angus McLaren points out in Our New Master Race, eugenics was a popular ideology for middle-class reformers. Those who emphasized environmental improvements, as well as those who sought to breed heredity weaknesses out of the human species, advocated a diverse program of reforms, all in the name of race betterment. Eugenics' appeal lay in its "scientific" explanation for the many social problems being experienced by a society in the midst of industrialization, urbanization, and immigration, an explanation which provided the rationale experts needed to pursue an ameliorative program of reform that did not challenge the basic socio-economic structures of society.

MacMurchy's investigations into infant mortality, her role as the province of Ontario's special inspector of the feebleminded from 1906 to 1919, and as assistant inspector of Prisons and Public Charities, together with her efforts to improve maternal mortality, place her in the forefront of the eugenics-public health alliance. In fact McLaren features MacMurchy as an example of the impact of eugenics on public health.

However, there is another dimension to MacMurchy's commitment to eugenics which derives from her maternal feminist concerns. MacMurchy's appointment as inspector of the feebleminded in 1906
was the result of lobbying by the National Council of Women, who saw the problem of the feebleminded as a women’s issue. MacMurchy took up the cause by focussing in particular on unwed mothers, whom she labelled feebleminded. In her view, these feebleminded women were sexually deviant, victims of male sexuality, whose illegitimate children in turn victimized society with their inferior genetic makeup. MacMurchy warned of the dire consequences of allowing the alarmingly high rate of reproduction among this degenerate group to continue. However, MacMurchy wanted more than to save society. She also wanted to save her idealized version of maternity from association with the sexually deviant woman. By labelling unwed mothers feebleminded, institutionalizing them, and taking their children away from them, such women could be kept separate from the brave, heroic mothers MacMurchy wished to address in the Blue Books. Eugenics appealed to MacMurchy because it promised to elevate maternity from a lowly instinctual function, confined to the private realm, to one fraught with nationalistic implications, which offered women, as mothers, the role of savior of the race. “Expert” women like MacMurchy could play a prominent role by preserving and defending this idealized maternity.

**DISTRIBUTION OF THE BLUE BOOKS**

Figures from the Department of Health indicate that the Blue Books enjoyed a widespread distribution. The Blue Books were initially distributed through the district registrars in each province who sent a request card to every mother upon registering the birth of her child. The mother could then return the card to the department, postage paid, and the books she selected would be sent to her free of charge. MacMurchy often referred to the touching letters she received from mothers, as evidence that indeed “mothers want to learn,” and claimed that the bulk of the Blue Books’ distribution was through these cards.

However, to confuse matters, MacMurchy also credited a number of groups and individuals in helping to distribute the Blue Books. Middle-class and rural women’s groups such as the Women’s Institutes, the Fédération des Femmes Canadienne Françaises, the Independent Order of the Daughters of the Empire (IODE), and the Women’s Section of the Grain Growers Association were prominent in the list of voluntary agencies whose help in distributing the Blue Books MacMurchy acknowledged. As well, many of the provincial departments of health, the Red Cross, the Victorian Order of Nurses (VON), and the Salvation Army ordered the Blue Books for use by public health nurses. MacMurchy also noted that the Blue Books were used in normal schools, frequently requested by the clergy and social service
The Blue Books, Helen MacMurchy, and the Department of Health 211

Nursing and medical professionals did take advantage of the government literature, and, according to the Division’s annual reports, the Blue Books were used as teaching aids in nursing schools. The relative distribution of individual requests versus agency handouts is unknown.

The total distribution of all of the Blue Books averaged about 300,000 per year over the period 1920-34 when the Division was disbanded. Since many mothers ordered more than one, however, this figure does not tell us the number of mothers reached by the advice. Those who received the Canadian Mother’s Book, by far the most popular and comprehensive of the series, is a better indication. In 1926, 72,346 mothers received this publication, and of that number approximately 60 percent received the English version (39,886) and 40 percent (32,460) the French translation. Given that the number of births in that year was approximately 250,000, this means that nearly one-third of all Canadian women giving birth in that year received the literature. While one cannot assess the level of acceptance of the advice offered from these figures, it is clear that it was going to a large number of Canadian mothers, working class as well as middle class, urban as well as rural.

It is interesting to note that the distribution of the French translation of the Blue Books is higher than what one would expect given the population distribution. While 40 percent of the Blue Books were distributed in French, only 27.9 percent of the population of Canada was French-speaking according to the 1921 census. This is somewhat surprising when one considers that the Blue Books were merely translated into French, with no apparent attempt made to accommodate cultural differences. MacMurchy herself was Toronto-born and bred, was apparently not bilingual, and showed no special knowledge or understanding of French-Canadian society. Perhaps this indicates a greater interest in maternal and infant welfare in Quebec as a result of its higher birth rate, or it may reflect the activity of rural women’s organizations such as the Cercles de Fermières, in getting the message out to French-Canadian women. It may also simply reflect a lack of provincial and/or municipal literature as could be found in other provinces such as Ontario and British Columbia.

THE MESSAGE

Rather than containing any original thought, the Blue Books reflected an amalgamation of ideas from diverse sources with a hint of their author’s idiosyncracies mixed in for flavor. It is clear that MacMurchy was already well versed in the national and international literature on maternal and child welfare before taking up her new post at the
Department of Health. Nonetheless, she reported in her division's Annual Report for 1921 that before writing the Blue Books, she obtained information and publications on child and maternal welfare from all the provinces of Canada and most other nations in the civilized world, and that she received and studied 3,690 communications. Revisions to the Blue Books were later submitted to "about twenty persons, including a number of Canadian mothers and fathers in their own homes in different provinces," MacMurchy noted. Something of a "populist," MacMurchy never forgot to consult her audience, the Canadian mother.

How do the Blue Books differ from earlier medical advice, which for Canadians came mostly from Britain and the United States, and what does this tell us about those involved in the enterprise of educating mothers? The Blue Books' most obvious point of departure is the very fact of their official status. Not only did this allow the advice to be directed to a much larger audience, but it legitimized the message. The Blue Books represented the Canadian government's first acknowledgment of responsibility for the health of children and their mothers. The government added its voice to a similar message coming from advertising and general domestic advice literature in women's magazines—which also advocated modernization of homemaking and maternal skills through domestic technology, new products and services thereby strengthening the force of such advice. Earlier maternal advisors whose conflicting and divergent opinions made them easier to ignore, contrasted with the childcare advice literature of the 1920s which spoke with a unanimous voice, bolstered by the growing authority of medical science.

What did the Blue Books offer the average Canadian housewife and mother? On the positive side of the ledger, they gave mothers the knowledge to improve the health of their children, mental as well as physical, and to lessen the risks inherent in childbirth. On the negative, they imposed exacting standards.

Despite the Blue Books' new-found concern for the child's psychological health, their primary concern remained prevention of infant death and disease. Like their predecessors in the advice field, the Blue Books stressed the old essentials of healthful living: fresh air, sunshine, good nutrition, rest, recreation, and a clean, well-ventilated environment. All of this was to be reinforced by a good dose of regimentation, particularly of young children who, it was felt, needed to form good health habits to ensure fitness for life. This behaviorist approach to health meant strict schedules for feeding infants every three to four hours with no night feedings, the prohibition of between-meal snacks, strictly enforced bedtimes giving children the prescribed number of hours sleep according to their age category, and
very early toilet training to ensure the regular daily bowel movement, at the same time every day.\textsuperscript{58}

The old-style moralism of equating health with moderate habits had of course to be updated to make room for the newer sciences of bacteriology and immunology. The immunization of children against diphtheria and smallpox was advised in the Blue Books. Good nutrition was transformed from common sense to a scientific understanding of the vitamin and caloric content of foods. Charts also were given to indicate the exact weight and height required of children according to their age category.\textsuperscript{59}

Frequent appeals to consult the experts, however, clearly strengthened the profession's authority over maternal and child health and undermined women's sense of competence. Gone were the earlier recipes for home-made medicines,\textsuperscript{60} and the amount of medical information offered was severely curtailed. The mother was instructed to turn to her doctor for advice and care from early pregnancy on. She was to have prenatal supervision in order to check blood pressure and urine for signs of dangers, and if possible, to have a doctor present at the birth of her child. The scientifically trained physician alone was armed with the knowledge needed to prevent puerperal sepsis, toxemia, and other hazards of maternity.\textsuperscript{61} Prevention of childhood illness and mental illness also involved frequent consultation with the family doctor.

The Blue Books brought to parents the liberating message that childhood diseases need not be fatal. However, such knowledge brought with it an onerous new responsibility. The ironies of the preventive health message are nowhere more glaring than in the pamphlet on infantile paralysis (poliomyelitis) in which MacMurchy tells mothers "Don't Be Afraid, Be Prepared."\textsuperscript{62} But the knowledge needed to control this much-feared childhood disease required early detection. If the child showed any of the disease's early symptoms such as headache, poor appetite, vomiting, diarrhea, pain, sore throat, sore neck or back, etc. the doctor should be sent for immediately. As the symptoms of this invisible enemy could so easily be confused with the countless colds and flus which children frequently get, and as most working-class Canadians found physicians' fees prohibitive, this was indeed asking more than most mothers could give. Should the child become ill with this now preventable disease—a situation which MacMurchy stressed should not happen—it was the mother, as the designated healthcare provider for the family who must bear the responsibility. Guilt was the inevitable outcome.

Not only did this stress on professionalism undermine women's authority, but it created generational conflict as daughters were asked not to take the advice of their mothers, who were often a source of help
as well as knowledge. While the Blue Books were sympathetic, if a little paternalistic in their tone, and refrained from blaming poor health on maternal ignorance alone, they did instruct women to ignore traditional sources of advice and apprenticeship. As Veronica Strong-Boag puts it, "Attacks on women's competence as nurturers of infants and small children undermined one customary basis for public and self-esteem." One might add that women had few bases for self-esteem outside of motherhood.

The Blue Books clearly reinforced maternity as the primary role for women, bolstering the conventional family structure which assigned sole responsibility for childrearing and the health of the family to women. Women were to devote themselves entirely to their families. "Never mind other things just now," MacMurchy tells the new mother, "the baby is all important." But at the same time mothers were discouraged from excessive emotional involvement. "Don't pick up the baby every time he cries," the Blue Books advised, "This is the way to teach him to cry every time he wants amusement."

**SAVE THE MOTHER AND SAVE THE BABY**

MacMurchy's attempts to soften the blow to women's self-esteem have received less attention by historians. Whether intentional or not, MacMurchy's glorification of maternity led her to advocate certain limited domestic "rights" for the mother, which amounted, at least theoretically, to significant reforms to the patriarchal family.

Maternal health reform remained closely tied to efforts to save the baby. Clearly the health of the mother was crucial to the child's well being, for it was she who nurtured the foetus before birth, was responsible for its care after birth, and held the family together. MacMurchy was almost morbid in her belief that the mother was central to the child and the family's survival. In her pamphlets on maternal mortality for example, she recounts several stories of tragic maternal deaths which led to neglected children, while the father invariably succumbed to the evils of drink.

This need to focus on the mother had implications for women. In order to justify improvements in maternal health care, MacMurchy attacked the low status accorded to maternal/domestic work, as performed by both the mother and mistress of the home, as well as the domestic servant who assisted her, if she should be wealthy enough to employ one. Following the lead of other domestic reformers, MacMurchy used the language of the public sphere to "elevate" motherhood to a "profession" deserving of greater respect. In one of her booklets on the prevention of maternal mortality, MacMurchy asks the farmer, the businessman and the laborer to assess the economic value of his wife. "Are you a business man?" asks MacMurchy,
Then it will interest you to know of a national loss that you can save. No doubt you advertise. To whom are your advertisements addressed? Isn't it to the Canadian Mother? She is the spender and the saver. She pays out most of the money for the family and home. If she dies the home is often broken up.

"Are you a farmer?" asks MacMurchy. Then "you know the worth of your wife in the farm home, and in your dairy business, and in the poultry business, and in your accounts, and in keeping everything going in the house and farm." To the working man she says, "Your wife is your big backer," and your home your chief treasure.

For women readers, already performing traditional maternal domestic work, such rhetoric offered confirmation of the value of their role—to the larger community, as well as to their individual families. But more than this, MacMurchy made demands on husbands, doctors, and the general public to recognize maternal labor and to value it more highly. MacMurchy asserted mothers' rights in concrete terms by advocating for women the same basics of healthcare that the children were to receive, particularly rest. Her experience of conducting a major study on maternal mortality in 1925-26 confirmed her belief that exhaustion was a major contributing cause in maternal deaths. MacMurchy thus advised women to refrain from heavy physical work such as laundry and farm work in the late stages of pregnancy, and for six weeks postpartum. She also advised all women to keep their housework within an eight-hour day, taking a rest period in mid-afternoon. Borrowing from, and expanding on, domestic reform literature, such as Christine Frederick's *Scientific Management in the Home*, MacMurchy also encouraged the use of rational and/or scientific methods of housework with a view to lessening domestic labor.

Believing that the message of maternity's value must be addressed to men because "women won't listen," MacMurchy appealed alternately to a sense of justice, telling men that "a complete system of lighting and a modern bathroom can be installed for less than the cost of a Ford motor," and to self-interest by telling them that labor-saving machinery costs less than a funeral. In the Blue Books which dealt with maternal care, husbands were lectured on the need to provide running water in the home and labor-saving appliances, particularly the washing machine, to lessen the heavy load of manual labor which laundry occasioned.

To protect mother from the fatal effects of overwork, MacMurchy also suggested that both father and children could learn to pick up after themselves: "Too unselfish mothers may make selfish children. Teach your children to help you and to help themselves. Don't do anything for them that they can do for themselves." Such advice was also designed to encourage family members to respect mother's time:
If all the family are allowed to devour Mother's own time, they will not appreciate her as they should nor as they will if it is a family tradition that when mother sits down with a book, newspaper or magazine in her own room or in her own rest corner in the kitchen, she is no more to be disturbed than Father when he reads his newspaper at night.79

MacMurchy even went so far as to suggest that father might help with the care of the children. If mother was busy preparing breakfast, then father should dress the children in the morning, suggested the Blue Books.80 At meal times father could help feed some of the children, as well as occasionally “babysit” the younger ones to give his wife some much-needed rest and recreation away from home.81 Given that home economists and other household advisors of the period such as Christine Frederick were cautioning women against expecting the father to do anything more than “bring home the bacon,”82 MacMurchy’s proposals appear somewhat farsighted in this respect.

Further, MacMurchy argued that mother take a fair share of the family’s resources. She was especially adamant that mother get her share of nutritious food, cautioning women against sacrificing themselves at the dinner table for the sake of their families: “But what we are afraid of is that you will use the tea tray to camouflage your position so that everybody gets better fed than mother, and she deprives herself that they may get more. Don’t do that.”83 In order to ensure an equitable division of family resources, MacMurchy also advocated a degree of financial autonomy for the housewife and mother. MacMurchy suggested that the homemaker should be the family’s financial manager.84 After all, the mother who enjoyed financial responsibility was more likely to spend money on both health care for herself and her children, and domestic technology and/or assistance to lessen her workload, than the woman who was only allowed a meagre household allowance.

Not surprisingly, structural changes which might have addressed the inequalities between mothers and public sphere workers were not called for. How, Canadian mothers might ask, were they to enforce the domestic reforms the Blue Books advocated? MacMurchy is largely silent on this issue, but her pleas to the husband leave the impression that maternalist rhetoric provided women with few tools, except perhaps moral suasion, with which to exact concessions from reluctant patriarchs. “We have almost given up hoping that the women will listen to us,” says MacMurchy,

She looks at us—Mother does—when we tell her how to take care of herself, and the shadow of a smile appears at the corner of her mouth. What does that smile mean? Something like this—“What would my husband say?” “What would my mother-in-law say?” “What does the Doctor know about it? Hav’n’t I got the washing to do today and the ironing tomorrow and are’n’t the children coming home from school at 12 o’clock hungry for their dinners?”85
How did Canadian mothers respond to MacMurchy's efforts to professionalize their work, as a means to gaining greater respect and recognition? Did MacMurchy, the single, childless, professional woman who made a career out of advising mothers on professionalization in the home, merely remind Canadian mothers of the ways in which maternal/domestic labor fell short of the ideal? The lack of any monetary value or other measurement attached to housewives' labor, save a generalized sense of the social and psychological importance of family life, as well as their lack of formal training, except what little they attained through poorly regarded domestic science classes and the reading of the Blue Books, compared unfavorably with recognized attributes of professional autonomy. Further research is needed into this question. While we know that skilled workers responded unfavorably to scientific management in the factory due to its de-skilling process, we do not know if women doing domestic/maternal labor responded differently. One historian has recently suggested that nurses, because of the complexity of relationships involved in their work, welcomed scientific management as a way to control the demands on their time, and as a means for enhancing their "professional" status.

THE OUTPOST WOMAN AND PROFESSIONAL PREROGATIVES

But if Canadian housewives encountered obstacles to domestic reform in the home, MacMurchy encountered similar roadblocks in the professional domain. In her advisory position in the Department of Health, MacMurchy had many masters to serve, and little real authority. The federal Department of Health's "solution" to the problem of providing medical care for new mothers in outpost communities illustrates the limitations on MacMurchy's exercise of leadership in infant and maternal health reforms.

As a eugenicist and Canadian nationalist, MacMurchy was happy to portray northern and rural life in a positive light in the Blue Books. Numerous pictures of children playing outdoors in the snow are featured, and in a pamphlet on prevention of rickets, a baby from the Peace River area is shown sitting on the step of her snowbound home, getting her dose of Vitamin D for the day. In it MacMurchy sets down a regime of indoor and outdoor airing for the baby. The needs of the sturdy pioneer, engaged in breaking new paths in the rugged outpost, were specially addressed in a pamphlet entitled How to Make Our Outpost Home in Canada. Yet behind this brave rhetoric, MacMurchy inadvertently revealed her misgivings about sending women of childbearing age into isolated areas far from the very medical services she insisted were essential to women's health. MacMurchy gives some
uninspiring advice to prospective pioneers, telling them, "think twice before you go and live and make your home more than fifteen miles away from any Doctor."90

Due to the scarcity and high cost of medical practitioners in isolated areas, many Canadian women faced childbirth alone and in fear.91 As one woman described her experience, "Never until my dying day shall I forget the agony of knowing that if anything went wrong I hadn’t a chance."92 Women’s groups responded to this problem by advocating the licensing and education of competent midwives for poor and isolated women.93 As midwives of widely varying degrees of competence were already attending a large proportion of births in Canada in the 1920s,94 such a recommendation would have necessitated only the recognition of an existing practice. More importantly for the welfare of Canadian mothers, such a move would have allowed midwives to gain much needed training. MacMurchy had herself advocated the licensing and training of midwives in her 1911 report on infant mortality,95 in the hopes that this would reduce maternal mortality.

However, most physicians viewed midwives as a threat to their practice, characterizing them as ignorant and unclean.96 Most physicians opposed any recognition of midwifery which might lend midwives the legitimacy to practice, and refused to consider training them. The public health profession, which was generally more sympathetic to midwifery, nonetheless saw the support of physicians as essential to its success. Therefore the Blue Books sided with the majority of physicians on the contentious issue of midwifery, and bolstered the medical claim to a monopoly on obstetrics and gynaecology.

In response to requests received from the Home Branch of the Soldiers’ Settlement Board for help for mothers in outpost areas “who fear that medical and nursing aid may not be available at the time of birth,”97 the Department of Health had MacMurchy write a supplement to the Canadian Mother’s Book. This pamphlet, which was directed primarily at the “neighbour woman” who was to attend the birth, was in essence a manual of midwifery, although it was not so called. Neither was the “neighbour woman” dignified with the title midwife, although her duties were clearly those of a midwife. MacMurchy’s pathetic references to what to do “until the Doctor arrives,” despite her certain knowledge that in most cases no doctor would arrive, concede the legitimacy of physicians’ claims to a monopoly on obstetrics, despite their absence from outlying areas. Unlike the Blue Books which imparted as little medical information as possible particularly concerning childbirth, the Supplement explained the various stages of labor and advised the helper of what to do and what to expect. By contrast, the reader of the Canadian Mother’s Book got a lengthy discourse on the value of sterilizing everything that came near mother and baby,98 and a chorus of “call the Doctor” in answer to every imaginable problem.
The Supplement was clearly meant for exceptional cases only. Stamped on its front cover, in bold letters, were the words, FOR DISTRIBUTION BY DOCTORS AND NURSES ONLY. One thousand copies of the supplement were issued in September 1923; following suggestions from nurses and doctors, a revised edition came out in February 1924.99 As one health official put it in an address to members of the Dominion Council of Health:

There is an appendix to the Canadian Mother’s Book intended for mothers in districts where they cannot get doctors or nurses to look after them. This book is to be distributed where proper help cannot be given to the mother in the way of nursing and medical attention. It is perhaps just as well not to give this book out broadcast. It is to be left to you gentlemen or any others who come in contact with those kind of cases.100

Such a book was a paltry substitute for individual care, and the department’s wish to keep quiet about even it, indicates a willingness to sacrifice the needs of women to the demands of physicians. Further, one must remember that the problem of outpost women was merely the most visible and politically problematic aspect of a larger problem. Many poor women also found doctors’ services inaccessible. The Health Department received angry letters from parents who could not afford the $25 which physicians charged for delivering a baby in this period.101 No attempt was made to address this problem and poor women continued to rely on the services of untrained midwives.

PHYSICIANS AND PREVENTIVE MEDICINE

While MacMurchy faithfully followed professional protocol by advising mothers to consult their doctors for pre- and postnatal care, it is questionable whether the medical profession was ready to accommodate itself to its expanded role in obstetrics and pediatrics. One letter from a grieving mother suggests that at least one medical practitioner was not in line with the Blue Book’s vision of preventive medicine. This mother reported that she followed the prenatal advice, breastfed her child, and took him to a doctor when he developed diarrhea, a common cause of infant death. The doctor, however, did nothing, the condition worsened, and by the time she took him to a second doctor, it was too late, and the baby died.102

It appears that MacMurchy, in preaching the virtues of pre- and postnatal care, was pushing the medical profession to upgrade its services, as much as she was educating the public. For instance, MacMurchy reported in her study of maternal mortality that:

Many doctors and nurses say they believe in pre-natal care, but their actions speak louder than their words and it is well known that some mothers who have been persuaded, often with difficulty, to consult a Doctor for pre-natal
care have been dismissed by the Doctor without any directions about examination of the urine and without any arrangement to see her again even for the estimation of blood pressure and pelvic measurements.\textsuperscript{103}

While MacMurchy acknowledged the less than satisfactory state of medical training in pediatrics and obstetrics/gynaecology and advocated improvements,\textsuperscript{104} she was relatively powerless to do much about it. In keeping with her faith in education, however, MacMurchy wrote numerous articles in the medical press urging physicians to take maternal care more seriously. She also distributed her maternal mortality report to all physicians in Canada.

Private practitioners and public health activists also parted company on the issue of breastfeeding as a preventive measure against infant diarrhea, a major cause of death. Evidence suggests that physicians were not that committed to maternal nursing, and were ill-equipped to advise patients on problems encountered in breastfeeding. Most physicians were far more likely to put babies on infant formulas, than to advise patients on breastfeeding, a skill which had been traditionally passed on from woman to woman. Not discussed in medical school, breastfeeding was largely outside the expertise of the average physician.\textsuperscript{105} Despite this, MacMurchy gave the responsibility to the physician and/or nurse attending the birth to see that the mother nursed.\textsuperscript{106}

**Eugenics and Mental Health Reform**

Reflecting the newly politicized concerns of the mental hygiene movement, the advice literature was beginning to broaden its preventive message from an earlier preoccupation with the physical survival of infants during their first year, to a broader concern for the overall health, mental as well as physical, of children up to school age.\textsuperscript{107} While good mental health was considered to be a function of good physical health, ensured primarily through the provision of sunshine, fresh air, exercise, and good nutrition, the Blue Books added to this the growing child’s need for a supportive and stimulating environment. Parents were encouraged to develop a relationship with their child based on sympathy and understanding rather than on harsh discipline and authority. Patience was needed in dealing with children whose ideas, wishes, wants, and ambitions were sometimes too big for them to put into the few words they knew, parents were cautioned. And the importance of play to the development of physical and mental powers was emphasized, reflecting a new sensitivity to the child’s perspective.\textsuperscript{108}

This new health standard, encompassing mental as well as physical health was clearly incompatible with the long-standing promotion of pro-natalism as a strategy for both political and economic growth, as
well as racial improvement through promoting reproduction among the "fit." High standards of nutrition, cleanliness, and childcare increased women's workload just when, for the sake of race betterment, they were supposed to guard against overwork. If one adds up the number of hours needed to provide the Blue Books' standard of care, compliance appears difficult, and in the case of lower income Canadians, probably impossible. Nursing the baby alone would take three hours per day, and MacMurchy advocated nine months of maternal nursing. This was essential to the baby's health, and was MacMurchy's principal means of attacking infant mortality. Meal preparation was generally conceded to take six hours per day. In addition, the average mother would spend at least one hour per day keeping the family clean. The Blue Books advised that the baby get a full bath in the morning as well as a sponge bath later in the afternoon. As cleanliness was a crucial component to maintaining good health, both mother and the older children were also to have a bath every day if possible. As a conservative estimate, we can add another four hours to this daily schedule for laundry, ironing, baking, housework, shopping, sewing, seasonal work such as canning, and the care of children and/or other family members during occasional illnesses. And the Blue Books' home nursing standards were extremely demanding! Adding further to the expanding workload were demands for high standards of childcare. Supervision of children during play periods in order to avoid accidents, and to keep babies from putting unsterilized objects into their mouths, added to the workload. To meet these standards, a woman would need to squeeze at least 14 hours' work into MacMurchy's prescribed eight-hour day!

Here MacMurchy's background as a professional public health activist, teacher, and former inspector of hospitals, prisons, and schools, and her lack of homemaking experience, are too clearly reflected in her advice. The Blue Books' rigid standards of cleanliness would be more appropriate to large-scale institutions such as schools, hospitals, etc. where large population density warranted such precautions and larger staffs made them possible. The efforts to impose the standard of the public sphere on the home often led to unrealistic standards.

Middle-class women who could afford a full-time servant, and/or domestic technology, might attempt to meet at least some of these standards; many, however, may have rejected at least some of the advice as unrealistic. The barriers to achieving the ideal health standards were, of course, much greater for working-class families, who could not afford servants, or doctors' fees, and poverty clearly exacerbated the demands on women to provide the ultimate in a healthful living environment for the family. Neither a second income nor reduced
family size were viable options for adherents to the Blue Books, as a means of balancing the conflicting demands. While the Books did not mention birth control, MacMurchy's known opposition to it is reflected in her idyllic images of large, happy families, and her pronouncements on the unenviable position of the only child.

Yet the Blue Books' stress on quality childrearing and the heightened sensitivity to mental health meant that parents should spend more time with their children. Ironically, many of the pictures depicting childrearing show the mother with only one child. Clearly the small family was more conducive to the Blue Books' child-centred approach. While MacMurchy allowed a role for the older, usually female child in helping to care for the younger siblings—the "little mother"—this concession to the old-style family was becoming increasingly incompatible with modern society. Compulsory education and a redefinition of childhood precluded assigning any major responsibilities to children in helping with the care of younger siblings. Nor could children any longer contribute to a family's meagre wages, as restrictions on child labor were being increasingly enforced. Children were becoming a financial liability for a much longer period of time. Average Canadians, who had to contend with very real pressures to restrict their family size, undoubtedly ignored much of this advice.

Similarly, the Blue Books' opposition to women's labor outside the home put unrealistic pressures on working-class and rural families. On the grounds that it inhibited maternal nursing, the Blue Books advised against mothers performing waged labor, or even helping their husbands with farm labor. Given that waged labor by other members of the family often meant economic survival for working-class families, and that women's labor on the farm was often crucial during the busy planting and harvesting seasons when help was hard to get, this advice ran contrary to accepted working-class and rural practices.

The emerging ideal of the companionate marriage added further stress. The Blue Books did not explicitly address this problem; nonetheless, the role tension caused by a wife's duty to be both a companion to her husband and a mother to her children, on top of her housekeeping duties, is evident. The Blue Books warned Canadian women against sexual intercourse during certain stages of pregnancy, advised separate beds, and warned husbands against interfering with the lengthy periods of maternal nursing which the Blue Books prescribed. It is clear that MacMurchy placed maternal and child welfare on a higher plane than the relationship between husband and wife, although her ambivalence about the husband/father role shows through. On the one hand, she advocates an increased paternal role in childcare, and insists the husband take care of his wife's health, but on the other hand, she portrays fathers as hopelessly incompetent and irresponsible in the face of maternal death.
Such contradictions illustrate the gulf between the practical realities of family life, newly inspired by mental health reforms, and the rhetoric professional women used to imbue motherhood with greater significance. Eugenics called for larger families at the same time as it called for smaller ones.

PUBLIC HEALTH—IS EDUCATION ENOUGH?

The Blue Books also illustrated the inadequacy of the public health program which offered Canadians the knowledge of prevention, but failed to address social inequalities which prevented them from achieving it. Where “education” was an inadequate response to the problem, advice literature could appear absurd. For example, the Blue Books’ advice on pasteurization of milk merely highlighted inequalities between urban and rural households, failing to offer a practical solution. In order to pasteurize one’s milk supply at home, as the many small-town and rural Canadians who could not buy pasteurized milk were advised to do, the housewife was instructed to heat the milk to a temperature of 145 degrees Fahrenheit and keep it there for 30 minutes. She was also advised that pasteurized milk should not be kept longer than 24 hours before using and must be kept cold, at 40 degrees or lower.\(^\text{118}\) Given that most rural homes and many urban and town homes were equipped with coal or wood stoves on which heat was difficult to regulate, and that only a very small minority of homes had mechanical refrigerators, and many lacked even an icebox save the back porch in winter and root cellar in summer, such advice was useless. Yet, the inescapable fact remained that pasteurization of milk was an important preventive measure against the spread of many diseases, and this knowledge only served to put unrealistic pressures on rural readers of the Blue Books.

How did Canadians respond to these contradictions? While in the short run, and on an individual level, advice literature may have produced despair, anxiety, or more frequently indifference, in the long run the contradictions may have focussed discontent with health care services in Canada. The Blue Books’ advice, clearly out of accord with working-class realities, may not have been out of accord with its ideals and aspirations. The inherent injustice of disseminating the knowledge of nutrition’s role in health, for example, without providing the means to attaining it, was addressed in one letter from a Canadian mother which appeared in Chatelaine magazine during the Depression.\(^\text{119}\) This woman identified herself as a “Canadian mother and the recipient of more free advice than any mortal on earth.” Thanks to advice literature such as the Blue Books, this Canadian mother knew that foods used in body-building would decide whether her seven children, including twin infants, would be an asset or a burden to her
country. She also knew that milk was essential to children for the growth and strength of teeth, bones, and fingernails. On relief, this woman was provided with groceries but no milk, nor meat except dried cod, nor any fresh fruit or vegetables—all essential to good health.

After appealing to the Relief Board, this Canadian mother was allowed two quarts of milk per day. Of this, the twins took two-thirds of a quart each per day, she reported, and the rest was fed to the other five children, "a teaspoon at a time as medicine." Her bitterness is apparent in this remark: "If I raise up 15 sons for my country on a working man's wages—while my neighbour raises one on a larger income—I get 15 Mothers Books, a picture of my large family in the paper, and a few lines about my loyalty and devotion to my country.""121

While MacMurchy did advocate better wages, mother's allowances for widowed or deserted mothers,122 and promoted public health nursing and women's own community-based efforts to meet their needs, such measures were clearly outside of her jurisdiction as Chief of the Child Welfare Division of the Department of Health. This tells us much about the marginal position of public health vis-à-vis the medical profession and government, as well as the low priority given to the women's issues of maternal and child welfare within public health.

CONCLUSION

MacMurchy's role was clearly one of advisor and conciliator of interests. As a professional woman whose role in public health, medicine, and government was restricted to educating mothers, she had little real power. Thus, it is not surprising that MacMurchy's contribution to advice literature reflected conventional wisdoms of her day, that is, that maternity remained women's primary role, and that improvements to maternal and infant health must be achieved without threatening professional prerogatives. After all, the advice was government sponsored and medically approved. Despite these constraints, however, MacMurchy's advice may not have been as ineffectual as it often appears, when seen from the perspective of the individual reader. MacMurchy did attempt to represent her female constituency, with demands for improved health care, working conditions, and status for women—propaganda which may have given women some leverage to renegotiate relationships within a changing family structure. Particularly interesting is the subtle undermining of pronatalism, and perhaps to some extent patriarchal authority in the home, through promotion of higher mental and physical health standards for mother and child. MacMurchy's message also had an impor-
tant impact on medicine by making specific demands of private medical practitioners to heed the public health message, and on government by recognizing the legitimacy of infant and maternal health reform.

The Blue Books also helped to fuel and channel political demands for improved access to medical services. By endorsing the medical monopoly over health care, especially for obstetrical and prenatal care in isolated “pioneering” communities, the federal government was forced to consider the problem of restricted access to “essential” medical services. In Canada, political pressure to incorporate preventive health “education” into the existing system of private medical practice, eventually led to compulsory medical insurance for all Canadians—one method of resolving the tensions within the public health movement which MacMurchy inadvertently reflected in the pages of the Blue Books.

NOTES

* The author wishes to thank Drs. Toby Gelfand and Meryn Stuart for their comments on earlier drafts of this article, and to acknowledge the financial support of the Hannah Institute for the History of Medicine.


10 The initial series included: The Canadian Mother's Book, How to Take Care of the Baby, How to Take Care of Mother, How to Take Care of the Children, How to Take Care of Father and the Family, Beginning Our Home in Canada, How to Build Our Canadian House, How to Make Our Canadian Home, How to Make Our Outpost Home in Canada, How to Prevent Accidents and Give First Aid, Canadians Need Milk, How We Cook in Canada, How to Manage Housework in Canada, How to Take Care of Household Waste, and Household Cost Accounting in Canada (Ottawa: Department of Health).


12 This was requested by the Dominion Council of Health, "Report of the Work of the Department of Pensions and National Health," Sessional Papers (Ottawa, 1933), p. 113.

13 James Struthers, No Fault of Their Own: Unemployment and the Canadian Welfare State 1914-1941 (Toronto, 1983).

14 The Canadian Council on Child and Family Welfare was under the direction of Charlotte Whitton, a social worker who was not well received by the public health and medical representatives. The Division was reformed in 1938 under Dr. Ernest Couture, an Ottawa pediatrician. See P. T. Rooke and R. L. Schnell, No Bleeding Heart, Charlotte Whitton, a Feminist on the Right (Vancouver: University of British Columbia Press, 1987), p. 93-94.


18 For example, she wrote in the Canadian Medical Association Journal, the Canadian Public Health Journal, and Chatelaine, and after her retirement from the Department of Health, wrote a well-baby column for the Canadian Home Journal, from 1930 to 1944. She also wrote The Almosts: A Study of the Feebleminded (Boston: Houghton Mifflin, 1920), and Sterilization? Birth Control? A Book for Family Welfare and Safety (Toronto: Macmillan, 1934).


For example in public health work, the nurses were seen as pivotal to reaching the mothers (Stuart, “Ideology and Experience,” p. 112). See also Cynthia Abeele, “The Mothers of the Land Must Suffer: Child and Maternal Welfare in Rural and Outpost Ontario, 1918-1940,” *Ontario History*, 80, 3 (September 1988): 183-205.


See MacMurchy’s reports on the feebleminded, 1907-20 in the Ontario Sessional Papers.


Evidence from remaining Department of Health files indicate that, at least by 1933, when the work of the division was transferred to the Canadian Council for Child and Family Welfare, the majority were distributed via public health officials. This may not have been the case in the beginning, however. (National Archives of Canada, Department of Health Records, RG 29, Vols. 989-93.)


No credit is given to the translator until 1929 when the translation of MacMurchy's *Mother: A Little Book for Men* (1929), *Maman, une brochure pour les hommes* is credited to Maurice Morisset.

Representatives for Quebec at the Dominion Council of Health Meetings reported on several health units in rural areas which had been successful in reducing infant mortality. These were held up as models for other provinces to follow. Public health professionals were trying to consolidate the work of the many small rural, part-time Medical Officers of Health into larger "health units" which could employ a full-time officer, and some public health nurses (National Archives of Canada, Dominion Council of Health minutes, 22nd Meeting, 23-25 June 1931, Microfilm A9814).


For example, the Ontario government began publishing *The Baby* in 1917 and the active Toronto Public Health Department also published literature for mothers (Arnup, "Educating Mothers"). In British Columbia provincial health authorities also published a series of "letters," giving women information on infant and maternal health. (See Nora Lewis, "Reducing Maternal Mortality in British Columbia."


Hardyment, *Dream Babies*, p. 46.


72 MacMurchy, *How to Take Care of Mother* (1923), p. 5.
74 MacMurchy, *How to Take Care of Mother* (1923), p. 17.
75 Christine Frederick, *Efficient Housekeeping or Household Engineering, Scientific Management in the Home* (Chicago: American School of Home Economics, 1925); and MacMurchy, *How to Manage Housework in Canada* (1926).
76 MacMurchy, *How to Make Our Canadian Home* (1927), p. 29, 44.
77 MacMurchy, *The Canadian Mother's Book* (1936), p. 44.
81 MacMurchy, *How to Take Care of Mother* (1923).
86 Working-class women who sometimes had to work outside the home, or send their children out to work, were perhaps less committed to the traditional family, and more concerned with improving wage levels than the status of housework. And as members of the laboring class they probably felt less friendly toward the concept of professionalism. However, working-class women responded in a similar fashion to middle-class women when confronting the problems of women in the home. (See Joan Sangster, *Dreams of Equality* [Toronto: McClelland and Stewart, 1989].)
88 These appear not only in the many editions of the *Canadian Mother's Book* but also in the special publications on rickets and other childhood diseases.
92 “I Am a Canadian Mother,” *Chatelaine*, June 1933. (This letter was in response to the original letter, also entitled, “I Am a Canadian Mother” which appeared in *Chatelaine* April 1933.)
93 Buckley, “Ladies or Midwives.”
96 For example, one doctor referred to the midwife who often delivers the baby in isolated prairie regions as “some neighbour woman, generally an old dirty witch, who claims to have her papers from the old country” (MacMurchy, *Maternal Mortality in Canada*, p. 50-53, 28).
98 This was in an effort to reduce maternal mortality by preventing puerperal sepsis.
100 Dominion Council of Health, Minutes of 9th Meeting, 11-13 December 1923, National Archives of Canada, Microfilm Reel Number C-9814.


Many babies died from intestinal disturbances and infectious diseases, who were weakened by poor nutrition, or impure water or milk supplies. Bottle feeding under unsanitary conditions greatly increased the risk of infant deaths. MacMurchy's Reports on infant mortality in 1910, 1911, and 1912 stressed breastfeeding as the principal preventive measure. (See Helen MacMurchy, *Infant Mortality* [Ontario Sessional Papers No. 66, 1910]; *Infant Mortality* [Ontario Sessional Papers No. 60, 1911]; and *Infant Mortality* [Ontario Sessional Papers No. 60, 1912].)


The Blue Books told women to avoid intercourse during the third and fourth months, and from the seventh month on. Although mothers are not told the reason for this advice, it probably originated in the belief that sperm, harboured in the vagina for up to a week following sexual intercourse, could result in puerperal sepsis, either at birth or following miscarriage (*The Canadian Mother's Book* [1936], p. 27, 33, 43-44).


