# ‘FOR I HAVE EVER SO MUCH MORE FAITH IN HER ABILITY AS A NURSE’:

# THE ECLIPSE OF THE COMMUNITY MIDWIFE IN SOUTH AUSTRALIA 1836 - 1942

**Annette Summers**

**PhD, D Univ Flin, M Ed St, BN, Dip App Sci (Nurs),**

A thesis submitted for the degree of

Doctor of Philosophy of

The Flinders University of South Australia

School of Nursing, Faculty of Health Sciences

December 1995

# CONTENTS


| | | Page No. |
|---|---|---|
| List of Tables | | iii |
| Acknowledgments | | v |
| Abstract | | vii |
| Introduction | | 1 |
| Chapter 1 | The Origins of the Community Midwife in Europe and Australia | 22 |
| Chapter 2 | Midwifery in South Australia: 1836 - 1920 | 51 |
| Chapter 3 | The Destitute Asylum and the Midwife: 1840 - 1900 | 76 |
| Chapter 4 | The Beginning of Childbirthing in the Hospital in South Australia: The Queen's Home: 1899 - 1910 | 101 |
| Chapter 5 | Medicine and Nursing: The Rise of Nursing as a Sub-profession of Medicine: 1899 - 1920 | 137 |
| Chapter 6 | Medicine and Midwifery: The Campaign to Discredit the Community Midwife: 1842 - 1933 | 164 |
| Chapter 7 | The Origins and Passage of The Nurses' Registration Act of South Australia 1920: 1903 - 1920 | 194 |
| Chapter 8 | The Nurses' Registration Board and the Changes in the Provision of Midwifery Services in South Australia: 1920 - 1926 | 221 |
| Chapter 9 | Outside the Law: the Effect of the Nurses' Registration Act on Community Midwives: 1921 - 1942 | 254 |
| Conclusion | | 285 |
| Bibliography | | 300 |

# LIST OF TABLES


| Table | | Page No. |
|---|---|---|
| 1. | Matrons of the Flinders Street, Lying in Home of the Destitute Asylum | 94 |
| 2. | Confinements in 1923 and 1933 in Country Hospitals Registered with the South Australian Hospitals Association | 192 |
| 3. | Country Hospitals Established in South Australia Before 1930 | 214 |
| 4. | Systematic Lectures by Duly Qualified Medical Practitioners | 237 |
| 5. | Systematic Lectures to be Given by the Matron or Other Registered Midwife | 238 |
| 6. | South Australian Country Hospitals Established as Midwifery Training Schools by 1925 | 248 |

# DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

.....candidate

I believe that this thesis is properly presented, conforms to the specifications for the thesis and is of sufficient standard to be, prima facie, worthy of examination.

.....principal supervisor

# ACKNOWLEDGMENTS

It is not possible to complete a thesis such as this without being indebted to many people for their support and assistance. My supervisors Dr Lyndall Ryan, Dr Dennis Grundy and Dr Carol Grbich deserve particular thanks for setting a standard of scholarship which has enabled me to develop as an historian during this period of study. Each supervisor has, with kindness and enormous patience, been available to give advice whenever the need has arisen and I consider myself very lucky, and am very grateful, to have been able to draw upon the expertise of these three people.

I would like to give special thanks to Dr A.D. Byrne whose wit and insight into the early days of obstetric medicine in South Australia gave me valuable leads to my data collection. I would like to thank Marcus Brownlow for his encouragement and assistance with research and the reading of my first draft and Dr Joan Durdin for her timely advice whenever it was needed. Thanks also go to Felicity Hughes for her help with Dickens and to Professor Genevieve Gray.

For their assistance with research, I would like to thank the staff of the South Australian State Archives, especially Ms Chris Reardon. Also, I thank for their assistance, the staff of the Flinders University Sturt Buildings Library, the Mortlock Library of South Australia, the Mitchell Library in Sydney and the Menzies Library at the Australian National University. My thanks go to the Nurses' Board of South Australia, the Australian Nursing Federation, Mr Ken Goodall of the Australian Hospital Association and Ms Phil Sen of the Queen Victoria Hospital for allowing me to access their minute books and correspondence.

Special mention should go to my colleagues and friends at the School of Nursing, Flinders University, for shouldering my absence whilst on study leave. To Jenny Watson for always being there, Judith Condon for her unending support and Yoni Luxford for numerous articles and her interest.

Lastly to my family who have put up with my drive for knowledge and consequent study for the last twenty years: my mother whose help is invaluable; my children who introduced me to the wonders of the world of computers. Finally I especially thank my husband, Peter, as without his support and love this would not have been possible.

# ABSTRACT

The aim of this thesis is to examine the factors which led to the marginalisation of the community midwife in South Australia and the effects that these factors had upon the lives of women in midwifery practice at the time of the implementation of the *Nurses Registration Act of South Australia 1920*. In pursuing this enquiry, the normal provision of midwifery care in South Australia from 1836 to the 1942 is also identified. This thesis is concerned to show in narrative form, how one kind of social change can affect certain individuals and groups, in order to evaluate the cost of that change to one section of society, the community midwife.

By using primary documentary sources of diaries, letters, official correspondence and minute books, this thesis examines the provision of midwifery care from the settlement of British people in South Australia in 1836 until 1942, and investigates the gradual movement of childbirthing from the home to the hospital. This movement had its embryonic beginnings in the development of the lying-in home of the Destitute Asylum from the 1850s to the 1880s. It was enhanced by the establishment of the Queen's Home in 1902, the first formal training school for midwives in South Australia, and found its strength in the proliferation of community and country hospitals in the 1920s. The thesis establishes this context to explore the relationship between the community midwife and the local medical practitioner. It shows the importance of this relationship made in the resistance to changes to midwifery care in South Australia. By using medical and nursing journals this research examines the pathway of the professionalisation of nursing, its relationship to medicine and its subsequent effect on the practice of the community midwife.

This thesis argues that the eclipse of the community midwife can be attributed to three factors: the professionalisation of nursing and its relationship to medicine; the persuasive medical discourse on the dangers of childbirth in the light of medical knowledge; and the gradual changes in responsibility for the childbirthing woman from the household to the public sphere. Ultimately it was legislation for the registration of nurses and midwives in South Australia, in the rise of the professionalisation of nursing, which proved to be the deciding factor in the eclipse of the community midwife.

# INTRODUCTION

The role of the midwife in Australia in the 1990s is in a state of flux and the subject of public debate. The debate is concerned with women's health, women's choices and women's empowerment. Midwives today are generally employed by maternity hospitals and can be more aptly described as obstetric or maternity nurses for, despite their extensive education, they often specialise in only one specific area of the childbirthing process. They practise under the direct supervision of a medical practitioner within an institutional setting under the umbrella of the government. This is quite different to the provision of midwifery care in the nineteenth and early twentieth centuries in Australia when childbirthing took place within a home setting, with a community midwife in attendance under the umbrella of the household.

There is increasing dissatisfaction in the provision of childbirthing services today as expressed by childbirthing women and midwives. The former seek to regain control over the birth of their own children and the latter seek to gain more autonomy in the management of the childbirthing process. The definitions and role of the midwife in Australia today have not only been endorsed by midwifery organisations, but endorsed nationally by the Royal Australian College of Obstetricians and Gynaecologists and internationally by the Federation of International Gynaecologists and Obstetricians.[1] Midwives in Australia ask: why is it that midwives need their business endorsed by the medical profession? They are attempting to regain some of the autonomy they believed was possessed by midwives of the past by being professionally accredited to operate as independent midwives. But, the forces that led us as a society to institutionalise certain practices such as childbirthing are deep seated and complex and the avenues of change are equally complex. De-institutionalisation of childbirthing cannot simply come about by giving midwives accreditation to operate as autonomous practitioners. Only by examining the historical development, cultural shifts, political outcomes and the demise of the community midwife, whose lost autonomy is lamented by the

[1]Australian College of Midwives Incorporated (ACMI), Report and Recommendations from the Joint Birth Consultative Committee, 1992.

midwife of the 1990s, can answers can be provided to some of the questions posed in the debate on the present status of the midwife.

The aim of this thesis is to examine the factors which led to the marginalisation of the community midwife in South Australia and the effect these factors had upon the lives of women in midwifery practice at the time of the implementation of the *Nurses' Registration Act of South Australia 1920*. In doing so this thesis will identify the normal provision of midwifery care in South Australia from 1836 to 1920. This study does not address the provision of midwifery care for Aboriginal people already living in South Australia at the time of white settlement, except where it relates to the provision of midwifery care for British and European settlers.

In the historical period covered by this thesis there were three kinds of midwives in white South Australian society; the traditional or community midwife, the trained midwife and the obstetric nurse.

**The community midwife**

The term 'community' today is now largely without specific meaning. At the minimum it refers to a collection of people in a geographical area. It also may represent a collection of people with a particular social structure, a sense of belonging or community spirit, or it can mean all the daily activities of a community, work and non-work, which takes place within a self contained local area.[2] 'Community' is referred to, in this thesis, in its traditional context to mean a local people with the interdependence of a local culture, local economy and local environment. This interdependence was bound by trust, because of the knowledge that the

[2]N. Abercrombie, S. Hill S, B.S. Turner, *The Penguin Dictionary of Sociology*, Penguin, UK, 1986, page 47.

local group had of each other, and by the location of the community.[3] The community midwife, who was also referred to as a nurse, was a woman who operated her own independent midwifery practice within a community locality and had not completed formal midwifery training. She may well have been educated by experience, or by knowledge being passed from one woman to another or from generation to generation. She may have received current medical midwifery knowledge through the local general practitioner with whom she worked and from whom she often received a certificate or testimonial to proclaim that she was a suitable person to be a midwife. She may have also undertaken other nursing activities within the home apart from midwifery. She was mainly a middle-aged to elderly married woman or widow with a family of her own and often, as a result of the death of disability of her spouse, she relied on her work to support the family.

**The trained midwife**

The disappearance of the community midwife came about partly because of the growing notion that she should undergo formal training. This led to the second kind of midwife who emerged in the late nineteenth and early twentieth centuries in South Australia: - the trained midwife. This woman had completed formal training in midwifery within a midwifery hospital setting. The trained midwife mostly operated her own independent practice but sometimes by the early twentieth century worked within a hospital under medical supervision. This midwife eventually disappeared from the community setting and from the hospital setting with the gradual emergence of the obstetric nurse. The contemporary midwife or obstetric nurse[4] was, and still is, a woman who trained as a general nurse and who on completion of her general

[3]George Thomas, 'The Idea of a Community', a review of *Sex, Economy, Freedom and Community: Eight Essays,* by Berry Wendell, Pantheon, 1993, in *Quadrant* November 1994, page 87 - 88.
[4]Also sometimes referred to as the maternity nurse.

training undertook a course in midwifery. The obstetric nurse never operated an independent practice and always worked under the supervision of a medical practitioner.

In the era of this thesis midwifery was seen as a feminine occupation just as medicine was seen as a masculine profession. These areas still retain that gender division. The midwife or nurse therefore will be referred to as she and the doctor or general practitioner as he. While male midwives and female doctors exist today, in South Australia during the period covered by this thesis nurses, community midwives and trained midwives were almost without exception female[5]. There were some female doctors during this period, but the majority of doctors were male. Where the rare gender exception occurs, due note will be made in the text.

While it is not possible to pinpoint an exact year when the community midwife ceased to practise in South Australia, evidence indicates that the introduction of the South Australian Nurses' Registration Act of 1920 was the turning point in her demise. Despite this, a number of community midwives continued to practise until the 1940s. The implementation of a Nurses' Registration Act in South Australia revealed the extent to which community midwives practised in South Australia. Until this time, they were a hidden but accepted part of the workforce of women within the community. While direct documentary evidence of the community midwife's presence from 1836 to the 1920s is limited, their existence can be seen indirectly through other sources. It was not until their existence was threatened that they become visible in the process of defending their interests. Indeed it was the developing regimes of public regulation in the form of the *Nurses' Registration Act of South Australia 1920* which ultimately forced them from obscurity. The Nurses' Registration Act abruptly

[5]Whilst Nancy Robinson does refer to a surgeon/pharmacist/accoucheur (male midwife) Percy Dyer, who practiced as unqualified 'Dr Dyer' in Burra in the 1870s, in her book, *Change on Change*, Investigator Press, Adelaide, 1971, page 134, this appears to be a rare occurrence in South Australia.

placed these women, many of whom had established midwifery practices of many years standing, outside the law.

**Implementation of the Nurses' Registration Act**

The Nurses' Registration Act and the Nurses' Registration Board, which implemented the Act, put into place in 1921 a midwifery service which at the time did not exist to any extent in South Australia. The provisions of the Act did take into account the reality of the midwifery and childbirthing practises of South Australian women of the time, but the South Australian Nurses' Registration Board which implemented the Act, put into place a framework of midwifery practices which provided only for the obstetric nurse.

A concessional clause within the Nurses' Registration Act made provision for the existing community midwife,[6] but the effects of these provisions were transient as the regulations about future training, examination and registration excluded the community midwife. The Nurses' Registration Act transformed the midwife from a working class, middle aged or elderly married woman into a middle class, young, unmarried woman. Women who were traditionally midwives, women with families of their own, simply could not meet the requirements of the new regulations. The Nurses' Registration Board favoured the introduction of the obstetric nurse. The future midwife was destined to become a young, unmarried woman who was not able to practise outside the supervision of medical men. This research found that the registered obstetric nurse, because of her training, could not practise and, more importantly, did not want to practise in the community but she could and did want to practise in the hospital setting under the supervision of medical men. The registered nurse and the registered obstetric nurse then became part of the new hospital system of health and childbirthing care.

---

[6] *The Nurses' Registration Act of South Australia 1920*, Part III, section 20, page 7-8.

It is proposed here that, in general, childbirthing in South Australia before the 1920s was undertaken within the home with a community midwife and local general medical practitioner in attendance. In this period normal childbirthing practice was the responsibility of the individual, family or the household rather than the responsibility of the state. It was the change in this responsibility that emerges as one of the significant aspects of change in the provision of midwifery care. The state needed to create its own household for the confining women and this was done in the form of institutions called hospitals. It did not matter whether hospitals were owned privately or by the government, it was a matter of taking the responsibility of health and childbirthing from the household to the public sphere through government involvement and regulation.

By using primary documentary sources of diaries, letters, official correspondence and minute books, this thesis examines the provision of midwifery care from the settlement of British people in South Australia in 1836 until the 1920s, and investigates the gradual movement of childbirthing from the home to the hospital. This gradual movement had embryonic beginnings in the development of the lying-in home of the Destitute Asylum from the 1850s to the 1880s. This movement was enhanced by the establishment of the Queen's Home in 1902, the first formal training school for midwives in South Australia, and increased after the proliferation of newly established community and country hospitals during the 1920s. This thesis explores the relationship between the community midwife and the local medical practitioner and the importance of this relationship in the resistance to changes to midwifery care in South Australia.

This thesis proposes that in South Australia the community midwife was integral to the household and the maintenance of its responsibility in childbirthing, so that when this became the responsibility of the state within the hospital there was no longer a place for the community midwife. In this new setting she was replaced by the obstetric nurse. Consideration is given to the position of the general practitioner in the role of childbirthing as in some instances he straddled the chasm between the household and the state. In the early days of childbirthing, he was part of the public sphere, briefly entering the household on invitation to undertake the specific task of the accoucheur during the childbirthing process. The midwife was already *in situ* at the time of childbirth. She was part of the household and integral to its maintenance during the childbirthing period. Yet as the community progressed toward the hospitalisation of childbirth, the position of the general practitioner became uncertain. Whilst he still entered the household on invitation for the moment of childbirth, he resisted changes to the provision of midwifery care by giving his support to the community midwife and the continuation of childbirthing under the umbrella of the household. This dilemma of the position of the doctor highlights the changing boundaries of the public and private and it was not until the general practitioner aligned himself with the hospital that he declared his position to be in the public arena with the state.

A further significant factor in the decline of the community midwife was the increased credentialism and professionalisation of nursing in a situation where its position was subordinate to medicine. This thesis argues that the rise of the professional society and the establishment of the profession of medicine facilitated women's entry into the public arena, through nursing, and it examines the pathway of nursing professionalism and state registration through medical and nursing journals. State registration of nurses, mental nurses and midwives came about in South Australia in 1921 under the *Nurses' Registration Act of South Australia*

*1920*. Although State registration for nurses and midwives had been discussed within the nursing and medical journals and the Australasian Trained Nurses' Association for years, it was the lobbying of the South Australian Hospitals Association who needed to staff its new or proposed country hospitals which prompted the implementation of the Act. At the crucial moment of implementation, the Nurses' Registration Act was not greeted with enthusiasm by the nurses' associations which now regarded compulsory registration in South Australia as an inevitable course which was not necessarily in the best interests of nurses. This point is supported by Megan Johnstone, who found that contrary to popular thought, in America, England and Australia, nursing reform by registration was not ultimately an advantage, for it legitimised medicine's subordination of nursing, as well as failing to protect nurses from exploitation by employers.[7]

The correspondence and articles in medical and nursing journals reveal a campaign by the medical and nursing professions to promote the safety of childbirthing, on the basis of scientific medical knowledge, and a parallel campaign to discredit the community midwife on the basis of her perceived incompetence due to a lack of scientific knowledge. The letters from community midwives to the Nurses' Registration Board of South Australia reveal the impact of the Nurses' Registration Act upon their practices and lives. The Act made a significant contribution to the eclipse of the community midwife.

The demise of the community midwife in South Australia was a slow process which spanned approximately one hundred years and required a fundamental change in the child birthing practices of women. Yet South Australian women did not readily change their childbirthing

[7]Megan Jane Johnstone, 'The Pyrrhic Victory of State Registration', in *Nursing and the Injustices of the Law,* Harcourt Brace and Co., Marrickville NSW, Australia, 1994, page 83.

practice from a home birth, attended by a community midwife, to a hospital birth attended by an obstetric nurse and obstetrician, they resisted. Community midwives did not become immediately subordinate to medical men, they resisted. Medical men did not collectively campaign to subordinate community midwives, many of them also resisted. Yet eventually childbirthing practices did change in South Australia and the practice of the community midwife disappeared.

**Interpretation**

Interpretation of history, according to E.H. Carr, is dependent on the historian, as historical facts cannot exist objectively and independently of their interpretations. This element of interpretation cannot be excluded and enters into every fact of history.[8] The historian is selective in deciding which facts of history are important and in which order and context the facts are to be presented to create the story. Historical facts are the building blocks of historical research and, Carr argued, are a necessary condition of the work but not an essential function.[9] It is the interpretation and selection of facts by the historian that gives the work meaning that is significant to the present day reader. Hans-Georg Gadamer cautioned the historical reader against thinking that what is written down confers on it an authority of particular weight. What is written down may not necessarily be true.[10] Historical documents cannot claim absolute validity and may not in themselves present the complete true facts. The historian who interprets and presents the facts is also part of the historical continuum and therefore influences the interpretation of the facts from her or his position in history. Margaret Anderson also warned of the danger in historical research of the gender and class bias of the originators of the sources

[8]E.H. Carr, *What is History?* Pelican Books UK, 1964, pages 12 and 13.
[9]Ibid., page 11.
[10]K. Muller-Volmer, (ed.), *Hermeneutic Reader*, Basil Blackwell, Oxford, 1986, page 257. Hans-Georg Gadamer's work concentrates on exposing and criticising the hermeneutic principles which underlie the humanistic disciplines.

unwittingly becoming the focus of the historian and therefore being passed on by the historian. This is especially a problem when discussing nineteenth century women's experiences and working patterns, as it is not always possible to deconstruct the masculine version of events from the source documents.[11]

It is not only the interpretation of the facts but also what gets into history, as decided by the historian, which can result in the exclusion of major groups from historical documentation. Therefore, Barbara Ehrenreich and Deidre English have argued that who gets into history and who gets left out of history can be considered a highly political affair.[12] Women, in particular, have been excluded from history and are now demanding to be included. It is the facts that have been left out of history which were previously thought of as insignificant or, not as historical facts, which feminist historians such as Ehrenreich et al have argued make up women's history. It is the perceived trivial facts about life which are important to women's history. It is those facts which are concerned about experiences of individuals, such as love, courtship, childbearing and family relationships, that have meaning for women's history.[13] However, women's history cannot be set apart from history and those seemingly trivial facts which are important to women's history must be integrated with traditional historical research so that women are included in history. This is supported by Jill Matthews who found that when it was discovered that women had been excluded from history they were simply slotted into the history of men to establish their presence, rather than integrated as part of the history.[14] Matthews further argued that the challenge of including women in history was to recast the discipline of history so that the lives and experiences of women were as integral to history as were the lives and experiences of men.[15] This thesis explores the history of a specific group

---

[11]Margaret Anderson, 'Good Strong Girls: Colonial Women and Work', in Kay Saunders, Raymond Evans, (eds) *Gender Relations in Australia: Domination and Negotiation*, Harcourt Brace Jovanovich Group, Australia, 1992, page 227.
[12]Barbara Ehrenreich, Deidre English, *Witches Midwives and Nurses: A History of Women Healers,* The Feminist Press, USA, 1973, page 4.
[13]Ibid., page 5.
[14]Jill Matthews, 'Feminist History', in *Labour History,* No. 50, May 1986, page 147 -153.
[15]Ibid., page 148.

which happened to be made up exclusively of women. However, this thesis does not separate these women from the rest of the society of the time but explores the demise of the community midwife as a part of South Australian history.

Interpretation of the history of the marginalisation of the community midwife can be assisted by feminist analysis. Debate on the role of the midwife was taken up in earnest in Australia at the 6th Biennial Conference of the Australian College of Midwives in June 1989. A paper presented to this conference by Liza Newby, who at that time was a women's adviser to the Western Australian and Federal Government, fuelled the debate when she defined the fundamental issue facing Australian midwives by asking:

> Who controls childbirth? Which professional group has the central control and responsibility for working with women to manage childbirth?... The answer is that today doctors and medical science control and manage childbirth with women as passive patients, and midwives as assistants. Midwives only have autonomy in working with women in childbirth either when doctors allow them, or when they and their patients step outside the system.[16]

This increasing tension between women and obstetricians about who controls women in childbirth is at the heart of feminist debate and critique of the conversion of childbirth from women's business into a medical specialisation. Feminists now demand that women should be empowered to re-establish childbirth as women's business controlled by women.[17]

However, Jo Murphy-Lawless' work on gender and discourse as an object of analysis argued that the feminist argument does not take into account the 'nature and extent of obstetric power'. By viewing it simply as a takeover of childbirthing by medical science the argument fails to examine the 'crucial role obstetric discourse played in achieving male control over childbirth'.[18] Murphy-Lawless argued that for over two hundred years medical discourses have advanced new theories about women in childbirth which propose that, by their very nature, women are unable not only to withstand the rigours of childbirth without the help of medicine

---

[16]Lisa Newby, 'The Politics of Women's Health', Australian College of Midwives Incorporated (ACMI) Conference, Darwin, unpublished paper, 1989, page 5.
[17]Jo Murphy-Lawless, 'The Obstetric View of Feminine Identity: A Nineteenth Century Case History of the Use of Forceps on Unmarried Women in Ireland' in A. Todd, S. Fisher, (eds.), *Gender and Discourse: The Power of Talk,* Ablex Publishers, New Jersey, 1988, page 177.
[18]Ibid., page 178.

but also are unable, as midwives, to undertake the responsibility of the management of childbirth.[19] Discourses, according to Michel Foucault, are ways of forming knowledge and power relations within social practices. The nature of women's bodies, femininity and sexuality were given meaning by and subject to modern science from the beginning of the eighteenth century.[20] Women's bodies were subject to a process which Foucault called *hysterization,* which he argued reduced them to nothing but wombs. This was central to the reconstitution of the socially acceptable norms of femininity from the eighteenth century onwards, the subjection of women to a patriarchal society and the exclusion of women from most aspects of public life.[21] As a result women became vulnerable to the powerful discourses of medicine and insecure about their ability to control their own bodies and were subsequently especially vulnerable to discourses about safety in childbirth.

Obstetric discourse is clearly shown by Grantly Dick-Read, a twentieth century obstetrician, in his book *Childbirth without Fear*. Dick-Read believed that the average woman was made for the joys of marriage and motherhood, the very word creating a reverence that men could not help but preserve and protect.[22] He placed no importance upon the role that midwives have played and the care that midwives have given to women during childbirth throughout human history, except to comment that witchcraft was resorted to.[23] Women, according to Dick-Read, were 'deserted' by the expertise of men in childbirth and in many countries it was *even* a crime for men to attend women in labour up until the sixteenth century. Dick-Read argued that 'although *man*[24] has been reproducing *his*[25] kind' for several thousands of years, with the inclusion of men in the midwifery profession and the abolition of the 'gin-drinking

[19]Ibid., page 178-179.
[20]Chris Weedon, *Feminist Practice & Poststructualist Theory*, Blackwell, Oxford, UK, 1992, page 108, See also Michel Foucault, *The Birth of the Clinic*, 1973, Tavistock, London.
[21]Ibid., page 108.
[22]Grantly Dick-Read, *Childbirth Without Fear: The Principles and Practice of Natural Childbirth,* third ed., William Heinemann, Medical Books, London, 1958, page xi.
[23]Ibid., page 2.
[24]My italics.
[25]My italics.

reprobates found in great numbers in hospitals and among midwives',[26] women were now safe and saved in childbirth:

> Now that many of the troubles and dangers have been overcome we [obstetricians] must move on, not only to save more lives, but actually bring happiness to replace the agony and fear.[27]

The inference of safety with medicine, medical technology and hospitalisation in childbirth has been the mainstay of the obstetric argument for childbirthing in their care throughout this century in Australia.

Obstetric discourse has created an ideology of childbirthing which has been consolidated in practice, leading to a complete and radical change in the childbirthing practices of women.[28] Throughout Australia in the early twentieth century there was an expansion in the speciality of obstetrics. Louise Rose[29]provided support for this concept of obstetric discourse when she found that doctors professed an expertise in midwifery and became increasingly involved in the training of midwives and the management of childbirth. This contributed to a dramatic shift in community attitudes towards childbirth which, Rose argued, occurred despite the fact that it was well before the time that advances in medical science could demonstrate any improvement in the survival of women and babies during childbirth. The ideology of science and the notion of expertise eroded women's previous secure view of childbirth as a natural, female tradition undertaken in their own homes.[30] Wendy Selby in her study of childbirthing in Queensland also argued that despite the known risks of hospital birthing at the time, women still used the new maternity hospitals. However, Selby argued, women were not active participants in the medicalisation of childbirth and from her oral testimonies she found that women simply looked forward to two weeks of special care in hospitals and the accessibility of pain relief.[31] According to Selby the shift from home birth to hospital birth was due to a

---

[26]Ibid., page 3.
[27]Ibid., pages 3 and 4.
[28]Murphy-Lawless, 'The Obstetric View of Feminine Identity...' page 178 - 179.
[29]Louise Rose, 'Whose Babies? Maternity and Infancy Reformed - Newcastle 1900 - 1940', *Master of Letters*, The University of New England, January 1988, page 29.
[30]Ibid., page 28 - 29.
[31]Wendy Selby, 'Motherhood in Labor's Queensland', *PhD Thesis*, Griffith University, 1993, page 336.

number of complex issues, including frightening stories in medical discourse about 'Gamps'.[3233]

Evan Willis in his thesis 'The Division of Labour in Health Care' adopted a Marxist view to explain the demise of the community midwife, which he described as the 'Subordination of Midwifery'. This approach placed an emphasis on the class relationships which underlie knowledge and Willis argued that the division of labour is based on control of the labour process and the preservation of control over health care by the medical profession.[34] Division of labour can be differentiated on two different yet interrelated bases and Willis further argued that one was by occupation and the other by gender, forming the sexual division of labour. His thesis analysed the division of labour in health care as a process based on conflict, that is the struggle between occupational territory and the sexes, and how the tasks were distributed between the different health occupations and sexes.[35] Occupations which were directly subordinate to medicine were comprised mainly of women who were generally employed in institutional settings. They received lower salaries than doctors, enabling medicine to claim an authority over these other health professionals. This, Willis found, was accomplished by maintaining ownership of medical knowledge through legitimation and this authority was absolute in that it supervised and directed the work of others. Other health occupations were likely to be indirectly controlled by medicine, as for example, through medical involvement on registration boards, or doctors being legitimised as the sole prescribers of drugs.[36] This argument was used by Willis to explain the subordination of midwifery. Although Willis acknowledged the development of the obstetric nurse as being essential to the subordination

[32]Ibid., page 214.
[33]The use of the term 'Gamps' in reference to midwives is discussed in Chapter 6.
[34]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis*, University of Adelaide, 1981, page 2.
[35]Ibid., pages 4 and 5.
[36]Ibid., pages 11 and 12.

of midwifery he does not offer an explanation for the resistance to the implementation of the obstetric nurse found in the research for this thesis. This view is supported by Michael Wearing who also argued that Willis' normative view of domination can be misleading and does not take into account the resistance or action of individuals against subordination.[37] Furthermore Willis' argument leaves the reader to assume that the midwife, as well as midwifery, was subordinated by medicine. However, the evidence in South Australia suggests that the community midwife could not be subordinated. Therefore she had to be eliminated and replaced by a completely different person, the obstetric nurse, whose criteria for entry into midwifery was based on an already established position subordinate to medicine, through nursing.

The marginalisation of the community midwife can be further interpreted through analysis of the development of the private and public spheres of society. Some authors[38] argue that the rapid modernisation of society, through the industrial revolution, led to the perception in the nineteenth and early twentieth centuries of the household and family as the place where traditional values were preserved and where refuge from the public sphere could be taken. This indicated the beginning of the division between home and society and, according to Gabriella Turnaturi, the role of women has consequently only been analysed in relation to the home and the household, resulting in the links between women's private and public identities being omitted in history.[39] Turnaturi further argued that this was a time in western society in

---

[37]Michael Wearing, 'Medical dominance and the Division of Labour in the Health Professions', in Grbich C. (ed.), *Health in Australia: Sociological Concepts and Issues*, Prentice Hall, Sydney, forthcoming, 1996, pages 215 to 237.

[38]See for example, Leonore Davidoff, Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850,* The University of Chicago Press, USA, 1987, and C. Lasch, *Haven in a Heartless World: the family besieged.* Basic Books, New York, 1978.

[39]Gabriella Turnaturi, 'Between public and private: the birth of the professional housewife and female consumer', Showstack Sassoon Anne, (ed.), in *Women and the State: The Shifting Boundaries of Public and Private*, Unwin Hynman, London, 1987, pages 255 - 310.

which old concepts were breaking down and this redefined the role of the home, the family and women's role within them. Yet this polar relationship between the private and the public, was in fact moving into an increasingly interdependent and structured type of relationship binding them together as the state began to provide services to the family which hitherto had been provided by the household.[40] Further pressure was brought to bear on this increasing interdependence of the public and the private by the reduction in the birthrate in Australia in the late nineteenth and early twentieth centuries. Families became smaller and children were highly valued, which Stuart MacIntyre argued, resulted in the state constructing the family as 'the basis for national life'.[41] In 1912 the Commonwealth government introduced a 'Baby Bonus' of £5 which was paid on the birth of a live child providing a doctor attended the delivery.[42] According to Milton Lewis the original objective for this payment was not clear, but it was widely believed, at the time, to have been initiated to promote the birth-rate. Although Lewis argued that it may have been introduced for an electoral advantage. So the state sought to intervene in facets of life which up until this time were part of the household, including increased invasion of the private domain of health care and childbirthing. This posed the question of the community midwife's relationship with the private sphere and subsequently the public sphere and the bearing this could have had on her demise.

Willis argued that it was the increased involvement of the state in health care, through the provision of licensing laws, which facilitated the legitimation of medicine as the leader and dominator of health care. Licensing laws also provided legal protection for other health occupations subordinate to medicine against encroachment upon their means of livelihood by

---

[40]Ibid., pages 225 and 226.
[41]Stuart MacIntyre, *The Oxford History of Australia, Volume 4: The Succeeding Age*, Oxford University Press, Melbourne, 1986, page 57.
[42]Milton Lewis, 'Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939', *PhD Thesis*, Australian National University, 1976, page 276.

unlicensed practitioners, for example, in nursing licensing was used to prevent competition from community midwives.[43]

State involvement in matters that were previously considered the business of the household was not confined to health care and Marjorie Theobald in her paper 'Women's Teaching Labour, The Family and the State in Nineteenth-Century Victoria' found a similar growth of the state's involvement in education in Australia at the end of the last century.[44] This is referred to here as there are many similarities between the changing role of women in teaching and in midwifery. Women teachers, like midwives, were only revealed when there was cause for dispute or when they were defending their rights which, according to Theobald, led to a rich source of historical data as they took the unusual step for women in the nineteenth century of putting pen to paper.[45] A rich source revealing the history of midwives can be seen in the numerous letters written by midwives or their representatives to the Nurses' Registration Board of South Australia. This occurred in the early twentieth century when their practice was threatened by the implementation of the Nurses' Registration Act. Theobald argued that the ideology of women at the end of the last century in Australia made them ill-equipped to function in the public sphere. Their accepted role in marriage, childbirthing and family duties not only made it very difficult to participate in the public sphere, but it was also considered undesirable.[46] This premise is supported by Leonore Davidoff and Catherine Hall[47] when they found that in England, in order to give status to women's role as housekeepers and to define

[43]Willis, 'The Division of Labour ...', pages 14 and 15.
[44]Marjorie R. Theobald, 'Women's Teaching Labour, The Family and the State in Nineteenth-Century Victoria', in R.J.W. Sellick, M.R. Theobald, (eds.), *Family School and State*, Allen and Unwin, Sydney, 1990, page 25.
[45]Ibid., page 27.
[46]Ibid., page 25.
[47]Leonore Davidoff, Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850,* The University of Chicago Press, Chicago, 1987, page 272.

the role of women in society, the 1851 census established a fifth class of society comprised solely of women:

> The 5th class comprises large numbers of the population that have hitherto been held to have no occupation; but requires no argument to prove that the wife, the mother, the mistress of an English family - fills offices and discharges duties of no ordinary importance.[48]

The concept of marriage as an occupation had developed over a long period of time, lending support to the notion that the household was a place of business, managed by the women of the household, in which many activities took place. This gave status to the position that women held within the household, although Davidoff and Hall argued that women were in no way considered to be heads of households.[49] This concept was also reflected in Australian society and Theobald argued that before state involvement became widespread in the teaching of universal literacy and numeracy, women were already teaching in a variety of settings, either in the home as mothers, relatives or as governesses in dame schools and small private schools.[50] This is mirrored in health care where, until state involvement, women were the providers of health and midwifery care in the home as mothers and relatives, or as nurses and midwives by home visiting, or running small nursing homes. To function in the public arena women had to step aside from the ideology of domestic femininity of that time and take on other characteristics that would enable them to operate in the male dominated public sphere.

Women's entry into publicly structured occupations during the nineteenth century brought them into contact with a major social change which characterised the emerging post industrial society. Harold Perkin has described this as 'the rise of the professional society' using the concept 'professional' not in its customary limited sense of describing a few elite service

---

[48]Ibid., page 272. Census of Great Britain, 1851; Population Tables, part 2, vol. 1 (1854).
[49]Ibid., pages 272 and 273.
[50]Theobald, 'Women's Teaching Labour...' page 25.

occupations (law and medicine, for example) but as a theorised notion encompassing the aspirations of many occupational groups to acquire for themselves the forms of statutory protection pioneered by the elite professions, such as admission by training, acknowledgment by merit, and remuneration for services rendered. Perkin argued that during the nineteenth century the professional ideal was poised to dominate occupations in the twentieth century and the professional society was to become the major social form of the post industrial society.[51]

With the rise of the professional society the welfare state emerged and this, according to Perkin, transformed society in a radical and subtle way.[52] The professional society was not confined to a few members of society. Providing an individual could achieve its criteria, it was open to all levels. Unlike the landed gentry whose class position was open to only a few, or the self-made man whose position formed a mid-nineteenth century social ideal, the professional ideal could in principle be extended to everyone, as it was based on human capital and specialised expertise. The professional ideal was as extensive as the skills and expertise the human resource would allow, resulting in more ordinary occupations becoming subject to professional aspirations. This ideal was based on occupational status, trained expertise and selection by merit, with selection being made by the judgement of similarly educated experts.[53] It rejected the ruling class ideal of property and wealth as the leading criteria for service to society through political life. It also superseded the ideal of the self-made man whose status rested on wealth and political power achieved in open competition through his own drive and dynamism. The matrix of this new professional society was a 'vertical career hierarchy' resourced by public expenditure.[54] The desire of occupations to embrace the professional ideal pervaded all

[51]Harold Perkin, *The Rise of the Professional Society: England since 1880*, Routledge, London and New York, 1989, pages xi-xii.
[52]Ibid., page 155.
[53]Ibid., page xii and xiii.
[54]Ibid., page 4 and 10.

levels of society and created enormous structural change by providing a framework of how society should be constructed and who was the ideal citizen to organise it.

Some occupations have sought to become more exclusive and over a period of time those professions involving manipulation of words and abstract ideas became more formal. Efforts were then made to establish them as closed groups available only to those who could pass the entry requirements of education, codes of conduct, fixed scales of fees and certification. These professions, consisting mainly of law, medicine and the church, effectively excluded many others in society, including all women.[55] This exclusivity was achieved, according to Perkin, by persuasion and propaganda, and by claiming that their particular service was indispensable to the client, society and the state. Their status was raised through income, public authority and deference by others to their expertise. Perkin nevertheless argued that despite the exclusivity of some occupations, the appeal of the professional society was that it was available to all levels of society from the landed gentry to the working class and there was a profession to suit each level. Every landlord and industrialist could be transformed into a professional manager, every worker into a salaried employee.[56] However the professional society was dependent upon the rise of the welfare state and the professional ideal becoming the basis of ideal citizenship. Yet, although professionalisation appeared to support the ideal of equal opportunity for all, a hierarchal framework was applied with the result that some professionals were more equal than others.[57] The professional society therefore became a class structure of hierarchies, which were in themselves unequal, and each hierarchy consisted of other unequal parts. Health care services were one of these new hierarchies in the professional society with medicine at the pinnacle. Nevertheless, women who wished to operate within the public sphere

[55]Davidoff et al, *Family Fortunes...*, page 260.
[56]Perkin, *The Rise of the Professional Society...*, pages 6 - 8.
[57]Ibid., page 9. Perkin, quoted George Orwell, 'all professionals are equal but some are more equal than others'.

of health care saw that they could benefit from this new professional society and sought to be part of it through the new profession of nursing.

This thesis is not concerned with how society is structured but how social changes have affected certain individuals and groups within society, in particular community midwives. Perkin's analysis of the professional society has been a useful way of making sense of the rise of the profession of nursing and the subsequent demise of the community midwife. Murphy-Lawless' theory on obstetric discourse has also been beneficial in explaining how discourse has affected change in childbirthing. Both of these views encourage the researcher to think about where power rests in social change and what its impact on individuals and groups such as the community midwife, has been. This thesis has also referred to the control of women in a patriarchal society from a feminist perspective, and to Willis' Marxist perspective of medicine's domination and nursing's subordination, to explain the demise of the community midwife, but it has found that both these theoretical frameworks have limitations in their interpretation of that demise, as they fail to explain the resistance to the control and subordination of the community midwife from different groups in society including those of medicine and nursing. Theoretical perspectives are only useful when they relate meaningfully to the evidence and interpretation must be made from that connection and not just from the theory. This thesis follows the course of societal change through time in narrative form and evaluates the cost of that change to one section of society, the community midwife.

# CHAPTER 1

## THE ORIGINS OF THE COMMUNITY MIDWIFE IN EUROPE AND AUSTRALIA

South Australia is an interesting state in which to study the changes in the provision of midwifery care because the political impetus for change took place overseas and interstate. This impetus was then placed on the South Australian community to put these changes into practice. For many years the actual practice of midwifery care in South Australia was unaffected by the debate and preliminary changes taking place in other Australian States and overseas, yet South Australia was the first state in Australia to implement a Nurses' Registration Act. Other States of Australia had a number of smaller legislative changes over several years before the implementation of their Nurses' Registration Acts. So, when the legislated changes came about in South Australia it was unimpeded by other acts, so the effect was clearly defined. This enables the study of the consequences of the implementation of *The Nurses' Registration Act of South Australia 1920* on the community midwife in South Australia.

To place the community midwife of South Australia into context, it is necessary in this review to establish the background of the European midwife from whom she emerged and review the overall provision of midwifery care in Australia from British settlement. This approach is supported by Maryan Beames[1] who found that in view of the *ad hoc* state of midwifery care in the first part of the 19th century in Australia, it was reasonable to suppose that the conditions of childbirth in Western Europe and Britain at the same time were relevant to Australia.

### The European midwife

[1]Maryan Beames, 'The Social Process of Obstetric Care', *BA (Hons) Thesis*, Flinders University of South Australia, 1977.

From the beginning of human habitation on the earth there is evidence to support the premise that nurturing has been essential to the preservation of life. Survival of the human race is inextricably intertwined with the care of women during the childbirth period. This care during childbirth has traditionally been the responsibility of women and has been seen throughout history as a specific care which is known as midwifery. The origin of the midwife developed hand in hand with the notion that women were nurses because of their nurturing instincts and midwives were women who cared for women during the event of childbirth because of these nurturing qualities.

From as early as Roman times there are records of two kinds of midwives. The first and most popular image of an early midwife was one who practised from a base of word of mouth knowledge and experience, these were the wise women of the village or community. We could call these the first community midwives. The second was a less recognised woman who undertook some form of formal education basing her practice on recorded theory and is a forerunner of the trained midwife of the late nineteenth century in Australia, referred to in this thesis as the learned midwife. It is likely that this midwife too had a practical base of observation and experience which would have been integrated with the theoretical knowledge of the time. A third kind of midwife was established from about the seventeenth century. This was the man-midwife. The advent of this midwife came with the recognition of the scientific method and the modern physician. This midwife sought to change the name of midwifery to obstetrics to set him apart from an occupation which in the main had precluded men. The rise of the man-midwife did not exclude the community midwife but did seek to take over and eliminate the learned midwife. It is not until the early twentieth century and well after the settlement of Australia by European people that we see the birth of a fourth genre of midwife, the obstetric nurse.

During the period of social organisation, sometime between 10,000 and 8,000 BC when European people began to remain in one location and support themselves by agriculture

rather than nomadic hunting, elderly women from either the large family or community became responsible for the management of childbirth. Men were excluded from this role and Jean Towler and Joan Bramall[2] argue that this right of women to undertake the position of midwife within a community remained for at least the next 10,000 years.[3] The knowledge of midwifery in pre-literate societies was passed on by word of mouth from generation to generation. The practice of midwifery was acquired through observation and experience. In early midwifery the midwife was often the woman healer within a community who gave counsel, cultivated healing herbs, nursed the sick and assisted women in childbirth. These were the 'wise women' and were afforded much respect and standing within a community.

This understanding of early midwifery being a female occupation is supported by Jean Donnison who found that no word in any language existed to describe a male birth attendant until the seventeenth century. However, there was a gradual growth of the number of specialists in medicine and surgery in ancient civilisations who were mainly men. Despite this growth of men in medicine, women's matters were generally left to women. Women were the specialists in midwifery. This can be said of most societies throughout the world from ancient times.[4]

The notion of formalised education for midwifery was also noted by Towler et al., Donnison, and Audrey Eccles[5] all of whom refer to Soranus, a Roman physician. Soranus was born in the second half of the first century, and his work on gynaecology and childbirth was used as a theoretical base for midwifery in subsequent centuries. Soranus also maintained that women should practise in the side of medicine concerned with female illnesses as well as midwifery and that they should study the theory as well

[2]Jean Towler, Joan Bramall, *Midwives in History and Society,* Croom Helm, London, New York, 1986, page 1.
[3]Ibid., page 2.
[4]Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*, Heinemann, London, 1977, page 11.
[5]Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England*, Croom Helm, London 1982.

as the practice of their art.[6] This suggests a precedent for the development of a learned midwife who was not only practised in the skills of midwifery but also gynaecology, based on the study of documented theory within the context of the time. This kind of formal education of midwifery was not without difficulty. Christine Webb[7] relates the problems faced by the Greek midwife Agnodice who in 300 BC disguised herself as a man to enable her to attend medical classes from which women were excluded. Her subsequent arrest and trial for practising beyond her role of a midwife brought about a change in Greek Law allowing women to study medicine to extend their practice with women patients.

Historians tend to refer to historically known midwives who extended their practice to include gynaecology, as early female obstetricians. This imposes a male medical model on the midwifery practice of these women. This terminology implies that these women were somewhat unusual or different in their time from other midwives, and were engaged in the male profession of medicine. Eccles[8] describes an eleventh century midwife Trotula who specialised in women's diseases as a woman doctor, a forerunner to the present day obstetrician and Donnison also refers to Trotula as an 'eleventh century Salerno obstetrician and gynaecologist'.[9] However it could also be argued that Trotula was in fact a well informed and educated midwife who extended her practice to incorporate care of women with diseases specific to women which also included surgical procedures of a gynaecological nature. Thus Trotula based her practice on known theory rather than religion and superstition. J.M. Tanner lends weight to this argument of the uncertainty of describing Trotula's role or profession when he described Trotula as a woman physician or patroness of the famous medical school of Salerno.[10] It could be argued that these and other midwives were not the forerunners

[6]Donnison , *Midwives and Medical Men ...*, page 1.
[7]Christine Webb, (ed.), *Feminist Practice in Women's Health Care*, John Wiley and Sons, Great Britain, 1986, page 1.
[8]Eccles, *Obstetrics and Gynaecology ...*, page 11.
[9]Donnison, *Midwives and Medical Men ...*, page 7.
[10]J.M. Tanner, *A history of the study of human growth*, Cambridge University Press, Cambridge, 1981, page 19.

of the obstetrician gynaecologist but a separate genre of midwife to the customary notion of the lay midwife or wise women or healer of a village community. There appears to be plenty of documentation to show that there were many midwives who extended their practice to encompass other health problems of women, treated by medicine or surgery. So this midwife was not a forerunner of today's obstetrician who is totally embedded in the male medical model of childbirth practice, but a professional branch of midwifery, created by women to service the requirements of women in childbirth and other health matters.

**The learned midwife**

It is known that some midwives served large communities and kept records of their work. The translations of Catharina Schraders' memoirs, a seventeenth century Dutch midwife, demonstrates the professional and extended practice of this midwife who maintained a record of her work in her diary. [11] Vrouw Schraders set up a midwifery practice which included surgical work. She started her practice when she was thirty five years old and she recorded her last delivery on 7 February 1745 when she was eighty eight years old. The authors argued that she obtained her gynaecological knowledge through study of midwifery literature and through her barber surgeon husband. Marland used the medical term 'obstetrical literature', yet the literature they claim Schraders would have studied, was Ruffen's *The Book of the Midwife, The Birth of Mankind* published in 1513 by Eucharius Rosslin, for the instruction of midwives, and Hendrik van Deventer's *New Improvements in the Art of Midwifery*,[12] all of which refer to the midwife and not to the physician with whom the term obstetrician is aligned.

[11]H. Marland, C.J. Kloosterman, M.J. van Lieburg, (eds.), *"Mother and Child Were Saved": The memoirs (1693-1740) of the Frisian midwife Catharina Schraders,* Translated and annotated by Hilary Marland, Rodopi, Amsterdam, 1984.
[12]Ibid., page 18.

Schraders' diary recorded details of all births and fees as well as her surgical and gynaecological practice. This woman had clearly maintained a professional practice which was far more extensive than the wise woman of a community. She recorded:

> I have [written] this in my eighty-fifth year of old age, 1740 on 18 September. And it shall now be my last light. And I have during the time of my sinful life had a heavy time. And about over four thousand children helped into the world, these including 64 twins and three triplets Catharina G. Schraders, widow of Mayor Higt.[13]

Laurel Ulrich described the professional life of another midwife, Martha Ballard of the Hallowell district of Maine in the United States of America from 1785 to 1812. Martha Ballard maintained a methodical record of her work as a midwife for twenty-seven years. Ulrich found that Martha was an essential part of the community in which she worked and had an understanding of the birth, illness and death which wove Hallowell's community together.[14] This study of an American midwife gives further weight to the notion that community midwives were integral to the household in most Western countries and communities. Their practice was extended beyond the level of the modern Australian concept of the obstetric nurse whose practice is under the medical umbrella.

Several historians have researched the lives of specific British midwives who are representative of the learned midwife. One noted English midwife was Jane Sharp author of the *Midwives Book* first published in 1671 and she has been referred to by several historians. However, some authors have not been kind to Mrs Sharp. Donnison described Sharp's writings on midwifery as quaint beliefs, shot through with the superstitions of the age, although she does concede that her books contain 'much good sense'.[15] Eccles[16] also cast doubt about Jane Sharp's ability and competence by stating that Sharp claimed to be a midwife of thirty years standing and that if true then it

[13]Ibid., page 81.
[14]Laurel T Ulrich, 1990, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785 - 1812*, Vintage Books Random House, New York, 1990, page 65.
[15]Donnison, *Midwives and Medical Men ...*, page 15.
[16]Eccles, *Obstetrics and Gynaecology ...,* page 14.

showed how ignorant midwives were. It could also be said of this statement that it shows the inability of some authors/historians to place events and people in history within the context of the time. However Towler and Bramall, both midwives, give a more professional view of Sharp. They place her within the context of her time, and note that she seemed to have acquired considerable experience combined with commonsense and that her knowledge obtained from midwifery material came from a variety of sources.[17]

Another noted professional English midwife of the late seventeenth century was Elizabeth Cellier, an educated woman who gained notoriety for her part in the Catholic 'Meal Tub Plot'.[18] Her subsequent self-defence leading to her acquittal serves to give support to the level of her education and the extraordinary abilities of this woman.[19] Towler and Bramall argued that Cellier was a clever midwife with a forceful personality.[20] Cellier proposed formal education for midwives and the establishment of a college in London for the purpose of educating midwives. According to Donnison this proposal failed because it was opposed by the physicians of the time who said; 'Mrs Cellier's plan was merely an amusing pretension on the part of a midwife'.[21] This innovative proposal could have given the female midwife similar status to the male physician. However, much was to be gained from opposing this proposal by the medical profession, as a new genre of midwife was emerging from medical practice, the man-midwife. This phenomenon was a combination of both the physician and the

---

[17]Towler et al, *Midwives in History and Society*, page 92.

[18]At this time plots were rife in England and Thomas Dangerfield exploited the panic of the Popish Plot when he was employed in 1679 to assist Roman Catholic suspects by blackening the characters of their accusers. He eventually betrayed his employers, Mrs Elizabeth Cellier and the Countess of Powis by claiming that damaging evidence could be found in a meal tub in Mrs Cellier's home. Although incriminating papers were found in the meal tub at Mrs Cellier's house his evidence was so suspect that both she and the Countess of Powis were acquitted. *Encyclopaedia Britannica*, William Benton Publishers, Chicago, 1968, Vol. 7, page 47d. For further on Elizabeth Cellier see Helen King, 'The politick midwife: models of midwifery in the work of Elizabeth Cellier', in Hilary Marland (ed.) *The Art of Midwifery: Early Modern Midwives in Europe*, Routledge, London, 1993.

[19]Donnison, *Midwives and Medical Men ...,* page 19.

[20]Towler et al, *Midwives in History and Societ,y* page 97.

[21]Donnison, *Midwives and Medical Men ...*, page 19.

barber surgeon extending their practice into midwifery. Surely then, this embryonic male branch of midwifery was the forerunner to the obstetrician gynaecologist.

**The wise-women midwives**

Before discussing the man-midwife it is necessary to consider the popular historical notion of the midwife. In concert with the learned midwives were those midwives and healers known as the 'wise women' who knew the secrets of nature and nurturing, and passed them from mother to daughter and woman to woman. These secrets were never written down nor documented in a systematic manner and their worth was not proven, in later centuries, in a modern scientific way. But there is strong anecdotal evidence that the practice of these healers was based upon empirical knowledge. When modern scientific experiments did prove the worth of herbs such as digitalis from the fox glove plant, the herbs became the sole property of the medical profession which licensed itself to administer it. Before the days of scientific experimentation, it was known that there were phenomena in the world not understood by all men and women and it was accepted that some men and women knew of these things and this knowledge was not questioned.

**Medicine and religion**

There is little argument as to the origin of the midwife and there is general agreement by historians that the changes in the power of the midwife came with the rising dominance of the Christian church in the middle ages. By the twelfth century Roman Catholicism was the official religion of most of Europe and this male dominated church claimed a wide jurisdiction over all aspects of human life including healing and childbirth. Towler and Bramall say that the church sought to establish rules on all facets of life and especially on matters which related to sexual activity and childbirth.[22] Childbirth was an important part of community life and was intertwined, as were other societal events, with religion and religious rites. This resulted in the whole process of

[22]Towler et al, *Midwives in History and Society,* page 23.

childbirth being involved with ancient superstitious beliefs which continued to play an important part in Christian thinking.

So religion came to play a major role in medicine during this time. The early community midwife threatened the expertise and religious beliefs of the monasteries and, in England, in order for the church to maintain control they were licensed by bishops. Medicine and surgery, practised from ancient times and generally considered to be the domain of men, were also licensed by the Church.[23] In the thirteenth century medicine became formalised with the establishment of universities and subsequently schools of medicine, from which women were excluded. Through the church and through medicine men took more control of the curing and healing role in society. By the middle of the fifteenth century in some European countries and by the early sixteenth century in England, licensing by the church had led to formal state or municipal control over the profession of midwifery and medicine.[24]

Feminist researchers, like Donnison, have sought to establish evidence for the subordination of women from the medieval time through examples of witches and witch burning and she argued that Sprenger and Institioris in 1484-6 in their book *The Hammer of the Witches,* warned that no-one did more harm to the Catholic faith than midwives.[25] Whilst acknowledging the references to witch-midwives in this text and supporting the notion of the persecution of midwives in Europe, Towler and Bramall argued that the extent to which midwives were actually associated with witchcraft in Britain is not clear. For there is no reference to midwives in connection with witchcraft in any Statute of the Realm from the time of the Magna Carta to the reign of Queen Anne.[26] But, they do note that any midwife who attended a birth with a successful outcome for mother and child risked falling foul of the Church for being a witch. Those

---

[23]Donnison, *Midwives and Medical Men*...., page 6.
[24]Donnison, *Midwives and Medical Men*...., page 5.
[25]Ibid., page 4.
[26]Towler et al, *Midwives in History and Society,* page 38.

who attended a birth with an unsuccessful outcome ran the risk of being accused of being a black witch. As midwifery was integrated with community life, and the community itself was not immune to social shifts and political power manoeuvres, the midwife was at this point in time revealed from obscurity to take her place in historical record. The witch craze which spread throughout England and Europe, spanned the fourteenth to the seventeenth centuries, and Barbara Ehrenreich and Diedre English argued that peasant women, which was the circumstance of the wise woman, represented a political, religious and sexual threat to the State and the Church. They also argued that the movement to eliminate witches was bound up with female sexuality, female organisation, and the possession of medical and obstetrical skills, which were now becoming the sole possession of men.[27] This is supported by Sheila Bunting and Jacquelyn Campbell who argued that this process was a struggle for control of women's business by men. [28]

**The role of science**

During the seventeenth century that science began to be a major force to explain phenomena previously explained by nature and magic. Carolyn Merchant argued that science was used to lower the status of women in society and that through this they were kept from attaining professional status. The significance of midwifery varied in relation to changing attitudes and the understanding of reproduction and female and male relationships. Science became the means of proving women's inferiority. Mid-seventeenth-century philosophers continued to perpetuate the male tradition of male superiority in the generation of the human species by their interpretations of conception. Merchant claimed that these theories were further supported by Descartes and Parisano who believed that the female egg was passive and it required the power of the male

[27]Barbara Ehrenreich, Diedre English, *Witches, Midwives, and Nurses: A History of Women Healers,* The Feminist Press, New York, 1973, page 7.
[28]Sheila Bunting, Jacquelyn Campbell, 'Feminism and nursing: Historical perspective', *Advanced Nursing Science,* Aspen Publishers, 1990, page 17.

sperm to give it soul.[29] Women have been kept in their place by the use of science as an ideology in ancient and now modern times, giving men legitimated expertise by the indisputable proof of science to step into the realm of childbirthing. This proof of women's inferiority by science continued to the late nineteenth century, when according to Merchant, Darwinian theory was further used to demonstrate the inferiority of women by scientists who compared the size of male and female crania. They then maintained that the smaller female cranium and brain demonstrated female intellectual inferiority as well as inferior emotional development. It was also thought that women's reproductive function required so much energy that less energy was available for the higher functions of learning and reasoning.[30] This belief made men the possessors of science which included medicine. As the use of a scientific method to explain phenomena gained popularity so did the rise of medicine and subsequently the inclusion of men in the profession of midwifery. Any part that the female was to play in health, nurturing and healing in the future, now became part of this rapidly expanding medical paradigm.

**Medical men in midwifery**

The rise of science and medical science in the eighteenth century gave medical men the confidence to criticise the practice of midwifery. Prior to the early 1700s, male midwifery practice was generally in response to an emergency and men in the form of barber surgeons or physicians were only permitted into the lying-in chamber in the event of the presence or expectation of an abnormality. According to Ornella Moscucci, seventeenth and eighteenth century surgeons often complained of the inability of midwives to cope with difficult births. However, she points out, as these surgeons were only ever called out to a difficult birth, they only took into consideration what a

[29]Carolyn Merchant, *The death of nature: women, ecology and scientific revolution,* Harper and Row, San Francisco, 1980, page 162.
[30]Ibid., page 163.

midwife had not done, not what she could do.[31] This inference as to the competence of midwives by surgeons is supported by Donnison who, in quoting Willughby (1563 - 1636), said of midwives:

> ...many, especially in the country, were illiterate women of the "meanest" sort who, "not knowing how, otherwise, to live", had taken it up 'for the getting of a shilling, or two.[32]

Towler and Bramall also supported the introduction of men into midwifery, when they found that William Harvey was 'rightly' known as the 'Father of English Midwifery'. They argued that '*obstetrics* was for the first time placed on a scientific basis', as a result of Harvey's studies into reproductive anatomy, physiology and parturition.[33] However, Donnison argued that there is some doubt to the claim of general incompetence of midwives and the introduction of men into midwifery on this basis. She found that as early as the 1790s it was recognised that women were not safer with man midwives. She cited Dr. Charles White, who wrote in his *Treatise on the Management of Pregnant and Lying-in Women*, that the maternal death-rate was less in midwife managed deliveries than that of patients delivered in lying-in hospitals, or that of the more affluent class who were attended by men.[34]

Despite the desire by some medical men to practise midwifery, generally at this time the practice of midwifery was still held in contempt by most physicians. The establishment of the Obstetrical Society was opposed by many medical men. Sir Arthur Carlisle, a member of the College of Surgeons, was quoted as saying:

> Childbirth...was a natural process, which male practitioners from financial motives sought to turn into a "surgical operation". Attendance in normal midwifery was the work of women, and should be below the dignity of the professional man.[35]

---

[31]Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929,* Cambridge University Press, Cambridge, 1990, page 46.
[32]Donnison, *Midwives and Medical Men* ..., page 8, from P Wullughby, *Observations in midwifery. As also the Countrey Midwifes Opusculum and Vade Mecum*, H. Blenkinsop (ed.) Warwick, 1863.
[33]Towler et al, *Midwives in History and Society,* page 72.
[34]Donnison, *Midwives and Medical Men* ..., page 35.
[35]Ibid., page 47.

In England in the early nineteenth century there was a general movement by the medical profession to denigrate the midwife especially by those physicians who had now set themselves up as distinguished obstetricians. Donnison argued that the midwife's social standing was falling whilst at the same time the status of her male rival, the physician and the new obstetrician was rising. From this time there was a continuing theme in the medical journals on the 'rashness and ignorance' of midwives during the campaign to replace the midwife with the obstetrician.[36] Donnison further argued that whatever the 'rights and wrongs' of men entering and taking over this profession of midwifery it did continue unabated.[37] It was at this time that moves were made to formalise the training of midwives by the medical men. Betty Cowell and David Wainwright in their history of the Royal College of Midwives found that Dr James Aveling advocated that midwives should be trained although he did not believe that they should aspire to medical qualifications.[38] It was not the practice of the community midwife that medical men sought but the practice of the learned midwife who was successful and attended affluent and influential people. This was the market that men wanted and eventually took over.

[36]Ibid., page 56.
[37]Ibid., page 47.
[38]Betty Cowell, David Wainwright, *Behind the Blue Door: The History of the Royal College of Midwives 1881 -1981,* Bailliere Tindal, London, 1981, page 15.

**The Australian midwife and related literature**

It was at this point in the changes of the provision of midwifery care in Britain that midwifery developed in Australia. The circumstances of the settlement of Australia did not allow for the development of the educated midwife which had been seen in Britain and Europe for many centuries. It was the community midwife who first provided midwifery care in Australia and continued to do so until, as a result of the influences of changes in Europe, medical men took over the provision of midwifery care in the form of obstetrics.

Public debate on the competence of the community midwife began in Australia in the late nineteenth century. Milton Lewis in his thesis on aspects of infant and maternal health in Sydney from 1870 -1939, argued that the move to formalise training for midwives in Australia began in Melbourne in the lying-in hospital in 1861 - 62. This was followed in Sydney by the Benevolent Asylum in the 1870s.[39] He maintains that these efforts to organise training of midwives in Australia occurred at about the same time as attempts to formalise training in England. Like many non-midwives, Lewis discussed in his thesis the training of midwives and nurses as though they were one, and does not seek to distinguish the two or appear to understand that they are two different professions. This point is important as modern nursing (since Nightingale) is based on medical technology and, as this thesis will show, subordinate to medicine. It is this very point which is one of the significant factors contributing to the changes in the provision of midwifery care.

The Royal Commission on Public Charities of 1897-99, which examined the hospital system in Sydney, argued that midwifery training was of great public importance and they advocated a certificate of training would be a 'valuable guarantee to the public of ...competence.'[40] Lewis does not question the finding of the commission when he

[39]Milton Lewis, 'Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939', *PhD Thesis*, Australian National University, 1976, page 196.
[40]Ibid., page 199.

quoted Dr James Graham, a witness for the commission, as saying that the Hospital[41] had tried to 'displace these dangerous Sarah Gamps by giving the public a supply of intelligent and properly instructed obstetric nurses.'[42] Instead Lewis found that the majority of midwives were untrained and that the Commission held them responsible for a great deal of the unsatisfactory midwifery performed in the community.

This finding is disputed by Phillipa Mein Smith, who found that by 1944 more babies were damaged at birth by the rising interference in child birth by the medical profession, than died before their first birthday of diarrhoea and enteritis.[43] [44] In an earlier work in New Zealand[45] Mein Smith argued that evidence showed injury and sepsis rates were lower in midwife deliveries in the early 1920s than in those deliveries managed by the doctor. Research in the 1920s by Dr Henry Jellett, former Master of the Rotunda Hospital in Dublin (Ireland) produced international statistics affirming that in countries, including Australia, where doctors attended normal births, maternal mortality rates were routinely higher.[46] The term 'meddlesome midwifery' had been used for decades to describe excessive interference from medical practitioners and Mein Smith argued that although the use of instruments, drugs or surgery may have saved lives in a minority of cases, the abuse or careless or needless use of these instruments of medical science increased the danger of puerperal sepsis and birth injury. These arguments by Mein Smith lend weight to the argument that the assumption of generalised incompetence of the community midwife may be unfounded.

---

[41]Women's Hospital, Crown Street, Sydney.

[42]Lewis, 'Populate or Perish ...', page 199, see also *Royal Commission on Public Charities*. Second Report 1898 page.xxxiv and Minutes of Evidence, page 89.

[43]A gastric infection which was a major cause of infant death at the beginning of this century.

[44]Philippa Mein-Smith, 'Reformers, Mothers and Babies: Aspects of Infant Survival, Australia 1890 - 1945', *PhD Thesis*, Australian National University, 1990, page 295. Mein-Smith's thesis examines the relationship between the decline in infant mortality and the rise of the infant welfare movement.

[45]Philippa Mein Smith, *Maternity in Dispute, New Zealand 1920 - 1939,* V.R. Ward Government Printer, Wellington, New Zealand, 1986, pages 11 - 14. In this book Phillipa examines the struggle between the Health Department and medical profession for the control of obstetrics. She examines the maternal mortality rates and the implication of interference by the use of forceps, surgery and anaesthetics.

[46]Ibid., page 48, Jellett published his findings in *The Causes and Prevention of Maternal Mortality,* London, 1929.

In his thesis on the Australian medical culture, Bryan Egan also found that there was a definite tendency towards an increase in maternal mortality rates when doctors replaced midwives and although doctors were aware of this, their solution was to improve education in obstetrics rather than decreasing medical intervention in midwifery.[47] Egan referred to Kerreen Reiger[48] who analysed the expansion of obstetrics and gynaecology from the 1880s to the 1930s. Reiger found that the trend towards hospital based midwifery under the umbrella of medicine was not only due to medical advocacy but also because women of all classes contributed to and accepted this changed management in childbirth.

An earlier thesis by Claudia Thame[49] does make the assumption that the poor training and practices of midwives contributed to high maternal and infant deaths in the early twentieth century in Australia. Part of Thame's thesis concentrated on the need for antenatal care in the improvement of maternal and infant health care during childbirth. Thame proposed three main reasons for the lack of improvement in the provision of midwifery care in the late nineteenth and early twentieth centuries. First, medical education seriously neglected obstetric training, a situation which had changed little by the mid 1920s. Secondly, there was inadequate training of community midwives, who only provided midwifery care within the home. Thirdly, Thame argued that paradoxically the rise in medical advances in obstetrics, especially the use of obstetric forceps, contributed to high maternal and infant mortality rates. Thame's argument is based on the perfecting of medical technology and the hospitalisation of childbirth as essential to efficient and safe care for all mothers. Whilst acknowledging that medical interference in childbirth resulted in proliferation of childbirth injuries to mother and

---

[47]Bryan Egan, 'Nobler Than Missionaries: Australian Medical Culture c. 1880 - 1930', *PhD Thesis* Monash University, 1988, pages 182 - 188.
[48]Ibid., page 183, Kerreen M. Reiger, *The disenchantment of the home: Modernising the Australian family 1881-1940* , Oxford University Press, Melbourne, 1985.
[49]Claudia Thame, 'Health and the State: The Development of Collective Responsibility for Health Care in the First Half of the 20th Century', *PhD Thesis*, Australian National University, 1974.

child,[50] Thame still pursued the premise that community midwives were the 'traditional Gamps'[51] and were equally to blame for the rise in maternal and infant mortality and morbidity, making the assumption that efficiency, competence and safety came with improved medical technology and training. This same assumption was expressed by Richard Trembath and Donna Hellier who claimed that Sairey Gamps 'were sadly very much a reality at that time'.[52]

An historian who does question and analyse the assumption that the community midwife was incompetent is Evan Willis. In his book *Medical Dominance: the division of labour in Australian health care,* he clearly outlines the difficulties midwives had in gaining public recognition for competence in the face of powerful and public opposition emanating both from the rising popularity of medical science and its proponents doctors, and from the literary propaganda of Dickens in the form of Sairey Gamp. This is not, of course, to say that there were no incompetent midwives. Incompetence can be found in all occupations and professions in all areas of society.

**The rise of medicine in midwifery**

It was in this climate of rising medical science and declining midwifery status that Australia was being colonised by British people. Willis argued that the overall process of transition in the attendance of childbirth, from untrained working class women to formally trained medical men, was begun before the settlement of Australia.[53] Nevertheless, during the period of early occupation of Australia by the British most babies were delivered by midwives. Willis is correct in stating that the process of transition, from the female midwife to the male midwife to the obstetrician, had already begun in Britain but it was still in its embryonic stages in Australia.

---

[50]Ibid., pages 163 and 164.
[51]Ibid., page 168.
[52]Richard Trembath, Donna Hellier, *All Care and Responsibility: A History of Nursing in Victoria 1850 - 1934*, The Florence Nightingale Committee Australia, Victorian Branch, 1987, page 7.
[53]Evan Willis, 'The subordination of midwifery', *Medical Dominance: The division of labour in Australian health care*, Allen and Unwin, Sydney, NSW, 1989, page 97.

Frank M.C. Forster also argued that the care of the women in childbirth in Australia has been mainly in the hands of the medical profession, in comparison with the widespread practice of midwifery without medical intervention in Europe.[54] This supports Willis's argument that midwives were always secondary to the medical profession in Australia. Whilst this may have been true in the last decades of the nineteenth century, other evidence suggests that women continued to care for women in childbirth for most of the nineteenth century in the Eastern States of Australia. It is clear that a transition whereby Australian women embraced the medical model of childbirthing, began to take place at the end of the nineteenth century and was to have an effect on the provision of care during childbirth.

Wendy Selby in her thesis on childbirthing experiences in Queensland also found that women who were delivered by doctors in government hospitals as late as the 1930s put themselves at greater risk than those who delivered in more traditional areas such as the home or nursing homes. Yet, she claimed, the risk was never assessed due to the unswerving support of the Queensland government to medical progress and childbirthing attended by medical men and obstetric nurses.[55] She further argued that it was not until the 1940s in Australia that medicine's role in high maternal and infant mortality was disclosed. She found that prior to this time the statistics on maternal and infant mortality were deceptive and misleading. Medical men had ample opportunity to disguise or omit their mistakes from death certificates written by themselves. Selby found that it was especially a problem in Queensland where doctors were under no obligation to record in detail deaths which occurred during and immediately post childbirth. She argued that the vague categories used such as 'accidents of childbirth' or 'prematurity' could hide a wide range of medical incompetence. It was not until

---

[54]Frank M.C. Forster, 'Midwifery and Gynaecological Care in the Early Years of Settlement', *Progress in Obstetrics and Gynaecology in Australia,* John Sands, Sydney, 1967, page 14.
[55]Wendy Selby, 'Motherhood in Labor's Queensland', *PhD Thesis*, Griffith University, 1993, pages 335 and 336.

increased attention to the mortality rates, dramatic improvements in the teaching of obstetrics and the discovery of sulpha drugs, antibiotics and blood transfusions in the late 1940s, that there was any noticeable improvement in safety in childbirth.[56]

**The provision of midwifery care in Australia from British settlement**

The first white child to be born in Australia was Thomas Whittle on 26 January 1788,[57] and it was expected that:

> Almost every woman, under 42 years of age, on her arrival in New South Wales, and properly treated, will beget a large family, producing, for a considerable period, a child a year.[58]

Yet from the study of the literature it would appear that very little provision was made for the care of white women in childbirth in the early days of British convict settlement of Australia. Most medical practitioners in New South Wales at this time were military surgeons with little experience in women's matters and unless convicts were experienced in midwifery, either as midwives or doctors, then very little accomplished or professional midwifery was practised. In support of this, Adcock et al listed eleven medical men as the surgeons who accompanied the First Fleet and argued that it was unlikely that they knew much about midwifery.[59] Yet it is also fair to assume that these men must have had some involvement in the births on the ships and if a woman had some difficulty with her confinement they would have attended her on request of the attending midwife. It is also likely that they would have attended free women in their confinements during the voyage.

It would appear that every ship with women on board destined for Australia at this time had its share of childbirths and that in the main the mothers were assisted by women, some of whom continued with their new found practice in the colony. Many convict

---

[56]Ibid., page 335.
[57]Winifred Adcock, Ursula Bayliss, Sister Marietta Butler, Pamela Hayes, Hazel Woolston, Patricia Sparrow, *With Courage and Devotion: A History of Midwifery in New South Wales,* Anvil Press, Wamberal, NSW, 1984, page 21.
[58]Ibid., page 21.
[59]Ibid., page 22.

women and free women either gave birth during the long voyage to Australia or were pregnant on arrival in Australia. Patricia Clarke and Dale Spender in their compilation of letters and diaries of women in Australia from 1788 to 1840, included those written by several women who gave birth during or immediately following their long voyage to Australia. Eliza Marsden, the wife of the chaplain Samuel Marsden, gave birth to her first child on 2 March 1794 on board the *William* just off the coast of Van Diemen's Land.[60] Anna Joseph King, wife of the third governor of New South Wales, gave birth to her first child six weeks after her arrival on Norfolk Island in 1791. Her fourth child was born on the voyage back to England in 1796.[61] Isabella Parry, wife of Sir Edward Parry - manager of the New South Wales Agricultural Company, gave birth to twins one month after her arrival in New South Wales on 14 January 1830.[62] In 1828 Sarah Docker, wife of the Reverend Joseph Docker gave birth to Mary-Jane Docker on 27 June on the *Adams* bound for Australia. Sarah Docker wrote in her diary:

> *Friday 27th June*
> Nothing particular occurred during the week. I still continued very sick and became so weak that I could scarcely sit up. About 6 oclock this morning I felt very unwell and had the Doctor and Mrs Davies called up, and a little after six Mary-Jane was born. She was so very small that I was inclined to think she was born a month too soon, but the Doctor thought it was owing to my having been so very sick.[63]

It is interesting to note that a doctor and Mrs Davies were present for this delivery. It is not clear whether Mrs Davies was a qualified midwife but seems to have been a fellow passenger employed by Sarah Docker to assist during and after the birth of Mary-Jane. This assumption is supported when Sarah further wrote in her diary:

> *Saturday 12 July*
> Mrs Davies took Mary on Deck for the first time
> *Monday 21st July*
> We had a fine view of St Antonio one of the Cape De Verts Islands. I paid Mrs Davies £1-10 for dressing Mary for the first month. Mary is much improved. Mrs is related to the Davies's of Neston and knew my Aunt and Miss Wilson and most persons in that neighbourhood.[64]

---

[60]Patricia Clarke, Dale Spender, *Life Lines: Australian women's letters and diaries, 1788-1840*, Allen and Unwin, Sydney, NSW, 1992, page 39.
[61]Ibid., page 50.
[62]Ibid., page 43.
[63]Ibid., pages 54 and 55.
[64]Ibid., page 55.

It would seem that Mrs Davies was not known to Sarah Docker prior to the journey, or she would have previously known of her connections. So it could be assumed that Mrs Davies was travelling as another passenger on the *Adams*.

There is little evidence to show that learned midwives immigrated to Australia in this early pioneer period although a definitive study does not appear to have been undertaken to confirm this. Willis noted that in a study by Korbin in 1966 of midwives in the United States, she found that few midwives immigrated there. Willis concluded that it is reasonable to assume that even fewer migrated to Australia and that no midwives were recorded as having been among the 191 female convicts of the first fleet.[65] However, Lesley Barclay found evidence that some formally trained midwives did colonise Australia and documented that a Mrs McTavish who practised in Hobart from 1824 was one of the first trained midwives to practise in Australia and that she must have been one of the very few midwives in Australia with any recognised midwifery qualifications.[66] This is supported by A. Garrison who found that Mrs McTavish held a diploma from Edinburgh.[67] However, it does appear unlikely that many formally trained female midwives did immigrate to Australia in this early period of colonisation from 1788 to 1850. P. Hayes and U. Bayliss support this when they claim that 'in 1850, it is highly unlikely that there were any trained midwives in the colony.' [New South Wales][68]

Despite the absence of trained midwives and the assumption by Willis and Forster that midwives were always subordinate to the medical profession in caring for women in

---

[65]Willis, *Medical Dominance ...,* page 99.
[66]Lesley Barclay, 'Overview of History of Midwifery', *Australian College of Midwives Journal*, vol. 2, no. 4, 1990, pages 15-20.
[67]A. Garrison and co - workers of the Midwives Section (Tasmania), 'Tasmania', in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984, page 45.
[68]P. Hayes, U. Bayliss and co - workers of the Midwives Section (New South Wales),'New South Wales: The Convict Era 1788 - 1850', in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International Confederation of Midwives, Sydney, 1984, page 24.

childbirth, it is clearly documented that in Australia in the early 19th century it was women who assisted women in childbirth. Adcock et al who undertook a comprehensive study of the development of midwifery in New South Wales lend credence to this premise in their documentation of childbirths during the voyage to Australia. They found that women who assisted other women during childbirth on the voyage out continued to use this experience in Australia. The convict Phoebe Norton who was convicted for stealing and sentenced for seven years and transported to Australia in the First Fleet, became one of Sydney's busiest midwives after she assisted at some of the eighteen births that took place during the voyage. Twenty six years later Phoebe Norton was listed as a midwife in the Parramatta census of 1814.[69]

Mrs Barnsley who was transported in 1790 for shoplifting, acted as a midwife on board the *Lady Juliana* throughout this long and eventful journey to this country. She continued in the 'honourable profession of a midwife'.[70] Mrs Barnsley is also mentioned by Clarke et al (1992) in their collection of women's letters and diaries.[71] One of the women convicts on the *Lady Juliana* contrasted the comparatively good treatment they received with that of other Second Fleet ships. In her letter of 24 July 1790 she wrote:

> We landed here 233 women and twelve children; only three women died, and one child. Five or six were born on board the ship; they had great care taken of them, and baby linen and every necessary for them were ready made to be put on.[72]

The baby linen had been supplied by Lieutenant Thomas Edgar described as a ‘kind, humane man’. The clothes had been donated by the 'ladies of England'.[73]

Adcock et al also recorded several instances of convict women becoming midwives in the new colony. Ann Willis who arrived in the *Mary Ann* in 1791, became a midwife

---

[69]Adcock et al, *With Courage and Devotion* ..., pages 14 and 15.
[70]Ibid., page 18.
[71]Clarke et al, *Life Lines...,* page 4.
[72]Ibid., page 5.
[73]Ibid., page 4.

and assisted Dr Redfern with the birth of Governor Macquarie's son Lachlan.[74] Forster considers that Redfern was Australia's first obstetrician,[75] but he does not mention Ann Willis. Another noted midwife, Margaret Catchpole was transported for stealing a horse in 1801 and spent most of her life in Richmond in New South Wales. Prior to her arrest and transportation on the *Nile* in 1801, Margaret Catchpole was employed in Ipswich, England as a nurse and housekeeper. It seems likely that in this employment that midwifery would have been included in her experience.[76]

However, the Australian colonial midwife was different from her counterpart in Britain at this time. British women were either community midwives who learned their art from centuries of practice passed down from one generation to another, or the more educated midwife who based her practice on experiential learning and the known theory of the day. In Australia in the nineteenth century, women became midwives through need rather than training. A midwife was often simply another woman who could lend a hand during childbirth as opposed to someone who had an established practice in midwifery.

**The community midwife established**

Time increased the convict midwives' experience so that they became valued members of the community. The rise of midwifery within the discipline of medicine was occurring in England and this gradually infiltrated medical practice in Australia. As more free settlers immigrated to Australia, a number of doctors with general practice experience rather than those with only a military surgical background, began to arrive. Although there is little record of midwives immigrating in the occupation of midwife, it would be fair to assume that some women would have had experience in assisting other women in childbirth in their former life in England or Europe. So by the 1880s a network of midwifery practice had become established. Evidence of the extent of this

[74]Adcock et al, page 22.
[75]Forster, *Progress of Obstetrics ...,* page 12.
[76]Clarke et al, *Life Lines...,* page 11.

is sparse. Willis says that midwives did not establish their status by forming societies or initiating journals, so there is little documented evidence of their practice.[77] As most midwives do not appear to have kept records or diaries of their practice, it could be argued that many of the women who were midwives in Australia in this early period could not write, but Clarke et al state that it is 'surprising' how many women including convict women were literate.[78]

Elsie Shephard[79] writing for the Pioneer Women's Hut at Glenroy in New South Wales, has compiled some interesting pictures of midwives in the Tumbarumba and Rosewood area of Victoria. These are in the form of the memories of their subsequent families, in the main elderly grandchildren of the midwives, and give little insight to their actual practice. However they are of value in recording that even in this small area of Rosewood and Tumbarumba there existed a network of midwives providing an essential service to those communities stretching from the 1840s for nearly one hundred years .

**Early lying-in hospitals**

From the nineteenth century, institutions called lying-in hospitals were established in England and subsequently in Australia in which women could deliver their babies. During the early settlement period of Australia lying in hospitals were established in the female factories. These were not specifically lying-in hospitals but a section of the factory which became a lying-in area to accommodate the pregnant inmates during their confinement. These were in the main a facility for poor women and therefore inevitable for the convict women. Therefore the first maternity hospitals in Australia were the female factories of this pioneer period. A graphic account of the Female Factories can be found in *Damned Whores and God's Police* by Anne Summers. However she does

---

[77]Willis, *Medical Dominance ...,* page 97.
[78]Clarke et al, *Life Lines ...,* Introduction page xx.
[79]Elsie Shephard, *The Midwives of Tumbarumba,* written for and published by the Pioneer Women's Hut, Glenroy , NSW, 1990.

not refer to the lying - in function of the factories except to acknowledge their existence.[80] These institutions usually employed a midwife, which Forster maintained were necessary because the social conditions endured by these women within the factories led to frequent pregnancies.[81] The first recognised lying-in institution in Australia was the Female Factory at Parramatta. It housed female convicts for employment, punishment and birth confinement. By 1820 a permanent midwife was employed by the Female Factory, and Adcock et al. concluded that she was likely to be a convict midwife as they were paid nineteen pounds a year as opposed to fifty pounds for a free midwife.[82] This would appear to be the case as the Keeper of the Female Factory, Thomas Bell, wrote to the Colonial Secretary on 7th February in 1839:

> I have the honour to propose for the consideration of His Excellency the Governor, that the prisoner named in the margin (Elizabeth Donohue) may be appointed Midwife in the room of Elizabeth Scott who has resigned. I beg to enclose a certificate from the visiting surgeon of her being capable to fill the situation. She has been a length of time employed in the lying-in ward and has successfully done the duty of the two last midwives in their absence. I have reason to think she will suit as well as any 'free' women that can be procured as they come here for a short time to establish themselves. Salary to commence the first instant at the rate of one shilling per day the usual gratuity allowed to prisoners, she not yet being entitled to a ticket of leave.[83]

Convict women continued to deliver their babies in the Female Factory until the end of the convict era in New South Wales in1848. The affluent free settler was delivered at home usually by a midwife and sometimes with the assistance of a doctor, and the poorer free settler was delivered at home by friends, relatives and sometimes a midwife but rarely a doctor. After the end of this period midwifery was practised mainly in the home and the Female Factory was closed.[84]

**The Florence Nightingale method of nursing in Australia.**

---

[80]Anne Summers, *Damned Whores and God's Police: The Colonisation of Women in Australia,* Penguin Books Australia, 1975, pages 267-286.
[81]Forster, *Progress of Obstetrics ...,* page 11.
[82]Adcock et al, *With Courage and Devotion ...,* page 24.
[83]Ibid., page 26.
[84]Ibid., page 26.

It is reasonable to assume that the community midwife and the new general practitioner worked side by side in caring for the needs of the growing communities. Each supported the other in their own skills and establishing their own areas of practice. But in the later part of the nineteenth century a new era of credentialism and professionalism came into being, not only in medicine but in the new profession of nursing which was fast becoming one of the few suitable and acceptable areas of employment for women. Women in nursing were looking to establish status in this profession with more formal training, proof of training and registration. Barclay gives a succinct account of this in her 'Overview of History of Midwifery' for the 6th Biennial Conference of the Australian College of Midwives in June 1989. She pointed out that Sydney Hospital was the first to establish the new Florence Nightingale method of nursing. Lucy Osborne, a protégé of Florence Nightingale arrived in Sydney from England in 1868 with five other nurses to be employed as the first matron of Sydney Hospital and to establish the Nightingale method of nursing.[85] Beverley Kingston argued that the Nightingale system was dependent on the 'unblemished character' of the women employed as nurses. Nursing was to be as a vocation with a dedication not unlike that of entering a religious order. The characteristics of a suitable Nightingale nurse were to be as 'impeccable as those of Miss Nightingale herself'.[86]

To become a stringently controlled profession nursing required that the women who were recruited had not only attained a certain standard of education but that they also possessed certain social standards. This respectable image of nurses fitted well with the limitations imposed on women by society at the time. As, Kingston argued, nursing incurred public acceptance as a suitable and much sought after employment for women.[87] Midwives did not have this cloak of respectability, because they were not organised into the new controlled professional status. They were simply women who

[85]Barclay, 'Overview of history of midwifery', page 16.
[86]Beverley Kingston, *My Wife, My Daughter and Poor Mary Ann*, Thomas Nelson (Australia), Melbourne, 1975, page 83.
[87]Ibid., page 84.

were midwives by virtue of a family history in midwifery carrying on the tradition learning from their mothers or aunts, or they were women who had an inclination or a talent for midwifery.

These midwives were often referred to as the 'Granny Midwives' and Shephard argued that in remote areas like Tumbarumba lives often depended on the Granny Midwives. They had only first hand experience and no formal training. They travelled long distances and in all weathers to attend women in what was regarded as women's business.[88] These reflections on midwives compiled by Shephard are valuable in that they confirm that there was a vast network of midwives operating effectively within rural and urban areas of Australia. But they cannot be relied upon as evidence of specific practice, nor do they give a conclusive indication of competence in practice as most of the stories are mainly 'handed down' memories of families with few records or documentation of practice. It was this very lack of tangible evidence of practice which the Nightingale method opposed for it offered no status for the young woman who wished to be employed. Midwives were 'Granny Midwives' or married women performing a necessary service. Yet the practice of midwifery itself was beginning to be part of the new medical science, it was to do with health and nursing by these new professionals who wished to own it. So anyone setting themselves up in midwifery without the formal recognised training was outside the system and from the late nineteenth century was seen to be on a par with quackery.

Barclay and Willis both argue that nurses as well as doctors in Australia wished to extend their practice to include the 'tasks' concerned with childbirth. According to Willis[89] doctors encouraged the incorporation of midwifery into nursing because it ensured its subordination to medicine. He maintains that the Nightingale method of nursing supported a philosophy of subservience and assistance to what was considered

---

[88]Shephard, *The Midwives of Tumbarumba,* page 3.
[89]Willis, *Medical Dominance ...,* page 106.

to be the more important service of the doctor. This he attributes to Nightingale's refusal to attend patients unless directed by doctors. It is likely that the subservience of nursing to medicine is far more complex than this single factor; however, it set a precedence for the future.

This move to professionalise nursing and to incorporate midwifery into nursing by creating the obstetric nurse, effectively placed the community midwife outside the system. This was achieved by many means both overt and covert. It would be easy to suggest that medicine and nursing took over the profession of midwifery for reasons which were subversive. But it is difficult to support this from the literature. Certainly some midwives were guaranteed and assured income from their practice[90] yet it is unlikely that midwives were assured of as lucrative a practice in Australia as they may have been in England attending the higher echelons of society. The evidence suggests that doctors had, since settlement, always been involved in the childbirthing experience of affluent women in Australia. In the early days of settlement in many of the colonies there may well have been money to be made from midwifery because there were simply no doctors to attend births. Yet there is evidence to support the view that midwives in the eastern states of Australia mainly attended the poorer members of the community while doctors with assistance of midwives attended the more affluent members of the community. So remuneration may have been a part of the desire to take over the practice of midwifery by medicine and nursing but it was unlikely to be the only reason.

A shallow foundation of midwifery was established within Australia in these early years which did not equate with the learned midwife of Britain and Europe. By the early twentieth century the midwife of Australia was a woman who had little of the professional credibility of her medical and nursing counterparts, leaving midwifery vulnerable to takeover by medicine and nursing. It was at this early stage of change in the provision of midwifery care that South Australia was settled by the British people

[90]Barclay, 'Overview of History of Midwifery', page 17.

in 1836. At this time the medical profession had only very tenuous links with midwifery. Florence Nightingale had not yet established her basis for modern nursing and childbirthing was still very much integrated with the household, the community and the community midwife.

# CHAPTER 2

## MIDWIFERY IN SOUTH AUSTRALIA: 1836 - 1920

South Australia was colonised by the British people in 1836 under very different circumstances to the colonisation by convict settlement in New South Wales and other eastern states of Australia. In 1830, Edward Gibbon Wakefield and Robert Gouger formed the National Colonization Society with a view to founding a hardworking and successful colony in the south of Australia peopled by respectable English families.[1] Wakefield proposed that the land in this new colony should not be given free to settlers but that it should be sold at a fixed price, thus ensuring that the right sort of colonist would settle in South Australia. The money gained from the land sales was to bring out immigrants to work on the land for the landowners therefore excluding the need for convict labour as in the other states.[2] R.M. Gibbs argued that this was an important point as some potential settlers were discouraged from immigrating to Australia because of the convict population and wanted a province[3] in Australia where they thought that development would proceed peacefully and would therefore be attractive to new settlers.[4]

This founding of South Australia by what could be termed as more affluent middle class people affected the expectation of the provision of midwifery care from the beginning of South Australia's non-Aboriginal history. For the convict colonist in the Eastern States the midwifery care in the early stages was very much a matter of accepting what was available (if anything). And although there were similarities in South Australia as there was also little expertise in midwifery care available, there was an expectation of some sort of expert midwifery care by the early colonists in

[1]R. M. Gibbs, *A History of South Australia*, Balara Books Adelaide, 1969, page 21 and 22.
[2]Ibid., page 22.
[3]South Australia was often referred to as a province in early days but this thesis will use the term colony.
[4]Gibbs, *A History of South Australia*, page 22.

this settlement. It was this expectation which allowed the medical man to be present at most early South Australian confinements and set a pattern in this state for an expectation of medical attendance at deliveries for all members of South Australian settler society in the future.

This was unusual for the time. In England, although medical men had started to become involved with midwifery it was by no means totally accepted by society or the medical profession. Whilst this thesis is not suggesting that all confinements in South Australia were attended by both the doctor and the midwife, as clearly some confinements were attended only by midwives especially in isolated country districts, it does suggest that the extent to which medical men attended deliveries in South Australia was higher than the popular notion of childbirthing in the nineteenth century.

This chapter will consider existing literature on the provision of midwifery care in South Australia. It will explore the provision of midwifery care in the early days of settlement in South Australia and show the relationship between the community midwife and the general practitioner. It will also discuss the early development of changes in midwifery care and the growth of the midwifery speciality in medicine, obstetrics. In doing so, this chapter will establish that the normal place of delivery in the nineteenth century in South Australia was in the home and part of normal community life.

**Other literature on the provision of midwifery care in South Australia**

Previous studies on the provision of midwifery care and the demise of the community midwife in South Australia are limited. Histories of midwifery tend to be incorporated in institutional studies of the founding of hospitals, or integrated with histories of nursing. Various histories of the founding of South Australia have been

written by such writers as John Wrathall Bull,[5] Chas R. Hodge[6]and Edwin Hodder,[7]but there is little reference to the part that women played in South Australia's history and virtually no reference to midwives and their practice. A few diaries have survived such as those written by Dr John Woodforde and Mary Thomas which give a limited picture of childbirthing in nineteenth century South Australia and a glimpse of the practice of community midwives.

One study which stands alone is Gertrude de Vries' study on *The Conditions of Childbirth in Adelaide*. However, de Vries covered the progress of midwifery in South Australia as a chronological and developmental process, from a perspective of ignorance in midwifery care by midwives to the progression of the ideology of medical science which, with the provision of maternity beds in hospitals in South Australia, released women into the security of safe medical practice. De Vries considers that midwifery previous to the inception of the man-midwife, was 'mostly left to the women to deal with'.[8] The inference is that something that is left is not worthy of consideration therefore it was 'dealt with' and furthermore without the assistance of men. She refers to the childbearing women of the wealthier classes of nineteenth century Adelaide as being attended by obstetricians and monthly nurses who were of a better class and better educated than the 'Sarah Gamps who had given the nursing profession its bad name', who attended the poorer classes.[9] In one sentence de Vries makes two assumptions about midwives: an assumption that prior to the inception of a better class and education all midwives were Sarah Gamps and therefore incompetent and that midwives and nurses are synonymous. This same notion that community midwives were incompetent is expressed by Helen Jones who

---

[5]John Wrathall Bull, *Early Experiences of Life in South Australia,* 2nd ed, E.S. Wigg & Son, Adelaide, South Australia and Sampson Low, Marston, Searle & Rivington, Fleet Street London, 1884.
[6]Chas R. Hodge, *Encounter Bay, The Miniature Naples of Australia: A Short History of the Romantic South Coast of South Australia,* printed at the Advertiser Office Adelaide, undated.
[7]Edwin Hodder, quoted in *The Founding of South Australia, As recorded in the Journals of Mr Robert Gouger, First Colonial Secretary,* Sampson Low, Marston, & Company London, 1898.
[8]G.D. de Vries, 'The Conditions of Childbirth in Adelaide', *BA (Hons),* Faculty of Arts, in the School of History, University of Adelaide, 1963, page 103.
[9]Ibid., page 104.

also makes unfounded assumptions in a brief mention of community midwives in her book *In Her Own Name.* In discussing the argument for the registration of nurses and midwives by Professor Kerr Grant of the University of Adelaide, Jones claimed that 'unhygienic and defective practices' by community midwives 'directly caused infant and maternal deaths.[10] Yet this thesis found little evidence to support this statement. Indeed it shows that the standard of practice of midwifery by community midwives was generally supported by medical men and that a good standard of care within the context of the time was received by childbirthing South Australian women in the nineteenth and early twentieth centuries.

The developmental theme of de Vries' thesis, that of progression from poor conditions to improved and better conditions through the advent of medical technology, is not surprising when taken in the context of the time that de Vries wrote her thesis. The 1960s was a time when there was an upsurge in intervention into the natural childbirthing process by medical technology within the hospital setting. Part of this can be attributed to the Second World War when technological advances were making an impact on health care, as well as the considerable expansion in welfare services, especially health services, completing the transition from the home to hospital care of all facets of health care, including childbirth.[11] This characteristic of her thesis is illustrated in her discussion of the reluctance of the medical profession at the end of the nineteenth century to support the use of a lying-in ward in the Royal Adelaide Hospital for childbirthing women, saying that 'one would expect the medical profession to be most aware of the advantages and *essential necessity* [12]of hospitalisation'.[13] However, she concluded that doctors preferred their clients to be

[10]Helen Jones, *In Her Own Name: A History of Women in South Australia from 1836,* Wakefield Press, Adelaide, 1986, page 242.
[11]Joan Durdin, *They Became Nurses: A history of nursing in South Australia in 1836 - 1980,* Allen and Unwin, Sydney, 1991, pages 170 - 171.
[12]my italics.
[13]de Vries, *Conditions of Childbirth in Adelaide,* page 19.

nursed at home or in small nursing homes (in which they had an interest) because they could then claim their fees.

The attendance of medical men at the majority of deliveries in South Australia is not reflected in the limited literature available on the provision of midwifery care in South Australia. De Vries found that doctors attended only the affluent women in the new colony and poorer women were attended by midwives. De Vries argued that at the turn of the twentieth century ninety percent of babies continued to be born in the home in South Australia and that the other ten percent of babies were born in the Destitute Asylum and private charitable institutions.[14] De Vries' method of estimating these percentages could be open to question, however, it gives a reasonable analysis of the place of birthing at this time. Joan Durdin,[15] a nurse, referred to the progress of midwifery in South Australia in brief passages in her book *They Became Nurses: A history of nursing in South Australia 1836 - 1980* also placed emphasis on midwife only deliveries by referring to these midwives as 'self styled midwives'. Durdin also found that at the turn of the century there was a limited range of midwifery services in South Australia and she supports de Vries in her findings that affluent women delivered in their own homes and could procure the service of a midwife or a doctor or both.[16]

Both these South Australian historians refer to positive community benefits following the gradual implementation of hospital childbirthing and cited the lying in department of the Destitute Asylum as the first institution for childbirthing in South Australia. The Destitute Asylum and other charitable institutions, catered for abandoned wives and unmarried mothers who had no means to pay for the services of a midwife and a doctor. Brian Dickey also briefly referred to the lying-in function of the Destitute

[14]Ibid., page 6 - 11, this percentage was calculated by de Vries by comparing a 'rough' estimate of births in charitable institutions with the number of live births in 1900.
[15]Durdin, *They Became Nurses...,* page 1.
[16]Ibid., page 75.

Asylum in his comprehensive book on the history of social welfare in South Australia. Dickey found that by the late 1870s the Destitute Asylum had expanded its facilities for lying-in cases.[17]

From 1870 there was a proliferation of charitable institutions which offered care for destitute people but few of them had lying-in facilities. By the 1880s and 1890s several small private hospitals were established such as Calvary Hospital, Wakefield Street Private Hospital, Hutt Street Private Hospital and St Margaret's Convalescent Home. *Nursing in South Australia: The First Hundred Years,* a book produced for the South Australian centenary, gives brief chronological histories of these early private hospitals and the Destitute Asylum.[18] Margaret Conboy in her short monograph on the history of midwifery in South Australia also made the assumption that only the wealthy had medical attendance in childbirth when she stressed the poor conditions of childbirthing in South Australia in the last century, saying that in isolated areas often women's assistance came from Aboriginal women. Again, her monograph supports the concept of poor and dreadful conditions in childbirth in South Australia prior to the advent of the superior standards of care offered by hospitalisation and medical technology.[19] Rob Linn in his book on the health of South Australians including Aboriginal health and culture before white settlement in 1836 portrays a grim picture of conditions of childbirthing for the European settlers of South Australia. Linn also argued that hospitalisation was the answer to health problems in South Australia including childbirthing, inferring that there was safety in childbirthing in maternity

---

[17]Brian Dickey, *Rations, Residence, Resources: A History of Social Welfare in South Australia Since 1836,* Wakefield Press, Netley, South Australia, 1986, page 51.

[18]Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938. This book has no specific author or editor and is a collection of brief histories on all of the hospitals in South Australia. In many cases lists of the graduates of the various hospitals are included.

[19]Margaret Conboy, The Midwives Association of South Australia, W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions*. Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984, pages 49 -54. This reference briefly discusses the progression of midwifery facilities in a non critical format giving information of the dates and events of changes that occurred in midwifery practice in South Australia.

hospitals, although Linn does argue that it was the new public health measures which contributed significantly to better health measures in South Australia. [20]

Beth Waddington in her discussion of the training of midwives in South Australia from 1921 to the 1980s dismissed the early midwives of South Australia, for not being as highly skilled as their present day counterpart as they were not trained both in general nursing and midwifery.[21] Like de Vries, Waddington equates safety in childbirth with childbirthing in hospital. However in bringing her study to the 1980s Waddington does concede that pregnancy is not a disease, and that women no longer accept medical intervention in childbirth as normal practice. Nevertheless Waddington found that the modern 'tendency to home births' is considered by hospitals and doctors as a threat to the hard won standards of safety for mother and child and therefore birth units[22] are an acceptable compromise which are nevertheless incorporated in the hospital system.

The first lying-in hospital in Adelaide which was open to women other than those who were destitute or abandoned was the Queen's Home. A history of the Queen's Home later the Queen Victoria Hospital has been compiled by Ian Forbes. In his chapter on 'Nursing at the Queen's Home 1902 to 1929' he found that training for midwives began in 1902 for pupils who were already trained nurses.[23] It is interesting to note that Forbes only refers to the midwives of the Queen's Home as nurses, perhaps with good reason as he also found that the certificate first presented to Nurses Curtis and Sheppard in June 1903 stated the holder was qualified to 'discharge

[20]Rob Linn, *Frail Flesh and Blood: The health of south Australians since earliest times*, published by the Queen Elizabeth Hospital Research Foundation Inc., Adelaide, 1993, pages 141 - 142.
[21]Beth Waddington, 'Examination of the Evolution of the Role and Training of Midwives', *B.Ed Thesis*, South Australian College of Advanced Education, Salisbury Campus, 1984, page 33.
[22]Ibid., pages 45 and 46. Birth units are special units within modern maternity hospitals which only cater for identified 'normal deliveries'. These units are managed solely by midwives who only refer the labouring mother onto obstetricians if a complication with the birth arises. This form of birthing practice is becoming increasingly popular in the 1990's because it gives the 'security of hospital safe birthing practice' in a homelike environment.
[23]Ian L.D. Forbes, *The Queen Victoria Hospital Rose Park, South Australia, 1901 - 1987*, Lutheran Publishing House, Adelaide, 1988, page 101.

the duties of an obstetrical nurse.'[24] This is a significant point because this first certificate not only used the term nurse but also the word obstetrical as early as 1903. Until 1902 in South Australia there was no training school for midwives. Midwives were community midwives, and still approximately ninety percent of women delivered at home. Yet in the very first training school of midwifery in South Australia, pupils graduated as obstetric nurses and not as midwives. At this very early stage the trained midwife, who was to be the only recognised midwife of the future, was clearly destined to work under the umbrella of medicine as endorsed by the wording of their certificate.

**The community midwife and the settlement of South Australia.**

On the 29 July 1836 at 12 midday, the *Duke of York,* a barque, dropped anchor in Nepean Bay, Kangaroo Island. This was the first of several vessels in the 'South Australian First Fleet' to bring official British colonists to settle the new province of South Australia. It was the fruition of the scheme started by Wakefield and Gouger to populate the south of Australia with respectable families.[25] Editorials in English newspapers advertising the benefits of emigrating to South Australia, made it clear that the foundation settlers were to be families able to purchase land. This according to the *Herald* on 5 April 1836 would enable:

> ...the money derived from the sale is to be employed in conveying there labouring poor, for the purpose of cultivating the soil...It is not indispensably requisite that a man should be married to obtain the bounty of a free passage but it is much more desirable, for his own comfort and happiness, that he should be married before embarking for this or any other settlement.[26]

---

[24]Ibid., page 110.

[25] Bull, *Early Experiences of Life in South Australia,* page 7. The first edition of this work was privately printed by the author in South Australia. This subsequent edition is a comprehensive and detailed picture of life in South Australia from 1836 to 1870. However Bull concentrates on images about men which would have been of interest to men, stories of women do not feature in his book, and he only makes minimal reference to them. Bull himself arrived in South Australia on the 30th April 1838 on the *Canton*, which anchored at Semaphore. He arrived with his wife, two children, brother, sister and three young men under his charge and one maidservant.

[26]Newspaper cutting from the *Herald* (England ), Mortlock Library South Australia, BRG 42/121/1, dated 5 April 1836, page unnumbered.

It was clearly the intention to populate this new colony with people of British stock, with the expectation that the population would increase by childbirth and further migration. Yet, as in the colony of New South Wales, no provision appeared to have been made for the care of women during childbirth.

Durdin found that the South Australian Bill, put before the Westminster Parliament in 1834, outlined such matters as internal defence, a policing system, communication and water carriage, but did not make any reference to the provision of medical or midwifery care. [27] Durdin also found that in these first years of colonisation midwifery services provided to women during and after confinement were by 'self-styled midwives', and that this service was an accepted activity of women who had children of their own.[28] However, there is evidence to show that it was common practice for medical men to attend all confinements, although the childbirthing woman was always assisted by another woman or women, often neighbours or relatives. There is very little evidence to show that women who were qualified to practise midwifery either by previous experience or by certification, came to South Australia with the purpose of setting up a midwifery practice.

Frank Forster argued that from the beginning of white settlement in Australia, confinements were largely in the hands of the doctor. [29] However, Evan Willis refutes this by arguing that little evidence was produced to support this contention. [30] Citing records from Victoria and New South Wales in his thesis, 'The Division of Labour in Health Care', Willis described how the independent practice of midwifery was established and argued that there was frequent acrimony and distrust between doctors and midwives. Willis conceded however, that there were some incidences of medical

---

[27]Durdin, *They Became Nurses...,* page 1.
[28]Ibid., page 18.
[29]Frank M.C Forster, *Progress in Obstetrics and Gynaecology in Australia*, John Sands Pty Ltd, Sydney Australia, 1967, page 14.
[30]Evan Willis, 'The subordination of midwifery', in *Medical Dominance: The division of labour in Australian health care*, Allen and Unwin, Sydney NSW, 1989, page 97.

and midwifery cooperation. He found that when there were both midwifery and medical services in a district the midwife normally attended most confinements, with the doctor available if complications arose.[31]

This finding is supported by T.S. Pensabene who argued that although there is little statistical data to show the extent of the practice of the community midwife in Victoria in the late nineteenth century, there is evidence to show that 37% of pregnancies were attended solely by community midwives in 1913.[32] This does not appear to be the case in the early days of white settlement in South Australia. As the population increased, women did set up independent practices of midwifery, yet few practised completely independent of medical assistance. There is also little evidence to show that the relationship was one of 'acrimony and distrust' as described by Willis. It would appear that, except in a small number of cases, the relationship of the medical man and the midwife in this community setting was one of an accepted coexistence and cooperation. Willis also claimed that the elite of medicine had little to do with midwifery and that it was the 'rank and file' general practitioners who were opposed to the community midwife described by Willis as the 'independent midwife'.[33] Whilst it is conceded that some general practitioners were opposed to the trained independent midwife who was a major competitor for midwifery business, the general practitioner worked with and depended on the community midwife in South Australia. Indeed, this research shows that it was only a few elite medical practitioners who led the campaign to replace the community midwife with the obstetric nurse.

**The community midwife and the general practitioner**

---

[31]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis,* University of Adelaide, 1981, pages 189 and 190.

[32]T.S. Pensabene, *The Rise of the Medical Practitioner in Victoria,* Research Monograph, Printed in Australia for the Health Research Project and by the Australian National University Press, Canberra, 1980, page 26.

[33]Evan Willis, *Medical Dominance: The division of labour in Australian health care*, Allen and Unwin, Sydney, 1989, page 94.

Dr John Woodforde[34] was the first to describe midwifery practice in South Australia and gave a clear impression that the medical man at that time attended most confinements in the new colony. John Woodforde, a ship's surgeon[35] who arrived in South Australia with Colonel Light on the brig *Rapid* recorded on the 7 November 1836:

> Just as I had received my letters this morning and was eagerly opening the first, a message arrived for me to attend a labour. Mrs. Hoare, wife of a labourer. She is safely delivered of a fine boy who, at my request, is to be named "Rapid". I was not detained long and again returned to read of all that was dear to me, and when I was assured of their welfare and health the happiness of the moment I would not have exchanged for millions.[36]

In this statement Woodforde revealed that as the only doctor available he was willing to attend the confinement of a labourer's wife. He does not mention payment and may have considered it part of his duty as ship's surgeon. He also stated that it did not take long, inferring that he merely attended the actual delivery of the baby. This leaves the reader to assume that Mrs Hoare was left in the care of others and it would be reasonable to suggest that this would be an extemporary midwife, who was most likely to have been another female immigrant who had personal experience in childbirth.

---

[34]Dr John Woodforde's Diary, Mortlock Library South Australia, PRG 502 1/2, 'was copied from the original manuscript by Harriett Woodforde for her dear Brother's family at Adelaide', introduction to the diary dated 9 December 1867. According to the *Advertiser*, 28 June 1944, this copy was made from an old exercise book into which (as stated within) Dr Woodforde's original manuscript was copied in 1867 by his sister, Miss Harriett Woodforde. The exercise book later became the property of Dr Woodforde's eldest son John William Woodforde, who was Registrar of Births, Deaths and Marriages at Port Augusta, S.A. During World War Two the exercise book was found in a dump of paper which had been put aside for pulping. It was rescued and passed into the hands of Mr John Coates of Port Augusta, who showed it to Sister Vera M. Woodforde, Dr Woodforde's grand-daughter. Sister Woodforde had a typewriter copy made for presentation to Mr Coates, by whom it was presented to the Archives Department in 1944. Both copies are now held by the Mortlock library at the above reference.

[35]Ship's surgeons were paid by Colonial Governments and were responsible to them via the Colonial Land and Emigration Commission. Their duties included examination and final selection of emigrants prior to embarkation. Supervision of embarkation and the medical attendance and superintendence of the physical and spiritual welfare during the voyage. On arrival it would appear that in these early days of the settlement of South Australia that the new colony remained under the government of Light as a ship's captain. Therefore the ship's surgeon maintained a similar position on land until an alternative form of government was in place. (Haines Robin, 'Shovelling out Paupers? Parish-Assisted Emigration From England to Australia 1834-1847', Eric Richards, (ed.), *Poor Australian Immigrants in the Nineteenth Century*, Division of Historical Studies and Centre for Immigration and Multicultural Studies, Research School of Social Science, Australian National University, Canberra, 1991, page 49.)

[36]Woodforde Diary, dated 7 November 1836, page 38.

This readiness of women to provide a midwifery service to women during and after confinement is recalled in the diary of Mary Thomas[37]who emigrated to South Australia on the *Africaine* in 1836. Mrs Thomas and her family were amongst the first group of settlers who arrived prior to the official foundation of South Australia under the settlement scheme:

> Once we saw an infant of the Adelaide tribe only a few hours old. It was born in the night at a short distance behind our tent, although I was not aware of it at the time or I would have endeavoured to render some assistance. In the morning the mother, quite a girl, came to show us her baby. It was slung at her back in a kind of bag, as they always carry their children, quite naked and of bronze colour, as I have observed they generally are while very young. I gave her a piece of flannel to wrap round it. With this she was highly pleased, and she walked away as if nothing particular had happened. [38]

Through her diary Mary Thomas established herself as the most competent nurse for her family, when she records on the journey to Australia that her son William was 'more indebted under Providence, to my nursing for his recovery than to any medical attention on board,'[39]; and Mary Thomas had little time for the ship's surgeon of the *Africaine*:

> I believe too, that most vessels now carry a competent surgeon. [I am writing this, copied from my diary, many years after these events occurred.]. We had one[40] on board, at least, one who called himself such, but as to his medical skill, if he had any, he showed but little of it with regard to my children...[41]

---

[37]Evan Kyffin Thomas, (ed.), *The Diary and Letters of Mary Thomas (1836 -1866) Being a Record of the Early Days of South Australia,* W.K. Thomas & Co Grenfell Street 1925, Facsimile printing of third edition, Adelaide, 1983.
This diary was written by Mrs Mary Thomas wife of Robert Thomas founder of "The Register" from her original journal transcribed by her for her son, William Kyffin Thomas, and was completed on 9 April 1866, the date which was affixed to the manuscript. There are two copies, both in the author's handwriting, one on foolscap folio, and the other incorporated in a carefully compiled manuscript book of her own poems. The Diary covers the period from 1836 to 1841, and is supplemented by comments on those eventful days as well as on more recent happenings. The whereabouts of the original manuscript are not known, but is clear that the transcript that Mrs Thomas made is a careful revision of her earlier records. From the Introduction, page v, dated 15 June 1915.
[38]Ibid., 'Reminiscences', page 73.
[39]Ibid., 'The First Days of the Voyage' page 5-6, dated 5 July 1836.
[40]The unfortunate surgeon was a Dr Slater who disappeared after their arrival in Kangaroo Island on 2 November 1836 when he and a party of five others set out to cross the island. Four of the six were found some time later, but Slater and a young printer named Osborne, who was apprenticed to Robert Thomas, were never seen again. (Dairy of Mary Thomas, page 42)
[41]The Diary of Mary Thomas, 'The First Days of the Voyage', dated 5 July 1836, page 5.

But, she did record Dr Slater's attendance at a confinement during the voyage, inferring that she had no part to play in the delivery of this child:

> Fortunately nothing of any consequence happened to them but the doctor whose cabin was opposite to ours, was called about 2 o'clock to a woman in the steerage, of the name of Paul, who had been taken ill.[42] This had been expected for some time, and consequently all the men in that part of the vessel were instantly turned out of their berths and sent upon deck for two hours, which in the midst of a cold, dark and stormy night could not be very agreeable. In the meantime, however, a new passenger made his appearance in the form of a male infant, thus bringing the total number of souls on board to exactly one hundred. The child was born amidst the incessant rocking of the ship, and was afterwards named James Africaine in memory of his having been born on the vessel.[43]

John Woodforde and the other medical men who came to South Australia as ships' surgeons, would not have had any formal education in midwifery. Although the popularity of man-midwives was increasing at this time in England it was still considered of low status within the medical profession which did not include midwifery in the education of medical students.[44] John Woodforde qualified as a Licentiate of the Society of Apothecaries in 1832,[45] and therefore had only been practising medicine for four years prior to his emigration to South Australia, would almost certainly have had no previous midwifery education. The Society of the Apothecaries in England had their first examination of midwifery in 1845 and it was not until 1884 that midwifery was included as a subject by the General Medical Council in England.[46] Yet the circumstances of white settlement in South Australia opened the door for the accepted attendance of medical men at normal confinements as part of their general practitioner role. From the entries in his diary Dr Woodforde

---

[42]Presumably Mary Thomas meant that the woman was in labour as she refers to the 'illness' being expected and that the men were turned out of their berths.

[43]The Diary of Mary Thomas 'The First Days of the Voyage', dated 5 September 1836, pages 23 -24.

[44]Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*, Heinemann, London, 1977, page 56.

[45]South Australian Branch of the Australian Medical Association, *AMA in South Australia 1879 - 1979:A Centenary History 1979,* National Library of Australia, 1979, page 2. See also, G.J. Fraenkel, D.H. Wilde, *The Medical Board of South Australia 1844 -1994*, published by the Medical Board of South Australia 1994, page 40.

[46]Sir William Fletcher Shaw, *Twenty-Five Years: The Story of the Royal College of Obstetricians and Gynaecologists 1929-1954*, J & A Churchill Ltd, London, 1954, page 6.

clearly saw his role in childbirth as simply an overall part of his duty to the medical health of the people of the new colony.

After the establishment of the Government in South Australia on 28 December 1836, the first white child born in the colony was the son of Mr Robert Gouger the first Colonial Secretary to South Australia. Mr Gouger recorded in his diary on 29 December 1836:

> The commission had hardly left my tent yesterday when the doctor was called in attendance upon my wife,[47] who this morning at 6 o'clock gave the new province a son! I say 'gave the province a son' for he is claimed by the Governor as his godson, as being the first child born in the colony, after the establishment of the Government.[48]

The doctor referred to by Robert Gouger was most likely to have been Dr Wright who arrived on the *Cygnet* and whom Colonel Light appointed as the surgeon ashore at the Holdfast Bay station in November 1836. John Woodforde mentioned Dr Wright in relation to another case of midwifery when he recorded on 5 November 1836:

> ...The party is now divided into two - one of which sailed yesterday at 1 pm in the Brig for Holdfast Bay where that division will for the present be stationed. We are in momentary expectation of the arrival of Pullen who remained behind at the Island with the hatch boat to bring over Dr Wright of the Cygnet who is detained at a bad case of midwifery. Colonel Light has appointed Dr Wright to the Holdfast Bay station and I remain in care of the Rapid Bay one.[49]

Even in these beginning days of white settlement there is clear evidence of the medical men being involved in most of the confinements in the new colony. As early as October 1836 John Woodforde told of the births of two children on Kangaroo

---

[47]Mrs Gouger whom Robert Gouger refers to as H. in his diary was taken seriously ill on the 31 December 1836. On the 17 January 1837 Gouger records that Dr Jackson confirmed his opinion that his wife was "labouring under pulmonary consumption". It is difficult to diagnose Mrs Gouger's actual condition but as it occurred so soon after childbirth it is likely that her confinement bore some relationship to her illness and death. Dr Woodforde recorded the death of Mrs Gouger on Friday 17 March 1837, 'We have had three deaths this week. Mrs Gouger, a child and Mr White who came out to establish a brewery.'( Dr Woodforde's Diary) It would seem that the unfortunate Mrs Gouger could also have been the first death as a result of childbirth in the new colony.

[48]Hodder, 1898, quoted in *The Founding of South Australi...,* page 204.

[49]Dr Woodforde's Diary dated 5 November 1836, page 32.

Island since the arrival of the *Cygnet.*[50] He also recorded the birth of the first female child[51] in the new colony. She was the daughter of Mrs Finniss on 2 January 1837 at Rapid Bay. 'I was called out last night to Mrs Finniss and at 1 am she was safely delivered of a girl.'[52] Again he did not refer to any midwife, or comment on the involvement of other women. For Dr Woodforde the midwife was invisible. However, it was due to the delivery of Mrs Finniss that John Woodforde gave an unknowingly perceptive insight to the future of medical men in midwifery and clearly stated one of the compelling reasons to undertake this work:

> Last night Mr Finniss gave me 3 sov.[sovereigns] for attendance of Mrs Finniss which I consider as liberal in a young Colony for an Accouchement - one job a week of this kind would give me a very pretty lift.[53]

John Woodforde further extolled the benefits of this new found speciality for his medical practice when he made this last available entry in his diary:

> ...I am still confined to a miserable hut and am likely to be so for some time as Mr Fisher of whom I have rented a wooden house shows no alacrity in getting it up. My practice goes on increasing and if I find my bills come in a reasonable proportion I think it will scarcely be worth my while to remain attached to the Survey, that is, if I am required to accompany the party on the country sections. I have been very successful in my Midwifery and have consequently many respectable names on my list, and as I make a rule of being paid for this at the time, I am now enjoying many little comforts which my pay would not enable me to. There are five medical men here but I am happy to say my name stands as high as any.[54]

These comments by John Woodforde show that medical men sought to take advantage of the profitability to be gained by undertaking midwifery. It is also shown that there was an abundance of medical men in the colony for the small

---

[50]Ibid., dated Tuesday 11 October 1836, page 30.

[51]Fanny Lipson Finniss was born 1 January 1837 and christened in Trinity Church on 31 July 1837. The Rev C.B. Howard put a note on her birth certificate saying she was the first girl born in South Australia. In *A Book of South Australia: Women in the First Hundred Years,* Collected and Edited by L. Brown, B. de Crespigny, M. Harris, K.K. Thomas, P.N. Watson, Published for the Women's Centenary Council of South Australia, Rigby Ltd, Adelaide, 1936, page 48.

[52]Dr Woodforde's Diary, dated Monday, 2 January, 1837.

[53]Ibid., dated Monday, 23 January 1837.

[54]Ibid., dated Tuesday, 11 April 1837. Light appointed John Woodforde as Surgeon to the Survey Department but he was in practice in Hindley Street by February 1837 and later in North Adelaide. He was one of the founders of St Peters College in 1847. In 1856 he was appointed Coroner and held that position until his death in 1886. (AMA Centenary History 1979, page 2),(The Medical Board of South Australia, page 40).

population. On 29 January 1837, John Woodforde reported that 'we have here not far short of a thousand souls, most of them happy and big with life'. In that year it is reasonable to assume that with one doctor per two hundred new colonists in South Australia every delivery was attended by a medical man.

**The complementary relationship between community midwives and the general practitioner**

In South Australia the provision of care during childbirth did not undergo any radical change from 1836 until the last decade in the nineteenth century. Even then the changes were related to the early development of obstetrics in South Australia and did not affect the majority of the community. Confinements were expected to take place in the home, but, as the white population of South Australia increased, fewer deliveries were attended by a friend or relative and the practice of women who made midwifery their business increased. Often these women were widows who needed to support their families and who established themselves as midwives to be retained for a fee to care for women during the confinement and for a designated time post delivery. This growth of a midwifery profession is supported by Durdin and Willis who found that as communities developed in Australia one or two women within individual communities began to specialise in midwifery, based on their own experiences in childbirth. They also claimed that many women took up midwifery to support their families following the death of a spouse.[55] Durdin stated that whilst most mothers were confined in their own homes, some self established midwives set up rooms within their own homes for confinements. Some purchased appropriate accommodation for the purpose of establishing a nursing home.[56] Pensabene found in Victoria that the midwife provided an indispensable service to childbirthing women,

[55]Willis, 'The Division of Labour in Health Care', page 190 and Durdin, *They Became Nurses*..., page 19.
[56]Durdin, *They Became Nurses*..., pages 19 and 20.

acting as a substitute mother and housekeeper until the woman could resume her normal household duties.[57]

Until the foundation of the Queens Home in 1902, there was no formal training for midwives in South Australia. But many community midwives were given certificates by the local doctor with whom they worked, which attested to their abilities as midwives.[58] Similarly in Queensland Selby found that many doctors worked in partnership with midwives, especially in small towns, and that the midwife was generally highly regarded in Queensland communities.[59] It would appear that a similar regard was held by the community of South Australian midwives and very few community midwives operated without the endorsement of the local doctor.

**The development of the community midwife and her practice**

By the end of the nineteenth century a network of community midwives had developed throughout South Australia. It is difficult to determine the exact number of community midwives operating in their own private practices at this time but letters to the Nurses' Registration Board in the 1920s indicate that in every town, large or small, and in every district of Adelaide there were at least two and in some large country towns ten or more community midwives in practice.[60] This is supported by Nancy Robinson in her history of the northern highlands of South Australia, where she argued that each small district in country South Australia supported one or two community midwives who were 'big-hearted' women, usually with a family of their own who entered and managed the household during the childbirthing period.[61] Few women consciously set out to be midwives and commonly began their service as a result of some change in their own lives such as the death of a spouse. Robinson

[57]Pensabene, *The rise of the medical practitioner in Victoria*, page 24.
[58]Durdin, *They Became Nurses...*, page 19.
[59]Wendy Selby, *Motherhood in Labor's Queensland,* PhD Thesis Griffiths University, QLD. 1993.
[60]See Chapter 8.
[61]Nancy Robinson, *Change on Change*, Stock Journal Publishers, for Investigator Press, Adelaide, 1971, page 213.

claimed that their careers invariably began when they were called in to attend a delivery when no one else was available. Once they had proven their ability for midwifery, they continued in response to the demand from the local community. Robinson who referred to five midwives of the Jamestown area of South Australia in the late nineteenth century also found a close liaison between midwife and doctor and she related the story of a woman who began her labour when Mrs Haese, the midwife, was away in Adelaide. When the local doctor, Dr Aitken, was called, he gave the childbirthing woman an injection to stop the labour and telephoned Mrs Haese to return straight away and then he waited for her return.[62]

When the Adelaide Children's Hospital was founded in 1876, one of its original purposes was to provide a training school for nurses. The Adelaide Hospital also commenced formal training of nurses in the late 1870s.[63] Since neither of these hospitals provided training in midwifery, a new type of midwife emerged, one who did have formal training in nursing but not in midwifery. Helena Abbott was the thirty ninth nurse to train at the Children's Hospital Adelaide in 1889 and was one of these midwives.[64] After her marriage in 1895, as Helena Watt she moved to Yongala where her husband was the postmaster. In the transcript of an interview with her daughters Mrs Muriel Pearce and Miss Constance Watt they reflected:

> People got to know what a wonderful nurse she was, and her ability was shown in the way she nursed far and wide - without getting any money for it... But there was a wonderful doctor in Jamestown Dr Aitken... He was a wonderful surgeon. Mother said that he could have put his plate up in Harley Street at any time! He loved the north, he loved the country people. He said they deserved a good service. He taught mother midwifery. She had not done midwifery and in the country she was called out so much. He said that she could have had her certificate easily, she was such a wonderful nurse, but she had not trained [midwifery] in a hospital with a certain number of beds. He had trained her personally.[65]

---

[62]Ibid., page 215.

[63]Hurst, *Nursing in South Australia...,* page 29 and 69.

[64]Ibid., page 88

[65]Joan Durdin, interviewer, unpublished interview transcript of Mrs Muriel Pearce and Miss Constance Watt, 1984. Mrs Pearce and Miss Watt are daughters of the late Mrs Helena Watt, who was one of the early trainees at the Adelaide Children's Hospital. The date of her midwifery practice is not recorded. However Helena Watt finished her nurse training in 1890 at 22 years of age. She became a charge

This close working relationship between the midwife and the medical man in South Australia is further shown by Dr Llewellyn Davey when he recounted the incident of his own birth in 1889. He described how his father drove his horse and trap from Knightsbridge, near the Adelaide foothills, to Norwood to collect the midwife for the labour. Then when the birth was imminent he again had to go back to Norwood for the doctor.[66]

**The government view**

Although it was common in South Australia for medical men to attend confinements as well as the midwife, the official view was that medical men were unnecessary and should only attend confinements only when complications arose. In 1860 Richard Smales, a doctor of Noarlunga, sent a letter to the Destitute Asylum, requesting payment for his attendance at the confinement of a Mrs Thompson who at the time was receiving rations from the Destitute Board. However, the Board refused to pay the account and replied to Dr Smales:

> It is a service that the Government consider does not absolutely involve the necessity of engaging a medical man: except in special cases, and as no special necessity is pointed out in the case referred to, the Board declined to make an exception to the general rules.[67]

This letter would seem to contradict what the evidence suggests in relation to the attendance of medical men at deliveries. Nevertheless whilst the government argued, to save government cost, that the attendance of medical men at confinements was not a necessity, it does appear that it was common practice for most childbirthing women,

---

nurse in 1891 and continued her nursing at the Children's Hospital until her marriage in 1895. The period referred to was likely to have been in the late 1890s. Copies of these interviews are now lodged with the Mortlock Library of South Australia.

[66]Durdin, *They Became Nurses...,* page 19, quoted from, 'The First 150 Years of Midwifery in South Australia', paper by Llewellyn Davey for the Midwives Association Conference, Adelaide, 1986.

[67]*Letters from the Destitute Asylum 1858 - 1860,* letter 1387, dated 7 January 1860, State Archives South Australia, GRG 28/30. Although there was no copy of the letter to which the secretary of the Destitute Board was responding, Dr Smales was obviously requesting payment for services rendered to identified destitute poor in Noarlunga.

even for those who were destitute. This practice conflicts with Willis' finding from his research in other colonies in this period. He found that if there was a medical presence in a given district, the midwife usually attended most confinements and the doctor was only called when complications arose.[68] On the other hand, it is also reasonable to assume that there were cases in South Australia in which a midwife would independently manage the confinement and the *ante partum* period. This would have occurred where the woman could not afford a doctor's fee as well as the midwife's fee, or where no doctor was available. It is important to note that regardless of whether a doctor was in attendance, a community midwife or simply the nearest female help available, was always in attendance at a confinement.

**Independent midwifery practice**

Attendance at childbirth by a midwife without the presence of a medical man was most likely to occur in the country districts where there was often no medical support at all. Daisy Bates wrote of pioneer women:

> ...those women...were the bravest souls in all Australia, then and now. They followed their men and reared their broods in spite of the difficulties of isolation and dangers.[69]

Childbirth knows no racial or cultural boundaries as was shown in Mary Thomas' willingness to assist in the confinement of a 'native woman'. Bates suggested that Aboriginal women assisted in the confinements of white women when no European midwife or medical man was available when she wrote in 1936:

> ...and when little white children were born far away from doctors and nurses, help came from our native "midwives," who then entered into the little bush homes of our pioneer women as nurses or helpers of some kind.[70]

It should be noted that the context in which Bates wrote this, in 1936, for the centenary of the white settlement of South Australia, represented a romanticised and

---

[68]Willis, *The Division of Labour in Health Care.* page 190.
[69]Daisy Bates, 'Our Pioneer Women and our Natives', in Brown et al, *A Book of South Australia: Women in the First Hundred Years,* page 93.
[70]Ibid., page 93.

idealised reflection on women in South Australia. But it is reasonable to assume that in isolated country areas, white women were assisted in childbirth by Aboriginal women and that Aboriginal women, in some instances, were assisted in childbirth by white women.

Yet even when Elizabeth Knight, a midwife in the Mount Gambier district of South Australia in the last half of the nineteenth century, remembered the first delivery she conducted on her own without the doctor, the reader is left with the impression that this was different and that normally the doctor would have been present:

> The first midwifery patient she attended alone, was a woman living on the outskirts of the town, who was taken ill[71] some days earlier than expected. A small boy was sent in for Mrs Knight, who rose to the emergency and went out to deliver the patient.[72]

Elizabeth Knight whose memories were recorded in *Nursing in South Australia,* told how she went to live in Mount Gambier in 1866 at the age of 22 years, married with one child. Her husband had secured a position as wardsman in the hospital and she was employed as a nurse.[73] It is unlikely that this was the Mount Gambier Hospital which was not founded until 1869[74] but a privately owned hospital, possibly owned by the local doctor. From this time Elizabeth Knight became well known in the district as a community midwife:

> After her husband's death, Mrs Knight began midwifery work, nursing some patients in her own home and going out to others, sometimes a distance of 18 miles, but generally within a radius of six miles.
> Those were the days of large families, and Mrs Knight nurses one woman in 12 out of 13 confinements, and two sisters, one with her whole family of 11, and the other in 9 out of 11.

---

[71]It is interesting to note the use of the word 'ill'. Mary Thomas also used this word to describe a woman in labour on her journey on the *Africaine*. It is difficult to know whether the interviewer was quoting Mrs Knight or it was the interviewer's choice of words. Again the following word 'emergency' it is interesting to speculate if this refers to the fact that the delivery was earlier than expected therefore termed an emergency or it was an emergency because the woman was ill, or again because the doctor was not available, or simply that the time frame was short. It is not clear but does lead to consider the medical interpretation of childbirth which was prevalent at the time of the publishing of this book.
[72]Hurst, 'An Old Pioneer's Recollections', *Nursing in South Australia...,* page 325.
[73]Ibid., page 325.
[74]Ibid., page 227.

> Later when these children grew up and married, their old nurse was called in to assist with the next generation. Mrs Knight claims that she had not lost any mothers, but that a few premature infants had died.[75]

This story related by Elizabeth Knight when she was 93 years in 1937, is similar to many to midwives' stories in South Australia in the last century and the first two decades of this century. It illustrates the importance of these women to communities in the ways they cared for the childbirthing women from the same families, sometime for two generations. It was accepted practice for midwives to cooperate with the local doctor, and manage confinements independently if required. Mrs Knight was typically a widow who undertook midwifery as a livelihood after the death of her spouse. Her reference to not losing any mothers indicates that she provided a service in midwifery that was as safe as could be expected in the context of the time.

**Community midwives into the twentieth century**

Community midwives continued to give a service to the childbirthing women of South Australia until at least the third decade of the twentieth century in much the same manner as they did in the nineteenth century. Little has been recorded about their actual practice, but when the *Nurses' Registration Act of South Australia 1920* was implemented in 1921,[76] community midwives began writing to the newly established Nurses' Registration Board requesting registration.[77] These letters reveal the extent to which the midwives worked with the local doctors and also contain information about the reasons why they began midwifery in the first place. Many letters carried a reference from the local doctor with whom the midwife worked. Others came from who told of the midwife's value to the community and the doctor. The letter from Mrs May Murch of Chaffey on the River Murray is typical of the letters received by the Board at this time:

---

[75]Ibid., page 325.

[76]See chapters 6, 7 and 8.

[77]Correspondence, The Nurses Registration Board of South Australia, State Archives South Australia, GRG 14/1,1921-1924, Over 70 letters are included in these files from midwives with a variety of requests to the Nurses Board. Many of them will be discussed in detail in chapter 8.

> ...I wish to state that I am not a registered nurse but have done quite a lot of Midwifery nursing in the past in and round Adelaide but I retired from nursing and married again I am at present living at Chaffey on the river Murray and since being here I have been call[ed] to two urgent cases as there is no Doctor just handy and the Ladies had not time to call a Doctor in as we are nine miles from Doctor or nurse Since I attended those cases there are quite a number of Ladies who have called on me and ask me to attend them most of them having families and do not wish to leave home So I called on Dr Burch of Renmark who advised me to write you on the matter Dr Burch is quite willing to except [sic] me as a nurse if you are willing and have to [the] power to grant me permission to practice as a Midwifery nurse I am enclosing a copy of a referance [sic] I received from Dr Chapple before I married a second time hoping you will consider my note and grant me an early reply as there are quite a number of Ladies waiting my decision and I have no wish to break any laws of the Profession[78]

Other midwives like Mrs F. Poulton of Brompton revealed that they began midwifery, because their mothers were midwives. Mrs Poulton too shows the extent of the relationship between the midwife and the local doctor:

> I was surprised that my application for a nurses' licence was refused and for being advised that I would have to undergo a twelve months course of training in a maternity home. In my case I think it is very hard considering I have had many years of experience. At 17 years of age I was in my mother's (Mrs Turner) Maternity Home at 67 Franklin street Adelaide and left after 7 years training. Since that time I have worked with the following medical men:- The Late Dr Hine, Dr Shepherd, Dr Bonnin, Dr Pitcher, Dr Evans, Dr Drew and Dr Dolling and others who would recommend me and are desirous that I should have my licence.[79]

The letter from Mrs Ann Haldane of Port Pirie reveals the third reason that women became midwives - the death or illness of a spouse:

> I the undersigned wish to apply to you for registration as a Maternity Nurse. For your information I may state that some time ago I worked as a Maternity Nurse, principally under Drs Leitch, Close and Tassie, having had in all about thirty cases. As I am a Married woman, with a family of eight children, pressing home duties compelled me to give up the work previous to registration becoming compulsory. Now the failing health of my husband and other unforseen circumstances render it necessary for me to help to support my family and as I prefer this work to any other I would like to engage in it again. I feel sure that Dr Tassie would supply the necessary recommendation as to experience, character etc. Trusting to receive a favourable reply,
> I am Sir your's respectfully[80]

---

[78]Ibid., GRG 14/1, Folio 53, letter from Mrs May E. Murch of Chaffey River Murray, dated 3 May 1923. This letter contained no punctuation and I have left it as it was originally written.
[79]Ibid., GRG 14/1, Folio 53, letter from Mrs F Poulton of Brompton, dated 17 July 1924.
[80]Ibid., GRG 14/1, Folio 53. Letter from Mrs Ann Haldane of Port Pirie, dated 21 Sept 1925.

So the provision of midwifery care in South Australia from 1836 until the first two decades of the twentieth century remained in the community. The acceptable place for childbirthing was in the home. There is sufficient evidence to show that from the foundation of South Australia as a British colony, medical men and community midwives managed the childbirthing process of British and European settlers and that it was expected and considered essential for a woman in childbirth to be attended by a community midwife, or a woman who could be described as a self styled midwife, or the nearest woman helper. The majority of midwives did not have institutional formal training and were generally women who had personal experience in childbirth but who received informal training from a local general medical practitioner.

The evidence does suggest that medical attendance at childbirth was an accepted South Australian practice for white women from all facets of society and that non attendance by the medical man was related more to distance and the length of labour rather than to the poverty of the childbearing woman. There is no evidence to show that medical men were only called in to confinements where complications arose. This conclusion does not claim that there were no women in South Australia who could not afford a medical man or simply preferred midwife-only deliveries rather they were in the minority. In such cases the medical man would only be called to a confinement when complications arose.

So while the presence of the medical man was not considered essential by the government where their own costs were involved, it was a common community practice. This medical man was a general practitioner, who attended to other medical problems of his patients as well as childbirth. He did not care for the woman

throughout the labour or *ante partum* period but merely attended the delivery. He did not specialise in midwifery, but he saw it as a part of his whole practice of medicine within the community. The midwife and general practitioner, worked in a symbiotic relationship, with the midwife under certain circumstances working independently of the medical man but the medical man never working independently of the midwife. Yet, by 1920 small changes in the provision of midwifery care had begun to take place in South Australia. These changes can be seen by examining the provision of midwifery care within the Destitute Asylum and the founding of the first midwifery hospital in South Australia, the Queen's Home. However, the three parties mainly involved in the childbirthing process, the community midwife, the general medical practitioner, and the confining woman, became incidental to the changes gradually implemented.

# CHAPTER 3

## THE DESTITUTE ASYLUM AND THE MIDWIFE: 1840 - 1900

The collaborative relationship of the midwife and general practitioner remained constant in South Australia until well into the twentieth century, but the seeds of change were planted when the first institution for confinements was founded in South Australia in 1849. This was the lying-in home of the Destitute Asylum which was slow to develop as a facility for the provision of midwifery care. For most of its history it was simply accommodation for destitute women who needed a place for confinement. Yet gradually from the 1840s to 1900 its purpose and ethos changed. This was in keeping with the changes in midwifery which followed in the twentieth century and provides an insight to one of the factors contributing to the change in the provision of midwifery care in South Australia.

The Destitute Asylum was created to provide social welfare to an increasing number of needy people in South Australia. Welfare administration began in South Australia through government agencies in 1836 by the provision of rations and other resources to selected community members in need of assistance. The development of voluntary agencies of social welfare in South Australia was slow and when established these were minor in operation and less effective. This was different to other colonies of Australia which provided welfare to the poor through a combination of voluntary and non-public institutions subsidised by the government. The reason for this is not easily defined. Brian Dickey in his study of welfare in South Australia offers several explanations: there was a conscious decision to avoid the establishment of a Poor Law which operated in England and America; the government of South Australia were obliged to provide welfare to assisted migrants, in much the same way that the ships' surgeons continued to attend confinements of all women after their arrival in South Australia; South Australia did not develop a system of the powerful voluntary welfare services often based on religious agencies which in the nineteenth century were the foundation of

welfare in countries like England and America, and to some extent other colonies of Australia.[1] As a result the government, albeit reluctantly, had to provide assistance to the destitute in South Australia. Dickey also found that there was a general hostility to the subsidising of non-government agencies in South Australia, and that South Australians therefore had to rely on the government as an agency of community action.[2]

These differences in the provision of welfare services in South Australia are significant in relation to changes in the provision of midwifery care, as South Australian society promoted the view that childbirthing was the responsibility of the private sphere and not the responsibility of the government. If the pregnant woman had no direct support from her immediate household then it was the responsibility of her employer or the community in which she lived. Because voluntary organisations were not supported to the same extent as in other States, responsibility for the destitute was passed on to the government which only provided assistance in the most dire circumstances. Consequently the government provided an *ad hoc* and patchy midwifery service in the lying in department within the Destitute Asylum.

**The ideal society**

The settlement of South Australia by the British was to be a delicate balance of labour and capital. The design of the new Colony was based on the appropriate proportioning of land sales, emigrant selection and free or assisted passages to the colony for labourers and other workers. This careful planning was intended to maintain a proper balance of land, labour and capital, enabling free market enterprise to gradually take over thus eliminating the need for social dependents. To avoid the possibility of destitution of assisted immigrants the Colonisation Commission proposed that if immigrants were unable to find work then they were to be employed at reduced wages on government works. This, according to Dickey was to become the 'cornerstone of South Australia's welfare system, and to make it unique in

[1]Brian Dickey, *Rations, Residence, Resources: A History of Social Welfare in South Australia Since 1836*, Wakefield Press, Adelaide, 1986, pages xiv - xx.
[2]Ibid., page xiv to xx

Australia.'[3] This careful planning of the settlement and desired population of South Australia offers an explanation for the initial involvement of medical men in confinements in this colony. This controlled, idealised colony was successful in the early months of settlement. The settlers either had money to pay for the doctor's attendance and, if they did not, the doctor was paid by the Government as a ship's surgeon and so was obliged to attend the delivery upon request. A requirement for qualified or experienced midwives to immigrate was not foreseen by the planners so qualified midwives only arrived by chance.

**The increase of destitution**

Within a year or two of the foundation of the Colony the Emigration Agent reported that many people on assisted migration were arriving in a destitute condition. Dickey argued that it cost the colony many hundreds, then thousands of pounds, to create work and provide rations for them. So serious was the problem that the Emigration Agent in South Australia reported that in 1840, aid had been provided for 904 persons who had been found to be destitute.[4] To deal with what Governor Grey[5] referred to as the 'pauper problem', a Board of Emigration was set up in 1842 to review all cases of destitution and to recommend whether they should receive or continue to receive relief. In 1849 a Destitute Board was created to act in lieu of the Emigration Agent. At its inaugural meeting on 12 March 1849, it was authorised to investigate whether individual cases were appropriate for relief and recommend to the government that rations be given.[6] Most recipients of relief received what was termed outdoor relief, by which they were given rations, not accommodation, for a specific length of time as deemed by the Board. However, a collection of huts in Emigration Square in Adelaide were used to house some of the destitute people who could not be relieved by outdoor relief alone. This collection of huts became the basis for the Destitute Asylum which provided indoor accommodation for those people who for various reasons could not care for themselves.

---

[3]Ibid., pages 2 and 3.
[4]Ibid., pages 3 - 8.
[5]Governor Grey was the third Governor of South Australia, preceded by Hindmarsh and Gawler.
[6]Dickey, *Rations, Residence, Resources...,* pages 15-16

The increase in destitute persons was considered to be related to the change in the characteristics of the immigrant. In 1851 it was reported in the minutes of the Destitute Board that since its foundation there had been a considerable increase in the number of destitute persons. This was attributed to the increase of immigration from other colonies, and from Germany and especially Ireland.[7] This question of immigration from Ireland had caused the Destitute Board grave concern and the minutes recorded that the arrival of the *Constance* on the 3 November 1849 had increased by 32 the number of destitute who were housed in the depot and hospital. The immigrants had originated from one estate in County Monaghan, Ireland, and were reported to have been in an emaciated condition when they boarded the *Constance* in Plymouth. In a strong letter to the Lieutenant Governor of South Australia the secretary of the Board queried the selection of immigrants from Ireland arguing that due to the current famine in Ireland these people could not meet the 'healthy and robust character' which was required in the labourers destined for South Australia.[8]

While it appears that assisted immigrants from Ireland may have been in a destitute condition at the point of embarkation, Robin Haines claims that assisted migration by the English labourers were usually taken by well-informed candidates. They took this path of emigration in order to avoid poverty in England and to attain social and economic rehabilitation in South Australia. But Haines makes no claim that this can be generalised to Scottish, Irish or Welsh pauper emigration.[9]

---

[7]Minute Book of the Destitute Board 12 March 1849 - 11 November 1853, minute dated 7 January 1850, in the annual report to His Excellency the Lieutenant Governor the Boards to 31 December 1849, State Archives, South Australia, GRG 28/1/1.

[8]Ibid., minute dated 7 January 1850.

[9]Haines Robin, 'Shovelling out Paupers?: Parish-Assisted Emigration From England to Australia 1834-1847', *Poor Australian Immigrants in the Nineteenth Century*, (ed.) Eric Richards, published by Division of Historical Studies and Centre for Immigration and Multicultural Studies, Research School of Social Science, Australian National University, 1991, page 34.

The evidence suggests that apart from the immigration of the Irish poor, destitution occurred as a result of events during the voyage, such as ship wreck or injury or death of a spouse or events after emigration. Women generally became destitute as a result of death or desertion of a spouse, while men became destitute as a result of old age, injury or permanent illness which prevented them from earning a living. In January 1850 the Board found that several women with families had been deserted by their husbands who had simply left the colony.[10] By 1852 men deserted their families to seek their fortunes in the gold fields of Victoria. This became such a problem that the Board refused to render aid to any woman and her family (except in cases of sickness) whose husband was at the gold diggings.[11] But by the middle of 1853 the plight of some families was such that they had to rescind their decision:

> Altho' the Board notified publicly that they would not relieve the families of those men who went to the diggings, yet there were some cases and a few amongst newly arrived immigrants so thoroughly distressing that the Board did not feel justified in refusing aid altogether.[12]

In 1849, the Board argued for more accommodation and power to manage the destitute people. So its role was expanded to recommend sick and destitute persons for admission to the Adelaide Hospital. In the next seven months 111 were admitted on these grounds.[13] To improve the accommodation facilities of the Destitute Asylum in April 1851 the government made available part of the barracks complex next to Government House in Adelaide.[14]

**Accommodation for destitute women approaching confinement**

One group of destitute people who required short term accommodation was pregnant women who were close to confinement and Dickey found that the Destitute Board was criticised for taking in young pregnant girls who had engaged in prostitution. But the Board claimed that if the pregnant girls were refused admittance to the Asylum, their only alternative was to give

---

[10]Minute Book of the Destitute Board 1849 - 1853, minute dated 7 January 1850.
[11]Ibid., minute dated 6 September 1852.
[12]Ibid., half yearly report dated 30 June 1853.
[13]Ibid., annual report dated 7 January 1850.
[14]Dickey, *Rations, Residence, Resources...,* page 25.

birth 'in the gutter or the bush'.[15] This situation had arisen because the Orphan Board of Guardians had declared that they were not responsible for orphans over the age of fourteen. So in order to support themselves some of the female orphans engaged in prostitution which resulted in pregnancy. The infirmary at the orphanage was limited to the reception of the sick and not for the accommodation of young pregnant girls. This according to the Board of Guardians was the responsibility of the Destitute Board. But the Destitute Board was committed only to receive pregnant women who had 'a fair character for honesty and industry in their situations' not prostitutes.[16] Nevertheless, the plight of these young girls was so desperate that the Destitute Board had to reconsider its commitment and consider each application for assistance on the degree of destitution rather than the social cause. [17]

Young pregnant female orphans were not the only women who needed accommodation for confinement. Two widows from the *Constance* were admitted to the Asylum for confinement on their arrival in Adelaide. Presumably their husbands were among the twenty-one who died on the journey to South Australia.[18] In its report for the year ending 31 December 1849 the Destitute Board claimed:

> Several fatherless families have arrived in the Colony during the past year from parents dying on ship Board, these families have mostly been in a state of destitution and have required relief.[19]

Other women left destitute by deserting husbands were often left in a condition of advanced pregnancy. Young girls who became pregnant lost their positions in employment and were then destitute. They all needed accommodation for their confinements. However, if they could avoid going to the Destitute Asylum then they would. Margaret Conboy[20] found that women

[15]Ibid., page 22.
[16]Minute Book of the Destitute Board 1849 - 1853, minute dated 11 July 1850. A special meeting to consider the subject of taking in Orphans in a state of pregnancy who have become so without entering into the married state and have fallen into destitute circumstances.
[17]Ibid., minute dated 29 July 1850.
[18]Ibid., annual report dated 7 January 1850.
[19]Ibid., minute dated 3 December 1849.
[20]Margaret Conboy, The Midwives Association of South Australia, *History of Midwifery Practice in Australia and Western Pacific Regions.* in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984, page 50. This reference briefly discusses the progression of midwifery facilities in a non critical format giving information of the dates and events of changes that occurred in midwifery practice in South Australia.

did not go to the Destitute Asylum by choice. Those who could afford to utilise the services of the few available midwives and doctors did so.

**Not the Destitute Board's responsibility**

Nevertheless the problem of destitute pregnant women nearing confinement was of constant concern to the Destitute Board. The Board only took these women in when no other option was available. The Board in all cases did their best to pass the responsibility for pregnant women back to the family or employers. As in the following case of an employer who did not wish to have the responsibility of his employee:

> A letter was read from Mr Manton of Mount Barker, stating that a female in his service was about to be confined and requesting the Board to relieve her; the Secretary was authorised to write to him stating that the Board could not entertain the case.[21]

Other members of the pregnant woman's family were asked to care for the woman and in many cases the families of the deserting husband or purported father were obliged to take responsibility for the woman. In 1859 a letter from the secretary of the Board shows that this could be enforced by law:

> Sir
> A woman named Catherine Sise with one child and near her confinement with a second has applied to this Board for relief being unable entirely to support herself and child. She represents herself to be the wife of your son who has deserted her and left her destitute.
>
> By Act of Council [of] Victoria No. II you as the Grandfather of the child are liable for its maintenance and I am therefore instructed to request that you will immediately make some provision for it, and in the event of your declining to do so to take such proceedings under the act as will compel you to shew cause why you refuse. [22]

Even so, many people ignored the threat from the Destitute Board and simply did not respond to letters thus compelling the Board to take in the pregnant woman. A follow up letter was sent to Mr Sise six months later:

> Sir

[21]Minute Book of the Destitute Board 1849 - 1953, minute dated 25 March 1850.
[22]Letters from the Destitute Asylum 1858 - 1860, letter no. 1025, dated 2 February 1859 to Mr Park Sise, North Rhine, State Archives, South Australia, GRG 28/30.

> I beg to inform you that your daughter-in-law Catherine Size [Sise] has been an inmate of the Destitute Asylum for some time past, in consequence of desertion by her husband Mr Size, your son.
> A warrant for his apprehension was taken out but up to this date his whereabouts has not been ascertained and your daughter-in-law is consequently being supported at the public's expense.
> As the Act No. II of the [Council] of Victoria, specially provides for these cases, and makes it compulsory on the part of the father-in-law to maintain or make allowance for the maintenance of a daughter-in-law in case of widowhood or desertion. I would request that you come to some arrangement with as little delay as possible, whereby the Government shall be relieved of the burden of supporting your daughter and grandchild.
> I am instructed to say that if you prefer taking the infant, who is weaned, to taking both mother and child that Cath' Size is willing to give it up to its Grandmother and to seek employment at service for herself.[23]

Letters were received by the Board from local district councils asking the Destitute Asylum to take in destitute pregnant women from their district. While the Board may have granted assistance in providing limited rations to the pregnant women[24] they were reluctant to offer accommodation in the lying in department and urged local councils to provide housing for the confinement.[25] It was in the Board's interest to encourage the local council to look after their own destitute pregnant women, as the Board not only had a problem with overcrowding but also had great difficulty in recovering costs from the father of the child for her support. This is shown in the following excerpt of a letter to I.J. Bee of Nairne:

> ...With regard to Mary Waters I would beg to state that the Board have a decided objection to admit such cases from the Country Districts, especially where any grounds exist for fathering the child. The Board have no power in the first place to recover the cost of maintenance of other expenses incurred while in the Asylum, and secondly the putative father can only be summoned to disprove his paternity at the nearest local court to where the occurrence took place.
>
> If it be impossible to procure an Asylum for the young woman during her accouchement, I presume she must be admitted into this Institution at the same time it would be as well to delay forwarding her til the eleventh hour as the Asylum is now fully overcrowded.
> It would also be as well if possible to get some acknowledgment from the reported father whereon future action can be taken.[26]

**The putative father**

---

[23]Ibid., no. 1025, letter dated 17 August 1859.
[24]Ibid., no. 1099, letter dated 12 April 1859, to J.W. Turner Esq. Mayor of Gawler.
[25]Ibid., no. 1242 letter dated 23 August 1859, to J.W. Turner Esq. Mayor of Gawler.
[26]Ibid., no 1248 dated 1 Sept 1859.

In endeavouring to place responsibility for the pregnant woman from the Asylum to the husband or purported father, the Destitute Board sent numerous letters to the deserting fathers to make some provision for the pregnant woman. But the law only provided for the father to support the child and it was only after its birth that the Board could make a claim for maintenance.[27] Letters to these men were always sharp and to the point with the threat of police action if they chose to ignore the letter:

> Sir
> I have to request that you will immediately make some arrangement with me with regard to the illegitimate child of Eliza Fitzpatrick of whom she declares you to be the father, or it will be my duty to cause you to be summoned to the Police Court Adelaide to shew cause why you refuse.[28]

It appears that most of these letters sent by the Destitute Board looking for deserting fathers were sent to country areas, indicating that many of the women were left in Adelaide and the men just disappeared into the country, other colonies of Australia or back to their country of origin.

Desertion of women and desertion of illegitimate children was not confined to one part of society and if the purported father was a notable member of society, the Board still endeavoured to pursue the father to acknowledge and take on the responsibility for the woman and the child. However, the tone of the letter was somewhat different and with an indication that the Board might be prepared to consider a counter claim of denying paternity, the threat nevertheless was the same with the added threat of exposure:

> Sir
> I have the honor to inform you that a young woman named Margaret Boyd has applied to this office for admission to the Asylum during her confinement. She declares that you are the cause of her pregnancy and that you refused to make any provision for her, that in consequence of the want of friends she is quite destitute and compelled to apply to the Government for food and shelter. If such statement be a fact, permit me to advise you to reconsider your determination as in the event of the girl having to come in here for confinement it will be my duty immediately after such event to cause you to be summoned before the police magistrate in order that she may affiliate the child, which may involve you in some considerable expense as well as an unpleasant exposure. [29]

---

[27]Ibid., no. 1130, dated 12 May 1859, to Mr Francis Oliver, Gunchea.
[28]Ibid., no. 1261, dated 14 September 1859, to John Burns, Peachy Belt.
[29]Ibid., no. 1271, dated 22 September 1859, to Mr Stephen Bowman, of Martindale near Mintaro.

The Destitute Board did have some successful outcomes in their efforts not to take on the responsibility of deserted pregnant women and the following letter shows how the process was undertaken to obtain an admission from the putative father:

> I beg to state in reply to your letter of the 7th inst. reporting the case of Margaret Maloney and asking for instructions how to act in the matter. That no legal steps can be taken against the reputed father John Foxwell, until after the birth of the child; when that event takes place, it will be competent for any respectable householder to lay an information before the nearest bench of magistrates against the putative father, under the Act No II - VI Victoria.
>
> The girl of course will have to bring sufficient evidence to prove her claim. The usual plan adopted by the Relieving Officer is to obtain an admission from the putative father- This requires a little tact sometimes, but is generally successful, he the Relieving Officer then appears as Witness and the Court usually orders about 7/- per week maintenance - Very little direct evidence comparatively speaking is deemed sufficient to parent a child by the Police Magistrate in Adelaide.[30]

Despite the concerted effort by the Board not to take pregnant women into the Asylum there were always some women who could not be cared for by outdoor relief and needed accommodation within the Asylum. In July of 1851 the Destitute Board came to the conclusion that they could not refuse admission to women who were close to confinement and at a meeting held on 10 July 1851 it was recorded that the Board found it exceedingly difficult to refuse women accommodation for their confinement due to their abject state of destitution.[31] However, the Board would not admit pregnant women without proper enquiry and that they were to be admitted as close to their confinement as possible and discharged 'as soon after their returning strength would permit'.[32] A specific area as a lying-in ward was designated within the accommodation of the Destitute Asylum and by August 1859 the secretary of the Board wrote that there were seldom less than half a dozen women in the lying-in ward at the Destitute Asylum either awaiting their confinement or recently confined at any given time.[33]

**A lying-in facility**

---

[30]Ibid., no. 1373 date 14 December 1859, to I. Higgins, District Clerk, Encounter Bay.
[31]Minute Book of the Destitute Board 1849 - 1853, minute dated 10 July 1851.
[32]Ibid., minute dated 10 July 1851.
[33]Letters from the Destitute Asylum 1858 - 1860, no. 1245, letter dated 24 August 1859.

The lying-in home in the Destitute Asylum came into existence by necessity and not by plan. At first there was no separate accommodation for women in labour and in April 1851 the Colonial Surgeon expressed to the Destitute Board his concern in regard to the accommodation provided for pregnant females within the Asylum. He also told the Board that he had difficulties attending such cases in his role as the Colonial Surgeon.[34] It would appear that all sick inmates of the Asylum were attended by the Colonial Surgeon and it was expected that he would also attend the labour of childbirthing women. The evidence suggests that the attendance of the doctor on these women in confinement was less attractive than those who could afford to pay, as claimed by Dr Woodforde 15 years earlier. At the time of this report by the Colonial Surgeon, indicating his difficulties in attending all the confinements, very few women were actually confined within the Asylum, so it is reasonable to assume that it was the after hours requirement attributed to confinements that the Colonial Surgeon found inconvenient. Nevertheless following this representation by the Colonial Surgeon at a special meeting of the Destitute Board held on 28th April 1851 it was resolved:

> That the Colonial Surgeon be instructed to procure some female to attend the cases of childbirth which may occur among the destitute who shall be under his orders.[35]

This procurement of 'some female' to act as a midwife is the first record of a person to be employed as a midwife by a government institution in South Australia and the first step of midwifery into the public sphere in this state. At a subsequent special meeting of the Destitute Board to consider the accommodation of 'unprotected pregnant females', it was noted in the minutes of the meeting that the Destitute Board's decision to take the Barrack building made available by the government, was due to the need of the housing for women during confinement.[36] Thus the Board endorsed the first public institution for childbirthing in this state. Nevertheless it was some time before separate accommodation was set aside for the

[34]Minute Book of the Destitute Board 1849 - 1953, minute dated 7 April 1851.
[35]Ibid., special meeting, minute dated 28 April 1851.
[36]Ibid., special meeting, minute dated 6 May 1851.

lying-in cases. Other women, children, young girls and pregnant women were all housed together in the women's quarters and this situation remained until the 1870s.

Within the letters and minutes of the Destitute Board there are many references to the overcrowding and poor condition of the Asylum and it faced much public criticism regarding its structural condition and the housing of children and women in advanced stages of pregnancy with other inmates of 'evil character'. In 1850 the Board was obliged to write to the Colonial Secretary with an explanation pertaining to accusations made in the *Adelaide Times* in relation to accommodation and management of the Destitute Board. The charges made against the Board included allowing the matron of the Asylum to have one room for herself when the inmates were obliged to be huddled together in one room and that young orphan children were exposed to the:

> ...contaminating influence of women of evil character and associated with them in the same dwelling. [37]

Further and sustained criticism in the early 1860s resulted in the building of another storey on one of the North/South wings of the Asylum and the implementation of the Act for the *Regulation of the Destitute Asylum (No. 2 of 1863)*. The Board had repeatedly asked for improvements to the accommodation and an Act to regulate the affairs of the Board, but it was not until an article in the *Register* of 3 March 1862, criticising the Asylum, that the government undertook to address these matters.[38] The *Register* claimed that: the Destitute Asylum was the most unsatisfactory of all the establishments in the colony; the government refused to recognise the Asylum as a permanent facility in the colony; and that:

> It is too small, badly ventilated and dirty...The chief idea seemingly kept in view is to surround poverty in the Asylum with all the wretchedness which can attend it out of doors.[39]

This attitude of the government was in keeping with its position on the provision of welfare. The government pursued the notion that those requiring welfare were a group outside of the

[37]Ibid., minute dated 12 April 1850.
[38]Dickey, *Rations, Residence, Resources...,* pages 36 and 37.
[39]*Register,* dated 3 March 1862, also quoted in Dickey *Rations, Residence, Resources...* page 36.

normal South Australian society. Recipients of aid were supposed to be selected upon the moral criteria of the deserving poor and the possibility of their rehabilitation to the normal society when the period of destitution was over, thus preventing a long term drain on government monies. In reality, the state was obliged to offer assistance to all destitute persons, deserving or not. The concern was that if charity provided more than the minimum assistance then a 'spirit of pauperism' would be created within South Australian society.[40] So an ethos that any sort of aid was better than none prevailed, limiting the amount of public monies spent for improving the destitute asylum, until public opinion forced the government into action over the dilapidated buildings.

This resulted in some improvement to the Asylum's facilities being implemented in the 1860s. But in 1876 there was still debate and concern over the accommodation for lying-in women. In a letter to the Chief Secretary dated 20 January 1876, T.P. Reed the chairman of the Destitute Board argued that the dormitories which were provided for in the Estimates for 1875/76, should be erected immediately in order to accommodate thirty lying-in inmates, and to provide accommodation for the Matron and Officers. Otherwise they would be obliged to request sanction for fresh quarters outside, which he claimed would be a source of great inconvenience and expense.[41] He complained:

> Sir
> I have the honor to report for your information a continuous increase in the number of Lying-in (single) women, for who there is no adequate or sufficient accommodation.
> There is no separate room for their confinement apart from their general sleeping room, so that women awaiting their accouchement are compelled to witness the painful trials and sometimes, (as yesterday) the death of others in the same room, thus exciting personal alarm in their now impending circumstances.
> The present number of these inmates is eleven, crowded together in one room with eleven infants.
> The room also set apart for the Girls' Reformatory is in close proximity to the Lying-in room which though very undesirable, cannot be avoided.[42]

---

[40] South Australian Parliamentary Papers (SAPP) 1855-6, 11, No, 137a P.111, also referred to in G.D. de Vries, 'The Conditions of Childbirth in Adelaide', *BA (Hons),* Faculty of Arts, in the School of History, University of Adelaide, 1963, page 20.

[41] *Letterbook Destitute Asylum July 1876 - July 1879*, letter dated 20 December 1875, State Archives, South Australia, GRG 28/31/1.

[42] Ibid., letter dated 20 December 1875.

A reassuring communication was received by the Destitute Board from the Chief Secretary's Office stating that the Department of Public Works would be at once instructed to attend to the erection of the extended accommodation and that in the meantime the Destitute Board was authorised to make arrangements for fresh quarters to give decent and proper accommodation for the lying-in women.[43] Despite the Chief Secretary's prompt reply the Destitute Board in September of 1876 were still asking for 'further temporary accommodation for the lying-in women whose numbers were fast increasing'. They were still accommodated in close proximity to the reformatory girls.[44] In January 1878 the Chairman was still submitting requisitions to complete the lying-in portion of the new buildings.[45] In desperation the Matron of the lying-in home took over possession of the new but incomplete facilities in May 1878.[46] Facilities for the lying-in cases were expanded by the late 1870s[47] and under the regulation of the new Act of 1881 the Board decided to admit pregnant destitute women for longer periods before and after confinement.[48] So over a period of more than forty years South Australia had reluctantly established its first lying-in facility within the public sphere.

**The midwife in the Destitute Asylum**

Since no further reference was made to the female who was to be 'procured' by the Destitute Asylum in 1851 it can be concluded that until that time a midwife had not been employed specifically by the Asylum. Earlier records in the minutes of the Destitute Board indicate that women were employed by the Destitute Asylum as nurses. However, their duties would have included domestic tasks, including caring for all of the sick inmates of the Asylum as well as assisting in confinements to which the Colonial Surgeon was called. Nor is there any indication that women with qualifications or even experience in nursing were hired as nurses or midwives

[43]Ibid., letter dated 21 January 1876.
[44]Ibid., letter dated 27 September 1876
[45]Ibid., letter dated 7 January 1878.
[46]Ibid., letter dated 9 May 1878
[47]Minute Book of the Destitute Board, 7 January 1875 to 6 July 1876, minutes dated 15 May 1876, 27 December 1877 and 6 June 1878, State Archives, South Australia, GRG 28/1/4.
[48]Ibid., minute dated 14 July 1881

in the early days of the Asylum. So it would appear that women who were receiving relief themselves were employed as nurses by the Board, presumably to give them employment.[49]

The senior nurse within the Asylum was the Matron. This position involved not only nursing the sick and attending confinements but also included the general management and housekeeping of the Asylum, as well as being a warden to ensure the good behaviour of the male and female inmates. In March 1850 the rules for maintaining order in the Asylum were minuted at a meeting of the Board which highlighted the monitoring and housekeeping role of the Matron. This was the role expected of Matrons of hospitals and other health related establishments well into the twentieth century. The following rules were drawn up by the Destitute Board before Florence Nightingale had become noted for her activities in the Crimea and well before her teachings on nursing were established in England or Australia:

> No inmate to be absent at any time earlier than 9 in the morning or later than 7 at night or during the day if required by the Matron for assisting and carrying on the duties of the establishment.
>
> The inmate to be under the entire direction of the Matron and to obey such instructions from her regarding cooking and washing for the Asylum as may appear to her to be necessary - anyone disobeying her to be reported to the Board.
>
> Any insolent language or swearing or other misconduct to be reported.
>
> The Matron to have full power to enter, inspect or give directions concerning any apartment in the asylum.
>
> The inmates to receive no visitors without the sanction of the Matron.[50]

A matron at the time of the foundation of the Destitute Asylum was a female who managed and attended to the housekeeping requirements of the establishment, which also included addressing the behaviour of those housed within the establishment and nursing of sick inmates as well as assisting in the childbirth of pregnant women. The term had not become synonymous with nursing as it is today.

---

[49]Minute Book of the Destitute Board 1849 - 1853, minute dated 18 June 1849. Mrs Baily a widow on the ration list having received the charge thereof until the meeting of the Board - the Board decided that Mrs Baily continue in the situation being recommended by the Emigration Agent.
[50]Ibid., minute dated 4 March 1850.

The duties of nursing and midwifery included in the Matron's role were those duties expected of any married woman at that time, so in July 1850 the Board thought that the depot would be more efficiently managed by a married couple. The wife was to take the position of matron and the husband the position of depot keeper. He was responsible for cooking and cleaning for the male inmates.[51]

According to the 1851 annual report of the Destitute Asylum there were only two lying-in women accommodated at that time in the Asylum but no reference to the number of lying-in cases they had received during the year.[52] At this time confinements were a relatively small part of the overall care of the inmates. Since the only qualification for the position of depot keeper and matron were that the incumbents were married to each other unsuitable people were often employed. It was minuted, to the Chief Secretary's Office in the half yearly report of December 1851, that the depot keeper and the matron had been dismissed during the previous half year as they were found to be:

> ...insufficient for the work and became so uncivil, unkind in attention and insubordinate that the Board felt compelled to dismiss them. [53]

As a result of this, applications for the situation of Depot Keeper and Matron were received from Mr and Mrs Clements and Mrs and Mrs Coyle and from their testimonials - it was decided to recommend the latter and that Mr W. Marshall be appointed as wardsman at the same time. However by the 1 March 1852 the new Depot Keeper had resigned as his wife Mrs Coyle had died and Mrs Tapley the wife of the Secretary of the Destitute Board now performed the duties of Matron. The minutes of the Board noted that:

> ... it has become desirable to appoint a Wardsman and a nurse at 1/- per diem each with rations; the inmates of the Asylum, being mostly person either of weak intellect, or physically incapacitated from rendering service in the Establishment. George White to be the Wardsman at the Destitute.[54]

---

[51]Ibid., minute dated 8 July 1850.
[52]Ibid., annual report 6 January 1851.
[53]Ibid., half yearly report ending 31st December 1851.
[54]Ibid., minute dated 1 March 1852.

Although it is not specifically stated the evidence does point to the Destitute Board, in many cases, employing people who were on the ration list to staff the Destitute Asylum. This would relieve the Destitute Board's responsibility for these people by placing them onto the Government payroll. This outcome supports Dickey's argument that destitution was to be avoided in South Australia by providing government subsidised work.[55]

**The qualified matron**

By 1859, records of the Destitute Asylum indicate that the Destitute Board was considering applications from persons who had previous experience in midwifery or even had qualifications for the position of Matron or nurse. An incident concerning a nurse at the Asylum, Mrs Winstanley,[56] led to the Board seeking more appropriately qualified women as nurses. The Board then formalised the process of selecting an appropriate nurse by consulting references and rejecting those not suitable.[57]

Nevertheless favourable qualifications usually meant that the woman was simply well thought of in that community rather than having previous experience in nursing or midwifery. For example when Mrs McBride resigned in 1860 her replacement was though to be 'well qualified for the situation' because she had an excellent character in the neighbourhood in which she had resided for some considerable time.[58]

But by the time the lying-in home was expanded in the late 1870s, staff specifically designated for the lying-in home were employed by the Destitute Board. The earliest record of specific staff for the lying-in home of the Destitute Asylum is from October 1869. It is likely that a midwife would have been employed prior to this time for the purpose of confinements in the earlier lying-in ward as indicated by the request of the Colonial Surgeon in 1851. However,

---

[55]Dickey, *Rations, Residence, Resources...*, page 3.
[56]This woman had been found guilty earlier in the month of August of giving a black eye to an 'imbecile girl' and five months earlier a similar complaint was made against her. (letter no. 1225 dated 9 August 1859)
[57]Letters from the Destitute Asylum 1858 - 1860, no. 1247, letter dated 30 August 1859.
[58]Ibid., no. 1513, letter dated 1 May 1860.

when the lying-in home became a separate department of the Destitute Asylum, there was a need for a Matron for the lying-in home. The following table shows the Matrons of the Lying in Home from 1869 to 1905, their periods of employment and their annual or weekly salary:

**Table 1: Matrons of the Flinders Street lying in home of the Destitute Asylum**[59]

| Name | Period of Employment | Remuneration |
|---|---|---|
| Sarah Maria Hunt | 1 October 1869 to 30 September 1879 | £65 per annum |
| Mary Hodgkins | 1 October 1877 promoted to Matron 1 February 1879 Matron only for a few days. | £65 per annum |
| E. Dillon | 10 February 1879 to 19 December 1880 | £75 + 5/- each midwifery case |
| E.Thompson nee Hepworth | 20 December 1880 to 30 November 1899 | £75 + 5/- each midwifery case |
| Florence E. Pearce | 1 December 1899 to 16 May 1905 | £75 + 5/- each midwifery case<br>1 July 1902 inc to £90 without midwifery fees |
| Julia Bertha Lawson (acting Matron) | 17 May 1905 to 31 May 1905 | 17/- per week |
| Emily Adams | 3rd June 1905 | £90<br>(no further records) |

There is little evidence of the matron's specific day to day duties but it is likely that the housekeeping and monitoring role would still have been a facet of her employment. An incident concerning Mrs Hunt, the first recorded matron of the lying-in home, and the appointed medical officer to the Asylum in March 1876, shows that the relationship between the medical men and the midwife was not as amicable within the lying-in home as it would appear to have been within the community setting in South Australia. It also shows that as yet the medical men were not yet interested in the embryonic obstetric speciality in Adelaide and medicine had not yet thought to make use of the lying-in facility for obstetric practice. Mrs Hunt had

[59]Destitute Asylum Record Book of Officers and Servants, State Archives, South Australia, GRG 28/24 see also Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938, page 23.

complained to the Board that the medical man, a Dr Gardner, did not attend a confinement on 10 March 1876 after proper notice for him to do so. Dr Gardner responded that:

> ...his duties at times would prevent his attendance at this Institution, and further that when summoned, he would require the summons to come from Mr Lindsay[60]...when his attendance is required at other than ordinary times...[61]

The Destitute Board very quickly replied supporting Mrs Hunt:

> The Board wish it to be understood that they require a Doctor to attend at the Female Department whenever the Matron shall consider it necessary to send for him, and that if he cannot do so the whole subject matter had better be referred (sic) to the Government.[62]

The fact that the doctor would not entertain being asked by the matron to attend an after hours delivery but insisted on being informed by the chairman of the Destitute Board, reflects the patriarchal attitude of the society of the time. Dr Gardner's attitude may have been unusual but Mrs Hunt's position as a state employed midwife of some position was unique in South Australia. The medical man who did attend deliveries in the wider community had an expectation that the delivery would have been booked by the childbirthing women with the midwife as part of the process. But Mrs Hunt's position of authority within the Destitute Asylum required her to make a diagnosis and call in the doctor. This put her on an equal basis to the doctor. The situation hints of the dilemma which would face the medical profession in the future about the status of the midwife.

Mrs Hunt continued to have difficulties during her time as matron of the lying-in department largely due to the existence of the female reformatory on the same premises. The Chairman of the Board in his half yearly report drew the problem to the attention of the Chief Secretary and added a strong protest:

> I cannot possibly avoid making a very strong protest from the Board and myself against the continuance of a female Reformatory upon the same premises as the Lying in Home, and within sight and hearing of that department. The girls usually sent to the Reformatory are of a class, who, from their infancy have had nothing but the very worst example before them, they have been sent there for robbery, or for residing in houses of most

[60]Chairman of the Destitute Board.
[61]Minute Book of the Destitute Board 1875 - 1876, minute dated 16 March 1876.
[62]Ibid., minute dated 30 March 1876.

> infamous character; they have defied all control in the Institution, shrieking, singing and using vile language, they have secreted knives and have unscrewed the fastenings of the doors; their noises [have] been heard at the Police Barracks, they have cut, torn, and completely destroyed their clothes and bedding, smashed furniture, broken windows and window sashes, and generally perpetrated every mischief of which human depravity is capable.[63]

This proved too much for Matron, Mrs Sarah Hunt, who resigned. She had been matron of the lying-in home for ten years. Her resignation led the Destitute Board to formally protest about the close accommodation of the reformatory girls to the lying-in home to the Chief Secretary:

> Mrs Hunt has commanded the respect of every member of the Board, and of the director to the Home; has I regret to say resigned her position simply because she feels that her annoyance from the Reformatory girls have been so great and so frequent as to undermine her health and unnerve her for the continuance of such thankless and arduous duties.[64]

Mrs Hunt left the Destitute Asylum with a relieving allowance from the Government on her retirement. This compensation paid to her, after some argument between the Board and the Government,[65] established the position of the Matron of the lying-in home as of one of status and worth. The matron's position had become one which was filled by a woman, who within the context of the time, had the appropriate qualifications and was afforded a remuneration and respect befitting a person who was employed in such a position. But is no evidence that specific educational qualifications were required until the twentieth century. While it was possible to gain qualifications in midwifery in England and in Melbourne where a lying-in hospital was established in 1856 and training for midwives had begun in 1862, there is no evidence to suggest that any of the Matrons of the Destitute Asylum until 1900 possessed such qualifications.

**Medical assistance at the lying in home**

An incident which occurred in March 1877 highlighted the difficulties that the Destitute Board had in getting the medical man to attend not only confinements but emergencies in the Lying-in home, and caused the Board to separate the medical needs of other inmates in the Asylum

[63]Letterbook Destitute Asylum 1876 - 1879, half year report ending 30 June 1877.
[64]Ibid., half year report ending 30 June 1877.
[65]Ibid., letter dated 25 Sept 1877.

and those of the lying-in home. A German woman died in the lying-in home and another immigrant who was awaiting confinement had erysipelas[66] and whom the current Chairman of the Board I.M. Solomon, had 'caused to be removed to a tent erected in the yard to avoid danger.' This incident resulted in the Board submitting to the Adelaide Hospital Board the ability for the Board to obtain medical assistance when required for the 'maternity ward'.[67] The problem was that the doctors would not, if a case of puerperal fever occurred, attend any of the women or children in the lying-in department.[68] This was a time before Lister's discovery of the process of cross infection and the threat of a doctor taking the infection out into the wider community from the lying-in department was very real. This eventually led to the Board recommending that a medical man be appointed from the Adelaide Hospital for the sole purpose of attending to the women in the lying-in home. In February 1878, the Chairman of the Board wrote to the Chief Secretary complaining of the expense of what he considered to be indifferent medical attention by the current doctor. He requested the appointment of a permanent medical man to attend all the medical needs of the Destitute Asylum in order to avoid refusal by a doctor to attend confinements. He had no doubt that:

> ...£500 per annum and one forage allowance [£104] would be a sufficient inducement to some young but talented medical gentleman to take upon him not only the duties now performed by Doctor Clendining, but also the examination of person claiming to enter the establishment upon the grounds of inability to work as well as assistance in cases of accouchements for which doctor Clendining is now paid in addition[69] to the foregoing amounts £2.2.0 in each case.[70]

These events identify two factors which indirectly influenced and yet were a part of the changes in the provision of midwifery care in South Australia. The Destitute Board provided the Adelaide Hospital the means of practising midwifery within the lying-in home by

---

[66]A febrile disease characterised by inflammation and redness of the skin and subcutaneous tissues, a highly contagious condition now known to be due to Group A haemolytic streptococci. B. Miller, C.B. Keane, *Encyclopaedia and Dictionary of Medicine, Nursing and Allied Health*, 2nd ed. W.B. Saunders Co. 1978, page 354.

[67]Letterbook Destitute Asylum 1876 - 1879, letter dated 14 March 1877. Note here the subtle change in the language by the Chairman referring to the lying-in home as the maternity ward. This is the first time the lying-in home is referred to as the 'maternity ward'.

[68]Ibid., letter dated 29 March 1877.

[69]The Chairman's underline.

[70]Letterbook Destitute Asylum 1876-1879, letter dated February 1878.

requesting that a medical man from the Hospital be available to the lying-in home. At the same time the Board separated confinements from the other medical requirements of the inmates of the Asylum. So the Board, perhaps unwittingly acknowledged medical specialisation in midwifery cases.

Dickey found that under the Act of 1881 the Destitute Board decided to accept pregnant destitute women for longer periods, thus allowing time for those with venereal disease to undertake the mercury cure.[71] This indicates a change in the perception of the doctors to the Destitute Asylum. Whereas previously, attending the sick and the pregnant was part of the role of the government paid doctor and a duty to be avoided, if possible, doctors could now see the opportunity that the Asylum gave them to study, practice and experiment upon these vulnerable people. Dickey also argued that after the Act of 1881 the lying-in ward was beginning to be seen as a facility which could be utilised by the University of Adelaide for the students in medicine to gain experience in midwifery.[72] But this is unlikely, as previously shown, because the rules of the Adelaide Hospital prevented any 'medical gentlemen' from attending confinements at the Destitute Asylum in 1878.[73] The school of medicine in the University of Adelaide was not founded until 1885 and there is no evidence to support the claim that Destitute Asylum lying-in home was used for clinical practice for medical students. Clinical teaching at the Adelaide Hospital did not start until 1887[74] and as medical students would not have attended confinements at the Destitute Asylum until at least the 1890s, there is no evidence to suggest they did so at this time.

While the Destitute Asylum can be seen as the foundation of state welfare in South Australia, it promoted private rather than public responsibility. It was considered the last resort after all other means of assistance had been exhausted and the applicant had become destitute. The Destitute Asylum created the notion in South Australia that childbirthing in an institution was

[71]Dickey, *Rations, Residence, Resources*..., page 51.
[72]Ibid., page 51.
[73]Letterbook Destitute Asylum 1876 - 1879, letter dated 25 February 1878.
[74]William Ray, (ed.), *Jubilee of The Medical School 1885-1935: The University of Adelaide*, The Hassell Press, Adelaide, 1935, page 21.

for the unmarried fallen woman and in certain circumstances the destitute married woman. It did not contribute significantly to the rise of medical obstetrical knowledge in South Australia during the nineteenth century, but it did establish a role for a medical specialist in midwifery. During the nineteenth century the status of the midwife employed by the Asylum changed from that of a married woman whose only qualification was that she was in need of welfare herself, to a salaried woman with appropriate qualifications in midwifery. At the turn of the century the matron of the lying-in home was still the only employed midwife to practise midwifery within an institution in South Australia. The provision of midwifery care in the community continued to be provided by the community midwife.

# CHAPTER 4

## THE BEGINNING OF CHILDBIRTHING IN THE HOSPITAL IN SOUTH AUSTRALIA: THE QUEEN'S HOME: 1899 - 1910

While there is little evidence to show that the majority of midwives and doctors were interested in delivering women outside their homes or small nursing homes in South Australia in the late nineteenth century, by 1900 there were some instances when doctors advocated change. This chapter explores the establishment of the medical school in South Australia and its first steps toward the education of medical men in midwifery coupled with the founding of the Queen's Home as the first purpose built maternity hospital as the means to further that education. When the Queen's Home was established in Adelaide there was still no intention by medical men to change the childbirthing practices of women from home to hospital deliveries. On the contrary, they fought rigorously to maintain the *status quo* of their medical practice of childbirth in the Home. Through the letters of Lady Tennyson who initiated the founding of the Queen's Home, this chapter considers the significance of the non acceptance by medical men of the Queen's Home as a place of birthing for respectable married women in South Australia. It also considers their determination to establish the Queen's Home as a charitable hospital for the needy poor, unmarried mothers and the emergencies of childbirth.

### Medical specialisation and the emerging obstetrician

While the symbiotic relationship between the midwife and the general practitioner remained constant until well into the twentieth century in South Australia, the emergence of the specialist medical man in midwifery in Australia was eventually to bring about changes in the service provided by community midwives and the general practitioner. While it can be argued that the medical profession sought to include midwifery in its body of knowledge with the purpose of taking control over childbirthing as well as most other aspects of health care it can also be argued that within its own ranks it further sought to marginalise midwifery from the practice

of the general practitioner. The marginalisation of midwifery practice from the general medical practitioner is not the subject of this thesis, but the creation of the obstetrician is a factor in the elimination of the community midwife.

Evan Willis has argued that the historical process of specialisation in occupations can be described in two ways. The first, horizontal specialisation, is the merging of two or more mutual fields of interest to create a separate field. This occurred especially within medicine in which the separate specialisations are created as elite fields.[1] This theory can be applied to the emergence of the obstetrician and the horizontal process can be described as the three way merger of the specialist physician in women's diseases, the specialist surgeon with an interest in gynaecology and the general practitioner. The second process of specialisation is vertical specialisation which provides the basis for the hierarchical division of labour in health occupations. According to Willis, there are two complementary processes which take place: sub-professional dominance and secondary deskilling. Willis cited Everett Hughes when he argued that all occupations have a component of less pleasant mundane 'dirty work' and these tasks have been delegated to subordinate occupations. In the development of obstetrics the subordinate occupation is seen by Willis to be the community midwife. Secondary deskilling is the process by which other health professions are legally barred from undertaking tasks which are seen to be the territory of medicine.[2]

The development of obstetrics in South Australia could only be achieved by the medical merger and eventual take over of the general practitioner's role in childbirth, together with the elimination of the community midwife and the creation of another branch of nursing, obstetric nursing. In South Australia, midwifery did not merge into nursing: the community midwife ceased to exist after a period of time and the obstetric nurse took her place. For some considerable time, two different midwifery practices operated in South Australia: one within the community in which childbirthing took place in the home or a community midwife

[1]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis*, University of Adelaide, 1981, page 7.
[2]Ibid., pages 8 and 9.

managed nursing home; the other within the hospital setting, in which childbirthing was managed by the doctor assisted by the obstetric nurse. There was no merger. The first, community midwifery practice, gradually ceased to exist and the second, obsterice midwifery practice, continued within the hospital environment. There is little evidence of active resistance to this change in midwifery practice in South Australia which took some considerable time to occur and while the emergence of the obstetrician was significant in those changes, it was still only a part of the overall influences which contributed to the demise of the community midwife.

**The school of medicine and obstetrics**

The University of Adelaide was established by an Act of Parliament in 1874 and at that time no provision was made for a medical school within the University.[3] Prospective medical men of South Australian origin had to either go to Melbourne, Sydney or Europe to undertake studies in medicine. A chair in Medicine was eventually established in 1883 from a donation by Sir Thomas Elder resulting in the founding of the School of Medicine at the University of Adelaide in 1885.[4] Negotiations were set up between the University Council and the Adelaide Hospital for the admission of the medical student to the hospital for clinical practice in 1887. It is interesting to note that although lectures began in 1886 on obstetrics and diseases of women by Dr Edward Willis Way, there is no evidence of a similar arrangement for clinical practice being made with the lying-in home of the Destitute Asylum. Furthermore in 1878, well before the medical school was established, the rules of the Adelaide Hospital prohibited 'medical gentlemen' from attending confinements at the Destitute Asylum, and there is no indication that this ruling was changed in the early years of the medical school.[5] Nor did the School of Medicine have a department of Obstetrics and Gynaecology for the education of an obstetric specialisation in medicine. But medical students were given lectures in obstetrics and diseases

[3]William Ray, (ed.), *Jubilee of The Medical School 1885-1935: The University of Adelaide*, The Hassell Press, Adelaide, 1935, page 2. The account of the origin and early history of the School was written by Dr AA Lendon, who after his retirement compiled this history of the University of Adelaide, Medical School. After his death in 1935 his work was edited and revised by Dr William Ray and published for the 50th anniversary of the Medical School.

[4]Ibid., pages 3 and 4.

[5]Letterbook Destitute Asylum July 1876 - July 1879, letter dated 25 February 1878, State Archives, South Australia, GRG 28/31/1.

of women as part of their general education in medicine. The Adelaide Hospital provided no lying-in facility and stated in their regulation that 'no female for the purpose of confinement...shall be deemed fit for Hospital treatment'.[6] However, in 1889 the Adelaide Hospital, in collaboration with the University, established an outdoor midwifery department, in which women who lived within a one and a half mile radius of the hospital could be attended by medical students free of charge.[7] But this service which was set up to provide medical students with a means of practice in midwifery cases did not prove popular with child bearing women in the community and other avenues were sought for medical practice in midwifery.[8]

Obstetrics appears to have been introduced to South Australia in an indifferent and half hearted manner prior to and during the first two decades of the twentieth century. When Edward Willis Way ceased lecturing in obstetrics and women's diseases in 1901, the lectureship was split between Alfred Austin Lendon[9] who had previously taught forensic medicine and was now appointed lecturer in obstetrics and James Alexander Greer Hamilton who lectured in gynaecology.[10] Dr Lendon was the lecturer in obstetrics at the School of Medicine from 1901 to 1923, but his interest in obstetrics soon waned and he devoted most of his time to the Adelaide Children's Hospital and later to the South Australian District Nursing Society.[11] Forster found that by the time Lendon retired from lecturing in obstetrics in 1923 he was

---

[6]Ian L. Forbes, *The Queen Victoria Hospital Rose Park South Australia 1901 - 1907*, published by the Queen Victoria Hospital, Adelaide, South Australia, 1988, page 8.

[7]Adelaide Hospital Annual Report, 1889, see also Joan Durdin, *They Became Nurses: A history of nursing in South Australia in 1836 - 1980,* Allen and Unwin, Sydney Australia, 1991, page 75, and G.D. de Vries, 'The Conditions of Childbirth in Adelaide', *BA (Hons),* Faculty of Arts, in the School of History, University of Adelaide, 1963, page 15.

[8]Durdin, *They Became Nurses...,* page 75

[9]Dr AA Lendon was a founder member and chairman of the medical board of the first maternity hospital in South Australia, The Queen's Home, and was also the first President of the Australian Trained Nurses Association which will be examined in depth in chapters 6 and 7 of this thesis. A.A. Lendon is also reputed to have recommended as a text in obstetrics to medical students *The Life and Opinions of Tristram Shandy, Gentleman,* volume 1 of *The Works of Laurence Sterne.* An eighteenth century parson, Laurence Sterne, 1713 - 1768, wrote this volume in 1759 about the birth of Tristram Shandy. Sterne's only claim to a knowledge of midwifery was that he shared a room with a medical student when at university. Interview with Dr A.D. Byrne, house surgeon of the Queen's Home, 1930 and 1931.

[10]Ray, *Jubilee of The Medical School 1885-1935...,* page 31, see also Frank M.C Forster, *Progress in Obstetrics and Gynaecology in Australia*, John Sands Pty ltd, Sydney Australia, 1967, page 66.

[11]Obituary, Alfred Austin Lendon, *The Medical Journal of Australia*, 26 October 1935, page 607 - 609

reported to have commenced his lectures by saying that he had not attended a delivery for ten years.[12]

The dominant figure in early obstetrics in Adelaide was Dr Thomas George (T.G.) Wilson,[13] a medical graduate of the University of Sydney. He contributed to the development of obstetrics in South Australia by founding the first antenatal clinic at the Adelaide Hospital in 1910, which Forster argued was one of the first in the world,[14] and as a visiting medical man to the Queen's Home from 1903. However, Wilson's absence during the First World War from 1914 to August 1919[15] prevented obstetrics gaining a firm hold in South Australia until the 1920s. So, although obstetrics had made a foothold in South Australia in the first two decades of the twentieth century, there was not an overwhelming interest in this new medical specialisation and midwifery was largely left to the general practitioner. Yet it was these beginnings in obstetrics that were to be found in the Queen's Home which altered the course of midwifery and created the obstetric nurse in South Australia.

[12]Frank M.C. Forster, *Progress in Obstetrics and Gynaecology in Australia,* John Sands, Sydney, 1967, page 66.
[13]Dr T.G. Wilson was also a founder member of the Australasian Trained Nurses Association and a member of the Nurses Board after the implementation of the *South Australian Nurses. Registration Act 1920.*
[14]Forster, *Progress in Obstetrics and Gynaecology in Australia,* pages 67 and 68.
[15]Obituary, Thomas George Wilson, *The Medical Journal of Australia,* 28 June 1958, page 924.

**The antiseptic delivery**

A paper by Dr E.W. Way, lecturer in obstetrics and women's diseases at the University of Adelaide, was read to the Intercolonial Medical Congress of Australia held in Dunedin, New Zealand in February 1896. Dr Way who could not attend the congress, stressed the importance of the work of Pasteur and Lister, relating it to the changes in modern obstetrics and gynaecology:

> Let me call to your memory how the expulsion of puerperal fevers[16] from the great lying-in hospitals of the Old World, and America, too,[17] followed the introduction of strict antiseptic midwifery, ...deaths from septicaemia were practically abolished in these institutions, ...no such striking improvement is noticeable in the great mass of midwifery attended in private houses; ...indeed, the life of a woman is now safer in the hospital than in her own home with all its surrounding comfort and advantages.[18]

Two South Australian historians Forbes and de Vries found significance in Way's address when he advocated hospital delivery of women as opposed to home delivery. Forbes concluded from Way's address that a properly run maternity home with trained midwives were needed to win the warfare against infection.[19] De Vries also found that there were several advantages in the hospitalisation of women in childbirth. De Vries conceded that Way may have been 'a trifle anticipatory' when he said that the life of woman was safer in hospital, but she then argued that it 'certainly was to become true'.[20]

However this claim is tenuous and other historians like Philippa Mein Smith have found evidence to show that injury and sepsis rates were lower in midwife deliveries by the early

---

[16]Puerperal fever was the main cause of maternal death throughout the nineteenth century. Ignaz Phillipe Semmelweis (1818 - 1865) had previously shown that infection was spread from mother to mother by doctors, but had been ridiculed by the medical profession. It was not until the work on wound sepsis by Joseph Lister (1827 - 1912) in the late nineteenth century, that the medical profession understood the process of cross infection. (M.P. Donahue, *Nursing the Finest Art*, C.V. Mosby Co., USA. 1985, page 200 to 204).

[17]Way was referring to the massive rise in puerperal fever in large lying-in hospitals which had been established from the 1850s in Europe and America.

[18]E.W. Way, 'President's Address, Section of Midwifery and Diseases of Women', *Intercolonial Medical Congress of Australasia, Transactions of the Fourth Session held in Dunedin, New Zealand*, February 1896, pages 320 and 321.

[19]Forbes, *The Queen Victoria Hospital...,* page 11.

[20]de Vries, 'The Conditions of Childbirth in Adelaide', page 36.

1920s than in those deliveries managed by the doctor.[21] Willis also found that the more affluent middle class women who were attended by doctors, were at more risk of puerperal infection than the poorer women delivered by midwives[22] and in citing the findings of the New South Wales Royal Commission,[23]he argued that the midwife became a scapegoat for the increase in puerperal fever.

Despite the address by E.W. Way and the relatively minor attempts to establish or encourage the establishment of a lying-in hospital in South Australia, the majority of the childbirthing public and the medical community of South Australia saw little need to change their childbirthing practices. A few doctors promoted change and Dr Robertson who was closely associated with the Maternity Relief Association[24] and gave two lectures to promote the work of the Association in 1881, advocated that a 'cottage hospital' could reduce mortality in confining women, as well as providing a place for country women to have their babies. He also argued that a maternity hospital would 'raise the tone of the nursing profession by providing training in midwifery':[25]

> Is there none, to take up the cause ...on behalf of the suffering, helpless and neglected mothers, with their innocent and dying babes around our own home in the alleys of this City of Adelaide?[26]

However the Association's efforts to provide such a home did not eventuate. De Vries also found that Mr J. Darling, a member of the Destitute Board, attempted to establish a maternity home in 1880 which also failed. De Vries argued however, that the intention of this hospital

---

[21]Phillipa Mein Smith, *Maternity in Dispute, New Zealand 1920 - 1939,* V.R. Ward Government Printer, Wellington, New Zealand, 1986, pages 11 - 14.
[22]Willis, 'The Division of Labour in Health Care', page 205.
[23]Willis is referring to *The Royal Commission on Birth Rate Report 1904* . Evidence given by Dr James Graham was particularly damning of community midwives, saying that the majority were untrained and ignorant of the need for surgical cleanliness. Royal Commission on Birth Rate Report, Vol 1, 1904, p.32, also quoted in, Milton Lewis, 'Population or Perish: Aspects of Infant and Maternal Health in Sydney', 1870 -1939, *PhD Thesis*, Australian National University, 1976 page 199-200.
[24]The Maternity Relief Association was founded in 1877 and paid the doctors and/or midwives fees for needy confining women. It was managed by a committee of women who met at the Pirie Street Methodist Church. (Forbes, *The Queen Victoria Hospital...,* page 9).
[25]Forbes, *The Queen Victoria Hospital...,* page 9.
[26]*The Adelaide Observer,* 15 January 1881, page 127, also quoted in Forbes, *The Queen Victoria Hospital...,* page 9.

was not to provide comfortable or even modern medical facilities for confining women but to encourage unfortunate women 'not yet hardened in vice ...to return to purity'.[27]

**The growth of hospitals**

Nevertheless by the 1890s several small private hospitals, for surgical and medical procedures as distinct from private nursing homes for childbirthing, had been established in Adelaide. One of the earliest was St Margaret's Convalescent Hospital at Semaphore. Founded in 1872, it was a place for patients to rest after discharge from the Adelaide Hospital. Wakefield Street Private Hospital was opened in 1883 by a widow with three children, Mrs Hannah Gardner, to provide nursing care for surgical patients. Neither hospital provided facilities for confinements.[28] Calvary Hospital in North Adelaide was founded in 1884 and the first birth at this hospital was recorded on 30 December 1940.[29] Hutt Street Private Hospital (1894) and Ru Rua Hospital (1909) did not offer lying-in facilities. The Memorial Hospital established in 1917 delivered its first baby in 1925.[30] Most women in Adelaide continued to deliver their babies within their own homes until the 1920s.[31] In country areas women also continued to have their babies at home. Several country hospitals were established by 1900, such as Mount Gambier in 1869 and Port Lincoln in 1870 but had no facilities to admit midwifery patients.[32] Port Augusta was founded in 1873, but its midwifery department was not opened until 1930.[33] By 1920 most large South Australian country centres had founded local hospitals. Yet none of them provided lying-in facilities before 1910 and then they were limited facilities.

---

[27]de Vries, 'The Conditions of Childbirth in Adelaide', page 24.

[28]Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938, page 131.

[29]Ibid., page 153.

[30]W.J. Haseloff, *Inasmuch: The Memorial Hospital Story*, National Library of Australia, 1976, page 21.

[31]Hurst, *Nursing in South Australia...,* pages 131 - 182.

[32]Frances N. Ogden, *The First Hundred Years Mount Gambier Hospital 1869 to 1969*, Printed in Australia by A.B. James , Government Printer Adelaide, 1969, page 17-18. Copy held in the Hynes collection of South Australian Hospitals uncatalogued, Mortlock Library, South Australia.
During the Second World War the nursing staff was so depleted by nurses joining the military services that a number of private hospitals in Mount Gambier closed down. This was serious situation as the Mount Gambier Hospital had no facilities to admit midwifery patients.
In 1944 the government took over the Boringer Private Hospital for maternity cases while the staff quarters at the Hospital were converted to labour wards, nursery and maternity wards. This section was opened for 16 patients in July 1946.

[33]South Australian Hospitals Association's Annual Report 1919 - 1979. The Hynes collection uncatalogued, Mortlock library, South Australia.

With the exception of the Queen's Home no maternity hospitals were founded during this time for the use of the general community. McBride Hospital founded by J.M. McBride in 1914 catered for unmarried women and provided accommodation for 36 pregnant women some of whom remained under the care of the hospital for several months after delivery. McBride however, did become a training school for obstetric nurses in 1919.[34] Until 1925 when the Memorial Hospital began its maternity section the Queen's Home was still the only maternity home available within Adelaide for married women, who were the majority of childbirthing women. Most metropolitan and country hospitals did not establish extensive lying-in facilities until the late 1920s and early 1930s. [35]

**'Out of temptation and away from bad influence'**

From 1880 there were several charitable institutions established mainly on a religious basis which offered care for destitute people but none appeared to have had lying-in facilities. The South Australian Female Refuge[36] was one such organisation which was never intended as a lying-in facility but was a refuge for all women in need. Whilst many of the women were pregnant when taken into the refuge they were not confined at the refuge, as is shown from the following excerpt from the journal of an unnamed Matron:

> Mrs Lithgow from Salisbury came and engaged Annie McGuilin and took her away with her, she is to have her Baby with her.[37]

---

[34]Hurst, *Nursing in South Australia...,* page 291.

[35]Ibid., pages 217-245.

[36]Another Female Refuge was set up by the catholic order of St Joseph which was founded in 1868 to assist unmarried and destitute mothers in Captain Furniss' cottage on the corner of Franklin Street and West Terrace, moving to Queen Street, Norwood in 1880. Again women did not deliver their babies within the refuge, but returned after birthing elsewhere for further care and preparation for work. (Pamphlet on a History of St Joseph's Centre, Fullarton.) There were two Houses of Mercy one run by the Catholic Church and one by the Anglican church. The Catholic House of Mercy was founded in 1880 to meet homeless Irish female immigrants and provide them with shelter until they found work. This was never intended to be a place of confinement. (Personal interview with Sr. Diedre O'Connor archivist for the Sisters of Mercy, Angas St. Adelaide.) The second House of Mercy was established by Dr Dendy 1881 under the auspices of the Church of England in Walkerville. It was to provide for 'fallen women' and the girls were required to reside for one year after the birth of the baby. Evidence is not clear as to whether the girls were confined in the refuge or as with the other refuges were sent away for delivery.

[37]South Australian Female Refuge Journal, entry dated 9 January 1882, Mortlock Library, South Australia, Ref D6398L, The journal is assumed to be that of the Matron of the South Australian Female Refuge, Norwood. It is unsigned and begins 9th December 1881.

Women were sent from the Refuge to the Destitute Asylum or midwife-managed nursing homes for their confinements and a close examination of the Matron's journal shows that there are no references to confinements at the Refuge.

In contrast to the reality of home childbirthing in South Australia, there was a perception that an institution was an appropriate place for the confinement of unmarried women. Charitable establishments which were mainly run by religious organisations were more concerned with the saving of the 'fallen woman' from a life of vice. So charitable institutions including the Destitute Asylum were seen more as places of spiritual rescue than as medical facilities for confinements. The intention of Mr Darling's proposed lying -in hospital was not to provide comfortable or even modern medical facilities for confining women but to encourage unfortunate women to a more pure lifestyle. This attitude to unmarried mothers of the late nineteenth century Adelaide community is illustrated in the following incident when Lady Audrey Tennyson,[38] who founded the Queen's Home, discovered that one of her own staff had become pregnant. Lady Tennyson urged that the girl be sent to the House of Mercy, believing that this was in the servant's best interests.[39] The girl's mother was determined to have her at home but in Lady Tennyson's opinion it was preferable for her to go to an institution where she could be saved from bad influences:

> I could not help pitying her and have tried to do everything I can to help & get her into a House of Mercy.[40] Her mother promised to come & see me but has never been, so of course now I must leave her. The mother, I find , is determined to have her home instead of letting her go to the House of Mercy, where she would have to stay for a year after the event, or at the Destitute she would have to stay 6 months, & of course be out of temptation & away from bad influence, and this is what they don't like...[41]

---

[38]Audrey Georgianna Florence Boyle was born on the 19th of August 1854 and married Hallam Tennyson son of Alfred Lord Tennyson on 25th June 1884. Lord Tennyson was offered the governorship of South Australia in early 1899 and they arrived in Adelaide on Monday 10th April 1899 with their three children Aubrey, Lionel and Harold.

[39]Alexandra Hasluck, (ed.), *Audrey Tennyson's Vice Regal Days: The Australian letters of Audrey Lady Tennyson to her mother Zacyntha Boyle, 1899 - 1903,* National Library of Australia, 1978, dated Sunday 16 June 1901, Government House, Adelaide, page 164.

[40]I believe Lady Tennyson was referring not to a specific House of Mercy but any charitable institution which took in unmarried pregnant girls.

[41]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated 16 June 1901, page 164.

This also illustrates the change in the stance of the Destitute Asylum as discussed in the previous chapter. The lying-in home had changed from a facility of emergency accommodation for the confinement of the destitute pregnant woman to a facility of long term care which provided accommodation for the confinement and a place of moral rehabilitation.

**The Queen's Home**

It was Lady Tennyson who initiated the founding of the first purpose built lying-in home in South Australia for women who were married and not necessarily in need. But there is little evidence to explain why she decided to champion this project. Eric Sims[42] in a lecture commemorating the 75th anniversary of the Queen's Home in 1977 suggested that Lady Tennyson was approached by a group of interested citizens to found a maternity home.[43] Forbes argued that the reason Lady Tennyson suggested the establishment of the maternity home was to provide a place for women in the country to have their babies.[44] It would seem from her letters that the idea for the lying-in home was exclusively Lady Tennyson's and certainly she was much influenced by what she saw as the plight of women in country South Australia. In October 1900 Lady Tennyson made an official visit with her husband the Governor of South Australia, to some country areas of South Australia travelling along the River Murray. It was during this trip that she made much comment about the hardship of country people and their poor living conditions:

> We steamed all night Friday & about 10 oclock yesterday arrived at the first village settlement called Moorook. Oh such places! such a few wretched shanties, many of them nothing but a little lath & plaster and canvas ceilings with straw over it & then the iron roof & just canvas to partition off the rooms.[45]

But it was the people who impressed Lady Tennyson the most, she describes meeting a family at a country station:

---

[42]Dr Eric Sims was consulting paediatrician at the Queen Victoria Hospital (formerly the Queen's Home) from 1951 to 1970.

[43]This was part of Dr Sims' lecture given at the Bonython Hall at the University of Adelaide 24 May 1977 to celebrate the 75th anniversary of the founding of the Queen's Home.

[44]Forbes, *The Queen Victoria Hospital...,* page 11.

[45]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Sunday 21 October 1900, *Riverboat Nellie* on the River Murray, page 122.

> ...we steamed across the river to a station called Calperum, belonging to some people called Robertson, squatters. We whistled so they came out to see what it was & that we had called. Father & mother, 2 girls & a governess & a young man friend. Poor Mrs Robertson is very low & anxious over the bad time & the terrible years of drought & told me they could only just make two ends meet tho' they have a *hundred* square miles of property & sheared 11,000 sheep this year, which is considered a mere nothing out here... . The girls help their mother to do all the housework & cooking etc. catch the horses, saddle & harness them, for they never know if their one or perhaps two maids won't say she will go & be off the next hour... . The father's recreation is to make violins which he sells when he can... .[46]

A month later Lady Tennyson wrote to her mother to tell her of her idea to found a lying-in home:

> This must be my Xmas letter to you and I am so beset with work I do not know where to begin & I am now just starting a large concern which I have been thinking over for months & which will, I fear, mean a fearful amount of work-ie, a huge Bazaar to start a 'Lying-in Hospital' for the *colony* of which there is *nothing* of the kind excepting the Workhouse.[47] I do not mean Refuges, there are plenty of those, but for respectable and even well-to-do married women. [48]

**A home for respectable married women**

On 6 December 1900 there was a meeting held at Government House which according to Lady Tennyson in a letter to her mother three days later 'was packed ... and lots of doctors spoke for me... .[49] This initial support from the medical fraternity in Adelaide did not indicate the disagreements that Lady Tennyson was to have over the ensuing years with doctors involved with the Queen's Home. However, the community of Adelaide were supportive of the idea which prompted Lady Tennyson to write a week later to her mother that 'Everybody has taken it up most warmly & especially the medical men'.[50] Yet there was a hint of the controversy to follow when she told her mother in the same letter:

> There is a feeling among some of the medical men and others to combine a Hospital for Women's Diseases with the Maternity Home, but I am strongly against it-it would mean double expenses, a separate building & separate nurses, & I know quite well what would happen-that if Funds were wanting and one or other had to be closed, the

---

[46]Ibid., dated Tuesday 24th October 1900, Renmark continuation of Murray trip, Morgan and Murray Bridge, page 124.
[47]Destitute Asylum.
[48]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated 19 November 1900, page 126.
[49]Ibid., dated Sunday 9th December 1990, Government House, Adelaide, page 127.
[50]Ibid., dated Sunday 16th December 1900, Marble Hill, page 129. Lady Tennyson and family moved up to Marble Hill their hills residence for Xmas and the hot weather, sometimes not returning to Government House in Adelaide until June.

> Women's Diseases would swamp the Maternity Home, as of course operations & exciting cases are far more interesting to doctors & nurses than mere confinements. And I shall not give in to the idea if I can help it. There is a magnificent general hospital in Adelaide, only owing to the awful feud going on about it between the Government & the former medical staff[51] no local doctor or nurse or student will go near the place & the hospital is very empty-but there is great hope when Kingston[52] goes away to the Federal Parliament that the present doctors can be got rid of & then all our good doctors will go & do as they like & can put any number of beds or wards aside for Women's Diseases...[53]

Lady Tennyson's perceptive comment shows the growing interest of the medical and nursing professions in the new medical science and technology that was beginning to develop. 'Mere confinements' were a natural event that occurred in the home without much interest to the professional or even the ordinary members of society. It was only to the individual that childbirth was important. The medical profession wanted a lying-in hospital or a women's hospital as a means of discovering new concepts in the treatment of women's diseases, which Lady Tennyson quite rightly saw as taking priority over the maternity facility. To the medical profession there was no advantage in losing a lucrative business by delivering affluent women in a hospital for nothing. The only advantage in a lying-in hospital for them was for education and practise and this could not be done on the wives of eminent members of society.

**The site established**

Nevertheless, Lady Tennyson was single minded in establishing the maternity home for married women and confronted any opposition, even that of her husband, to ensure that the project was achieved in her vision:

---

[51]Lady Tennyson was referring to the famous protracted Royal Adelaide Hospital feud, which led to the resignation of the whole honorary staff of the hospital in 1894. It attracted considerable public attention. (see further, pamphlet published by the South Australian Branch of the British Medical Association 1895 held in special collections Mortlock Library). An interesting point here is that during the row, medical students could no longer have clinical practice at the Adelaide Hospital and medical students had to complete their courses in other States. Therefore an establishment which could offer clinical practice in women's diseases would have been strongly supported by the then established recognised experts in women's diseases and midwifery such as E.W. Way and A.A. Lendon.

[52]The Right Hon. Charles Cameron Kingston, P.C., D.C.L. (Oxon), K.C. (1850-1908), was called to the Bar in 1873, and later entered Parliament. He was Premier of South Australia and Attorney- General from 1893 to 1899. An ardent Federalist, he was one of three draughtsmen appointed in 1891 to assist in preparing a Federal Enabling Bill; was President of the National Convention which framed the Commonwealth Constitution, and a delegate to England to advocate the passage of the Enabling Bill through the Imperial Parliament. After Federation he became (1901 - 3) the first Minister for Trade and Customs (in Hasluck, *Audrey Tennyson's Vice Regal Days...,* page 44).

[53]Hasluck, *Audrey Tennyson's Vice Regal Days...*, dated Sunday 16 December 1900, Marble Hill, page 129.

> I think I told you that the Chief Justice, Sir Samuel Way, who is President of the Children's Hospital, was most keen, as well as the head doctor & the Matron, to get us joined to them, & he came here & put all the pros so forcibly before Hallam that Hallam came much pleased & told me as a good piece of news, that the Children's Hospital would perhaps let us build in their grounds which would save us buying. I was from the first dead against it & was anything but pleased; and the next time the C.J. came to H.- which he does every day at *least*[54] once, I put some of the cons to him which he did not much like. However, he called a meeting of the Board & to my great joy & relief they were nearly all as strongly averse to it as I was, & the scheme was denounced by a large majority. The poor little C.J. was bitterly disappointed & I expect the Matron also.[55]

A piece of land was donated to the cause by the South Australian Company and she excitedly wrote to her mother:

> ... My great piece of news this mail is that the South Australian Company (two of whose Directors are Sir Stanley Clarke & Mr Johnstone who came to see us at Marble Hill with their wives when they were out here) have given us a piece of land, an acre, in a beautiful position for the Maternity Home.[56]

So Lady Tennyson's project for a maternity home in Adelaide became a reality. She wholeheartedly committed herself to the home. Fund raising was undertaken in earnest, and the foundation stone was laid by the Duke of York[57] on the 13 July 1901. After the death of Queen Victoria in January 1901 the name of the home was to be 'The Queen's Home' and underneath, painted on the house, 'The South Australian Memorial to Queen Victoria'. Lady Tennyson undertook to research the requirements of the Home and displayed enormous interest in the matters that related to the comfort and care of the women whom she envisaged would patronise it. Whilst in Melbourne Lady Tennyson visited the lying-in hospital in Melbourne to seek information for the proposed Queen's Home:

> The secretary and Matron were both extremely kind and answered all my questions and gave me every information they could for ours [Home].[58]

It would seem that Lady Tennyson's only concern was to provide a comfortable place for confinement for 'respectable' women, especially those from the country:

---

[54]Lady Tennyson's italics.
[55]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Sunday 2 June 1901, Government House, Adelaide, pages 161 and 162.
[56]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Sunday 2 June 1901, Government House, Adelaide, pages 161 and 162.
[57]The future King George V.
[58]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated 18th May 1901, page 158,

> ...all I care about is that our poor women may have somewhere to go. I have had several such very warm & grateful letters from women about it, poor things - nobody realises what they go through in the bush... .[59]

Lady Tennyson was quite adept at obtaining donations for her Home. However, she did incur the wrath of professionals, other than the medical men, who objected to their colleagues offering their services for nothing. There were several offers received from architects to draw up the plans free of charge and as she reported to her mother:

> There have been indignant letters from anonymous architects at the idea of doing it for nothing, but these we don't mind.[60]

Lady Tennyson's single mindedness in the project for the Queen's Home is shown in a letter to her mother complaining that the concert held on the 13th September 1901 to generate funds for the South African War Memorial was a 'waste of money' and it would have been much better to use the money to endow the Queen's Home with a bed or two for soldiers' wives in the Home.[61]

From the beginning of the project to establish the maternity home Lady Tennyson was the President of the General Purpose Committee,[62] but she did not have a position on any of the committees after the establishment of the General and Medical Committees of the Queen's Home at the end of 1901. When the management structure of the Queen's Home was established Lady Tennyson became the patroness of the Home. Through this position she maintained an active interest in the Home and continued to participate in its management, especially through the Ladies Committee. Lady Tennyson maintained a continued interest in the Home until her death in England in 1915.

**Management of the Queen's Home**

On the 16 Jan 1902 the incorporation of the Queen's Home was gazetted. Whilst it was called a home it differed from nursing homes run by community midwives for childbirthing mothers,

---

[59]Ibid., dated 5 February 1901, page 139.
[60]Ibid., dated Sunday 2 June 1901, Government House, Adelaide, page 161.
[61]Ibid., dated 17th September, Government House Adelaide, page 181.
[62]Ibid., dated Sunday 16th December 1900, Marble Hill, page 129.

as it was a public and professional facility staffed by qualified and salaried doctors and midwives, in the same manner as a hospital. It was originally to be funded by public donation and the fees received from the patrons, but in reality received government support from its inception, when public donations proved to be insufficient.[63] While the intention was to fund the Home by public support it was not intended that it should be a charitable institution. The aims of the Queen's Home made it quite clear that it was to be patronised by married women and it was also intended to provide clinical practice for medical students in midwifery and to train nurses as midwives. The Home was to be staffed by doctors who were to give their services in an honorary capacity, medical students would undertake clinical practice in midwifery under the guidance of the honorary doctors. It was this requirement that caused most of the disagreements with Lady Tennyson. Forbes argued that the doctors expected the hospital to be a charitable institution, based on the tradition of an English charity hospital.[64] Forbes' argument was based on the premise that the community of South Australia had given funds for charity when donating to the establishment of the Home and therefore the expectation was that its patients were to be deserving poor. Nevertheless some payment was required from the patients which was graduated according to their means.

The Queen's Home was the first training facility in South Australia for midwifery. The training of both medical students and nurses was to be under the control of the honorary doctors who attended the Home. The objects of the Home which were also gazetted in January 1902 declared that the Home was for the confinement of married women and the care of the babies born to those women.[65] The Home was also for the education of certified nurses and medical students in midwifery. The objects did not include the education of women in midwifery only women who were already trained as nurses. This clear intent to create an obstetric nurse as early as 1902 in South Australia is somewhat unusual because there had been only limited discussion within medical journals of the need for formal education of midwives and changes in midwifery practice. The first minutes of the medical board were not recorded until June 1902. It must be

[63]Forbes, *The Queen Victoria Hospital...*, page 18.
[64]Ibid., page 44.
[65]Ibid., page16.

concluded that this reference only to obstetric nursing was initiated by one or two original medical members of Queen's Home.

The first general meeting of the Home was held in the Mayor's Parlour at the Adelaide Town Hall on Thursday 19th December 1901. Committees of management were inaugurated; a general committee, a medical committee (later to be known as the medical board) and a ladies committee. From this time Lady Tennyson took no direct part in the management of the Home. She became the patron of the Home and used her influence to keep the Home in line with her original intention by personal contact with members of the ladies committee, meetings with Mr Phillips the chairman of the Home and writing letters of suggestion to the committee. The philanthropic aspect of the Home was essentially undertaken by the ladies committee:

> There shall be a ladies Committee which shall consist of not more than 12 ladies members of the Institution and chair and appointed by the Committee... . The Ladies' Committee shall superintend the domestic arrangements of the Institution and shall examine all accounts for provisions and necessaries,...[66]

It is interesting to note that within these first minutes, the Queen's Home is mainly referred to as 'the institution' rather than the 'home', inferring a charitable facility rather than a maternity home for the utilisation of the wider community as Lady Tennyson intended. This shows the difficulties that members of both the general committee and the medical board had in coming to terms with a home for respectable married women for ordinary confinements. While the general committee staunchly supported Lady Tennyson's edict that the women should be married, they gradually succumbed to pressure from the medical board to change the criteria for admittance to Home to those who could not afford to pay doctors fees, and eventually unmarried mothers.

**Who should be admitted?**

The intention to have an affiliation with the School of Medicine at the Adelaide University was evident from the regulations which stated that the Lecturer in Obstetrics was to be a member

[66]The Queen's Home Minute Books, minute dated 19 December 1901, held in the Queen Victoria Hospital Archives.

of the medical board of the Queen's Home. Dr A.A. Lendon was advised of this requirement on the 9 January 1902 and he responded with his acceptance on 23 January 1902.[67] Honorary medical staff were also advertised for in January 1902. From the outset the medical board made it quite clear that the Queen's Home should be considered a charitable institution for the needy. They were vehemently opposed to any women attending the Home who could afford to pay doctors' fees, no matter where they came from. At the second medical board meeting of the Queen's Home it was recommended to the general committee that:

> No patient be admitted except under special circumstances who is able to pay for medical attendance outside, and that a charge for maintenance be made according to a patients means up to £1 per week.[68]

This was subsequently adopted by the general committee two days later. However, at the next general meeting in April, the committee decided that it had been 'a little hasty in adopting the suggestions of patient charges from the medical committee.'[69] Nevertheless, by May 1902 a similar resolution was adopted which allowed only patients to be admitted whose means did not allow them to receive 'proper' attendance. [70]

**Trouble with the medical men**

On 4 July 1902 the Chairman of the Queen's Home, Mr Phillips, reported that he had received a letter from Lady Tennyson concerning a patient who wished to be confined at the Home. Lady Tennyson had indicated that she would require a private room and would pay higher fees than those provided in the established scale. The minutes indicate that the committee requested further information before the application could be considered.[71] This request from Lady Tennyson was in direct conflict to the regulations that both the general and the medical committees had established, yet in accordance with her intention for the Home. There is no further reference to this application in either the general committee or the medical board minutes, but it is unlikely that favourable consideration was given as four days later Lady

[67]Ibid., minute dated 9 January 1902 and 23 January 1902.
[68]Queen's Home Minute Book of the Medical Board, minute dated 25 March 1902, held in the Queen Victoria Hospital Archives.
[69] Queen's Home Minute Books, General Committee, minute dated 4 April 1902.
[70]Ibid., General Committee, minute dated 2 May 1902.
[71]Ibid., General Committee, minute dated 4th July 1902.

Tennyson wrote at length to her mother about their disregard for her original intention of the Home:

> I am sorry to say the doctors are behaving rather badly about the Queen's Home, and writing letters to the papers, saying that only the very poor who can't afford to pay anything should be allowed to go-all because they are afraid of losing a few fees. It's a great shame & they write anonymously which is so mean, but we don't mind, for there is no doubt it is sadly wanted & will prove a great boon to poor[72] mothers.[73]

In a letter late in July she wrote to her mother citing an incident where a woman was refused admission to the Home because she had been able to pay for the Home attendance of a doctor for previous confinements. This may well have been the same applicant she referred to the Home earlier in the month:

> I am sorry to say many of the doctors here are setting themselves dead against the Queen's Home because they are so furious at the idea of losing a few fees possibly; and actually a doctor the other day, who is extremely well-off, refused to sign a poor women's paper for entrance because she had paid her two or three guineas for her other children & he was not going to lose his fee this time-& she sent in great despair asking the Matron to take her in in a few days, as her nurse had failed at the last moment & she had no one, & when I told our doctor of this case he thought it was quite right and natural of the doctor behaving like that. I don't know what happened, but the women never came, poor thing. I asked how it is that doctors send hundreds of children yearly to the Children's Hospital & patients to the Adelaide Hospital, & I was told: 'Oh, because they belong to some Club & the doctors don't get paid except so much a year, but Clubs never include confinements!'[74]

In this same letter Lady Tennyson quite clearly re-established her original intention for the Home as a means of providing a facility for childbirth not previously available for the women of Adelaide:

> It really makes one's blood boil, for fancy what it is for these poor women to get the rest & quiet & the best trained nursing & food, & all pay something if they can.
>
> I am going to suggest having our own resident doctor, & have no doctors on the Committee, for they absolutely put a stop to our doing anything that affects or may affect, their pockets. They have absolutely forbidden there being a private room that ladies could come to from the bush & places where they can get no doctor or nurse for perhaps 80 or 100 miles, so that they can't come & are shut out, & yet I made a strong point of this in starting the Home. They never showed themselves up till after the Home was opened, & I have really got quite to despise doctors. We have 6 now on the staff & they each take a month in routine and are paid nothing, but they wished for

---

[72]This researcher believes that the use of the word poor by Lady Tennyson does not mean poverty. In all her references to the proposed patrons of the Home she was expressing pity for the confinement conditions under which some women were compelled suffer because of their geographic location.

[73]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Tuesday 8 July 1902, Government House, Adelaide, page 228.

[74]Ibid., dated Sunday 27th July 1902, Adelaide, page 230.

> the work & we had 17 applications. I am so anxious to get it on a right basis before I leave Australia.[75] I am afraid I can't before I leave S.A... .[76]

**Private practice threatened**

Despite Forbes' argument that the doctors insisted that the Home be a charitable institution on the basis of the donation of funds from the community it would appear that the crux of the disagreement with the doctors was over money. That is, if women of means were to attend the Home for a service which was provided for free by doctors in the Home, then the doctors private practices would be disadvantaged. Evidence in the minutes show that the doctors were vigilant in ensuring that women who could afford to pay doctors' fees were prevented from delivering in the Home. A few women who could afford the fees were admitted but they were much the exception as in the case of Mrs Moncrieff, a clergyman's wife:

> Resolved that owing to the very short time at her disposal she [Mrs Moncrieff] should be admitted to the Home as a special case.
> These very people are private patients of one of the Medical staff and owing to their comfortable circumstances have been always charged the ordinary fees.
> It was further resolved that the General Committee be recommended to make the eligible limit of income 40/- instead of 50/- a week. It is found that person with the latter income are well able to pay ordinary medical fees.
> By doing this it is hoped the existing antagonism of the Medical Profession to the Home may be ameliorated and the Home may prove more useful to the absolutely needy poor.[77]

Yet in allowing Mrs Moncrieff to be confined at the Queen's Home the medical board made strong recommendations to prevent this occurring again. Their resolve appears to have been based solely on the loss of money and the patient to private practice and not on any regulations for charitable institutions.

---

[75]Prior to this letter in a letter dated 11 May 1902 Lady Tennyson tells her mother about the resignation of Lord Hopetoun as Governor General of Australia. She wrote 'Well here is a thunderclap for Australia- the Governor-General resigned, & Chamberlain accepted his resignation!' She goes on to tell her mother that Lord Tennyson is acting deputy until a new man is appointed. The Tennysons eventually agree to take up the appointment for one year but spend some time waiting for official word from Joseph Chamberlain (the Colonial Secretary in Salisbury's British conservative government),in regard to the length of time that Lord Tennyson would to be appointed as the Governor General of Australia. Consequently subsequent letters refer constantly to their leaving their much loved Adelaide and their move to Melbourne or Sydney, and also of their delay in returning to England.

[76]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Sunday 27th July 1902, page 230.

[77]Queen's Home Medical Board Minutes, minute dated 10 July 1903.

By the beginning of 1903 Lady Tennyson was heavily into her preparations to leave South Australia, but the Queen's Home and the disagreements with the medical men were never far from her mind:

> The doctors are our bug bear & tyrannise over the whole committee over everything that gives a chance for the Home to make more income and them a chance of losing a fee, however small. I was so glad to hear him[78] say what I have said dozens of times to Hallam, that he never knew before how selfish doctors are about their fees, but I always add that I always used to think they were a generous, kind race of men, and that we shall never have things as we want until we can afford a resident doctor, and then do away with a doctor's committee. They squabble about any case they think one of their profession could get a fee from and would like none but comparative paupers to go in, who either can pay very little or nothing-but how is the Home to be kept going in that way?[79]

Lady Tennyson was never successful in this endeavour and the doctors had their way, perhaps to the detriment of the Queen's Home in its early years. The women who were allowed admittance to the Home frequently failed to pay even the small sum required and the Home was often under financial pressure relying on donations for its survival.[80] Lady Tennyson's dislike of the medical men of Adelaide was complete when she had cause to consult with her own doctor, just prior to leaving South Australia:

> They *are* a grabbing set, Hallam's and Aubrey's & the latter was only ill exactly a fortnight & the doctor lives outside Government House gate & never came twice, but for his *own* pleasure asked me to telephone to him each evening when there was really nothing to say - & these two patients' doctors' bills were £150 all but 2 or 3 pounds. That's a pleasant sum to pay out, besides chemists bills and nurse! Happily *I* was able to nurse Hallam... [81]

Lady Tennyson did however have one small triumph over the medical men in March 1903 when just a week before the family left Adelaide for Sydney she wrote to her mother:

> After luncheon the whole party except Nell, Mdlle & I, went to the Zoo & we three went to the Queen's Home. Only one woman & delightful baby in bed-so grateful & the husband, who was there too, for the home & for my having managed to persuade the Committee to take her in as the doctors thought her too well off; & she asked in a very hesitating shy way whether they might have the honour of calling her by the same name as my first; poor people, the husband thanked me after as if I had conferred the greatest kindness on them. I longed to carry the little girlie off, so far she has got the ward to herself which is very nice for her...

---

[78]Mr Phillips chairman of the general committee. Whilst visiting Lady Tennyson with the matron Mrs Chennell for the last time prior to the leaving South Australia.
[79]Hasluck, *Audrey Tennyson's Vice Regal Days...,* dated Sunday 1 February 1903 Marble Hill, page 265.
[80]Queen's Home Minute Books. Reference to the financial situation can be found throughout the minute books.
[81]Hasluck, *Audrey Tennyson's Vice Regal Days...,* page 266.

> Alas, I fear it may be the last time I ever see [the Home] - but it is some comfort to feel that it is a complete success & has already been a boon to over 60 women & were it not for the doctors, probably double that number...[82]

**Establishing medicine in midwifery**

Whilst much of the evidence indicates that loss of remuneration was foremost in the medical men's argument to only admit charitable cases to the Queen's Home, it is contended that money was not the only reason for the doctors' opposition to affluent women being confined at the Home. If only women were accepted for confinement at the Queen's Home who were unlikely to be attended in private practice then nothing was lost, but experience was to be gained. There was much to be gained for this new obstetric segment of the medical profession. There was now an opportunity for the medical men to establish a creditable place of practice and learning in midwifery.

The concern of Lady Tennyson, that interest in women's diseases would take priority over interest in normal childbirth, proved to have foundation. By September 1903 it was recommended by the Medical Board of the Home that two junior members be appointed to the medical staff to take alternate months of duty at the Queen's Home, and that as resignations from the honorary doctors were received, the numbers of honoraries be reduced from six to four.[83] It is likely that this was due to a waning interest in the senior honorary members giving their time for nothing to the Home. There were no facilities for admission to hospital for diseases or complications related to pregnancy or confinements nor was it expected in South Australia at this time. Women simply recovered or did not recover from any disease or complication of confinement.

---

[82]Ibid., dated Monday 16 March 1903, page 267 and 268.
This is the last time that Lady Audrey Tennyson does visit the Home as recorded in her letters. The Tennysons arrived in Sydney on Saturday 28th March 1903. Lord Tennyson remained in Australia as the Governor General for one year. Lady Tennyson returned to Adelaide for a brief visit on her way back to England in early December 1903, but makes no mention of the Queen's Home. Audrey Tennyson died on the 7th December 1916 a few months after the death of her youngest son Harold who was killed in the First World War when the ship he was serving on, was blown up by a mine.

[83]Queen's Home Medical Board Minutes, minute dated 30 September 1903

There was little opportunity to study women during confinement by doctors or medical students in South Australia as women were delivered by the local doctor and/or the midwife. The minutes of the Queen's Home show it was increasingly used by pregnant women who had complications during the confinement or disease connected with the pregnancy. As early as September 1903 the medical staff recommended that women with certain medical conditions related to childbirth, warranted admission to the Queen's Home. They argued that whilst it was not desirable to take in such cases it was 'highly impolite to refuse them'.[84]

There was now a definite trend to admit women with medical conditions related to pregnancy which without doubt enabled the medical men to gain experience in the abnormalities of childbirthing. Lady Tennyson's original intention of the Home was all but lost. The medical board recommended that normal deliveries of affluent women should be undertaken in the community or in private hospitals and that women, who were suffering from diseases incidental to their pregnancy, should be eligible for admission to the Home.[85]

**'A class of patient in need of medical attention'**

The issue of women who could afford to pay for private medical attendance was debated for some time. The general committee did not always let the doctors have their own way, so the doctors periodically raised the question of unmarried mothers attending the Home, arguing that unmarried women who were excluded from the Home were far more in need of medical attention than the married women who were admitted to the Home. [86]

In September 1908 Dr. J.A.G. Hamilton, lecturer in Women's Diseases at the University of Adelaide and a member of the Medical Board of the Queen's Home, moved that the aim of the

[84]Ibid., minute dated 30 September 1903.
[85]Ibid., minute dated 19 February 1904.
[86]Ibid., minute dated 18 April 1907.

Queen's Home be changed to include the admission to the institution of unmarried women, arguing that:

> All the leading maternity hospitals in the other States and in the large world centres were open to both single and married women and as a charitable institution and the only thoroughly equipped maternity hospital in this State, the Queen's Home should not be restricted to married women only.[87]

It was pointed out that such a radical alteration in the constitution of the institution could probably not be made without the sanction of the Supreme Court. Also, at that time the Home was kept filled with married women and that the present building was not large enough for the proposed innovation. These arguments were submitted against the proposal and the resolution was withdrawn.[88] Nevertheless, an unmarried mother was occasionally admitted to the Home under the auspices of an emergency case. As in the case of a young unmarried girl who was admitted to the Queen's Home from the House of Mercy at Walkerville. Dr Wilson justified the admission by stating that there was a case of septicaemia[89] at the institution at Walkerville and the pregnant girl was in danger. [90]

**Merger with the Maternity Relief Association**

In an effort to consolidate the Queen's Home charity status, consideration was given to absorb the work of the Maternity Relief Association into the Home. A suggestion was made to the chairman of the General Committee to extend the scope of the Home to embrace the work of

---

[87]Ibid., minute dated 11 September 1908.
[88]Ibid., minute dated 11 September 1908.
[89]Septicaemia, systemic disease caused by the presence of pathogenic micro-organism in the body. (I. Dox, B.J. Milloni, G.M. Eisner, *Melloni's Illustrated Medical Dictionary*, The Williams and Wilkins Co. Baltimore, 1979. page 430.) The only way that the Miss Skinner could have contracted this infection would be by poor aseptic practices by the accoucheur rather than simply being in the same building as another infected person. She was therefore not in the considerable danger as stated by the doctors. For Miss Skinner to contract the infection, a doctor or a midwife would have had to attend the sick patient then without any attention to aseptic practices attend to the delivery of Miss Skinner. It is interesting to speculate whether the doctors still had little understanding of the process of infection despite Lister's findings, or they did not believe that they could be the source of poor aseptic practices, or they simply saw the opportunity to take an unmarried woman into the Home.
[90]Queen's Home Minute Books, General Committee minute dated 14 June 1907.

the society.[91] The Medical Board responded favourably to this idea.[92] The benefits of this amalgamation were two fold; it would give the Home more credibility as a charitable institution and the donated funds regularly given to the Maternity Relief Association would now be given to the Queen's Home.[93] However in June 1907 Mrs Davenport of the Ladies Committee reported to the committee that the Maternity Relief Association had decided to continue on their own and not amalgamate with the Queen's Home.

There is a need to ask why the doctors so relentlessly pursued the notion of the Queen's Home as a charitable institution. Certainly the question of loss of income from their private practice of home confinements was a part of it. However, the loss of income to each of the individual honorary doctors seems minimal, especially when the fact that some of the women were not necessarily their clients is taken into consideration. Yet they constantly put forward the motion to admit unmarried women and to reduce the allowable income of those that did fulfil the criteria for admittance. It would be fair to assume that if this were to happen then the Home would be patronised by a powerless section of the community. The medical profession at this time was on the brink of new technology and procedures in all aspects of medicine and especially in this new section of medical midwifery. It would seem reasonable to suggest that an establishment such as the Queen's Home devoted entirely to midwifery would give this rising medical segment power to control the education of the medical students, and the midwives, and unlimited opportunity to practise on a particularly vulnerable segment of Adelaide society.

**Establishing the obstetric nurse**

The training of midwives at the Queen's Home was a significant factor in the changes in the provision of midwifery care in South Australia. Although during the early years of the Home the changes had little impact on the childbirthing practices of the community, they proved to

[91]Ibid., General Committee, minute dated 11 January 1907.
[92]Queen's Home Medical Board Minutes, minute dated 18 April 1907.
[93]Queen's Home Minute Books, General Committee, minute dated 8 February 1907.

be the foundation for the future of midwifery care in this State. The Queen's Home's dictum to only accept certificated nurses for training was pivotal to the establishment of the obstetric nurse in South Australia. Nurses had been able to obtain formal training at the Children's Hospital from 1879, at the Adelaide Hospital from 1889 and at Wakefield Street Private Hospital.[94] However, there was no formal education for midwives in South Australia. There is no specific evidence to show why the decision to only admit trained nurses into the midwifery course at the Queen's Home was made. It is likely to have been as a result of pressure from the newly formed Australasian Trained Nurses' Association (ATNA)[95] in the Eastern States and the propaganda against community midwives in the Medical Journals. Certainly the influence of Dr A.A. Lendon and subsequently Dr T.G. Wilson would have played important part in the decision. Forbes argued that this was a *worthy* objective, implemented when qualified medical staff had been appointed to the Home in 1902. [96] However, Forbes did not establish why it was a worthy objective, and this decision to train only certificated nurses as midwives proved troublesome for the Queen's Home in the future.

If the underlying intention of the medical men was to ensure that midwives in the community were educated, therefore enhancing the safety of childbirth and reducing puerperal fever, it seems strange that they were unwilling to train the very women who in their opinion perpetuated poor habits in community midwifery. However, Willis found that in the 'Women's Hospital' in Melbourne the male medical staff provided formal instruction in midwifery, not to create an educated independent midwife, but to create a subordinate obstetric nurse.[97] This finding supports the argument of this thesis that the medical profession could not subordinate the community midwife but could only subordinate nurses, who by Florence Nightingale's definition, were already subordinate to the medical men. Therefore, to achieve this control over midwifery nursing the medical men had to start with a woman whose profession was subordinate to theirs. There was no intention to provide education to the existing community

[94]Durdin, *They Became Nurses...,* pages 23-27.
[95]The ATNA is explored further in chapter 5 and subsequent chapters.
[96]Forbes, *The Queen Victoria Hospital...*, page 99.
[97]Willis, 'The Division of Labour in Health Care', page 197

midwife. The intention was to replace the community midwife with the general practitioner and the newly created obstetric nurse. It is clear that this was the intention of the medical staff of the Queen's Home from the beginning. The first certificate awarded to graduating pupil midwives stated that the recipient had received instruction in midwifery in the Maternity Home for a period of six months and that after due examination was found to be competent to discharge the duties of an *Obstetrical Nurse*.[98]

**Merely an obstetric nurse not a midwife**

The wording of the certificate proved to be a problem for the graduating midwives. In February 1905 a nurse who trained at the Queen's Home failed in her application for the position of Matron of the lying-in home of the Destitute Asylum. The Nurse wrote a letter of complaint to the Matron:

> The letter stated that Nurse Curtis had been invited to apply for the position of Matron and Midwife of the Adelaide Destitute Asylum and had been led to believe that the position was practically hers, until the Queen's Home Certificate held by her was read out. Then the fact that the wording of the certificate merely stated that the holder was qualified to discharge the duties of an obstetrical nurse became a bar and the authorities declined to recognise the Queen's Home Certificate. The reason given for this was that the certificate did not state that the holder was competent to act as a midwife in normal cases of labor. The position was ultimately given to an applicant from New South Wales whose London Certificate mentioned midwifery.[99]

The committee wrote to the Chief Secretary to draw his attention to the appointment of a nurse from one of the other States as Matron at the Destitute Asylum although a local nurse had applied who held the certificate of the Queen's Home and was fully qualified in every way for the position. It was also reported to the committee that the Matron of the Adelaide Hospital had advised the nurses in that Hospital that the certificate of the Queen's Home was of little value. This issue was passed to the members of the medical committee who considered it unnecessary to make any alteration to the wording of the certificate and sought to persuade other States to provide a uniform certificate using the term obstetric nurse rather than midwife.

---

[98]Forbes, *The Queen Victoria Hospital...*, pages 110 and 111. my italics.
[99]Queen's Home Minute Books, General Committee, minute dated 2 June 1905.

The medical committee argued that the term obstetrical nurses covered midwifery and allowed nurses to deliver cases of normal labour without medical assistance when necessary. [100] The issue was still being debated in October of the same year. A letter was received from the Chief Secretary who was concerned that the designation of obstetric nurse did not imply the ability of the graduate nurse to act as a midwife but rather to act as a nurse at a confinement case to which a Medical Practitioner has been called. The Chief Secretary urged that the certificate be amended by adding 'and a skilled midwife competent to attend natural labour.' [101]

The general committee again referred the matter to the medical committee for comment and asked that steps be taken to remove any doubt as to the qualifications of the Queen's Home nurses and to state in writing whether the wording of the Queen's Home certificate implied that the owner was qualified as a skilled midwife and competent to attend natural labour. However, the medical committee's reply was to reiterate the proposal that they contact other States to lobby for a uniform certificate for midwives in Australia, reflecting the Queen's Home definition of a midwife. [102]

**The hidden agenda**

Despite all the doctors' assurances that the term obstetrical nurse did include midwifery, which enabled the midwife to deliver normal cases when necessary, the real intention of the pupil midwives training was revealed in 1907 when it was suggested that the staff of the Queen's Home should extend their practice into the community:

> That as far as the members of the Medical Staff are concerned it has never been their idea that nurses should be trained at the Queen's Home to undertake the conduct of midwifery cases except under medical supervision. [103]

[100] Ibid., General Committee, minute dated 2 June 1905.
[101] Ibid., General Committee, minute dated 21 October 1905.
[102] Ibid., General Committee, minute dated 21 October 1905.
[103] Ibid., General Committee, minute dated 18 April 1907.

Although it was a small beginning and affected only a minor section of those involved in childbirthing in South Australia at the time, it was to become the model for midwifery practice of the future.

**The matron and housekeeper**

The role of the matron of the Queen's Home was contradictory to the intended role and practice of the trainee obstetric nurses of the Home. The matron was to be essentially a housekeeper who was a midwife, as were matrons of the lying-in home of the Destitute Asylum. It is likely that the committee members who were to employ the matron had no other framework on which to base their selection. Whilst the committee were looking for a midwife with formal midwifery qualifications, unlike the matrons of the Destitute Asylum forty years earlier, they still had an expectation of a person who would manage the Home as a mother figure rather than a professional midwife. The first matron of the Queen's Home was Mrs Bessie Chennell. Her appointment was unusual in that her own qualifications were contradictory to the rules and regulations of the Queen's Home for the future trainees. Mrs Chennell was not a trained nurse and there was some concern as to whether she was even a trained midwife following her application for the position.[104] She was a midwife of the time and not an obstetric nurse. She was also a single mother,[105] more likely a widow than an unmarried mother, although evidence of her family circumstances is not specific. However, Mrs Chennell's appointment was in keeping with the expectation of a Matron of the time. It was not expected that Mrs Chennell

[104]Queen's Home Minute Books, minute dated 27 March 1902. Although Mrs Chennell's qualifications were eventually validated from Victoria, it was quite clear that despite the uncertainty of her qualifications she was the favoured candidate for the position.

[105]In May 1907 Mrs Chennell asked that her daughter might be allowed to live with her at the Queen's Home. She wrote to the General Committee on 1 May 1907 to say that due her mother's death in Victoria her child was without a place to board. There is no reference to the girl's age but Mrs Chennell expressed that she was too young to place with strangers and needed 'a good deal of oversight'. The Committee agreed to allow the young girl to live with her mother at the Queen's Home at a cost of 7/6 per week or she could undertake some duties in the Home to defer the board cost, which she did.

would be involved in any technical education of medical students or midwifery pupils. Her contribution to their education would be on a practical basis. It is likely that she would be expected to undertake all deliveries that were not attended to by the honorary doctors. Mrs Chennell was selected from nine applicants and in the minutes of the general committee on 27 March 1902, was appointed after her qualifications were confirmed by the Women's Hospital in Melbourne.[106]

Mrs Chennell took up the position on 14 April 1902. Her duties included the appointment of domestic staff and pupil nurses and the general management of the wards. She was also required to oversee the payment of fees by the patients. [107] The matron reported to the committee meetings each month. Most of her report consisted of domestic matters, requisitions for maintenance and a monthly report on births, admissions and discharges. As matron she was to be provided with a general servant. Both the matron and the servant were resident within the Queen's Home. She was to draw up the rules for nurses,[108] patients and the visitors. As in the equivalent position at the lying-in home of the Destitute Asylum, the matron's role was much concerned with the behaviour of the employees, the patients and also the visitors. [109]

[106]Queen's Home Minute Books, General Committee, minute dated 27th March 1902.
[107]Ibid., General Committee, minute dated 6 February 1903.
[108]Not available.
[109]Queen's Home Medical Board, minute dated 30 May 1902.

**The obstetric nurse at the Queen's Home**

From its foundation to the 1920s the Queen's Home played a minor part in the overall provision of midwifery services in South Australia, yet the training of its nurses was to become the framework for the future. On 15 April 1902 the medical board recommended that pupil nurses be taken at the Home and that they should have had at least a two year nursing course previously at some appointed hospital. The course was six months and each nurse paid a fee of £10.10s. Forbes argued that it was common practice in Australia to charge fees for midwifery courses and that the monies received were 'manna from heaven to a charitable institution', giving not only a small income to the Home but also providing the Queen's Home with unpaid labour.[110]

It is not clear when the first pupil nurses commenced but in July 1902 Nurse Byard had requested through the ladies committee that her fees be reduced as, in her opinion, they were too high and she was required to work too hard. However, her request was rejected.[111] It is likely that Nurse Byard had every reason for complaint, as in her six month course not only did she pay for the privilege of working 'too hard' in the Queen's Home, but also lectures which were to be provided by the honorary doctors, and for which she had paid, were not forthcoming. In August 1902 the matron asked the general committee what arrangements had been made for the nurses' lectures. It was not until October of the same year that the medical board made some decision on the nurses' lectures when it was proposed the lectures to nurses which Dr Lendon had *kindly* offered to give should be delivered by Christmas. They also considered the recommendation that nurses from other reputable hospitals be allowed to attend for a small fee.[112] On 4 November 1902, which would have been almost at the end of Nurse Byard's course, the medical committee were still procrastinating about the nurses' lectures:

> It was also thought that it was hardly worthwhile to deliver lectures to only three nurses.[113]

---

[110]Forbes, *The Queen Victoria Hospital,* page 101.
[111]Queen's Home Minute Books, General Committee, minute dated 4 July 1902.
[112]Queen's Home Medical Board, minute dated 16 October 1902.
[113]Ibid., minute dated 4 November 1902.

It was suggested that the lectures be offered to interested nurses from other hospitals, however the suggestion failed as it was considered a great injustice would be done to those nurses who had paid their fees to the Queen's Home. It was also suggested that the course of lectures be offered to nurses outside of the Home on payment of a fee of £8.8s but this was not found to be feasible for the nurses could get lectures for less money at the University and there would be no control over their practical work.[114] Eventually the matter of the nurses' lectures were solved and Dr Gunson was to deliver the first course of lectures. [115] So after five months of a six months course the first three pupil nurses had all but completed their midwifery training without receiving any lectures in midwifery. The problems with the doctors' reluctance to provide the lectures continued.[116]

**Problems with recruiting**

It was thought that offering lectures to outside nurses would create an interest in midwifery and the Queen's Home could recruit potential probationers. It would appear that there was reluctance on the part of the general nurse to attend the Queen's Home at their own cost to study midwifery. There could be several reasons for this; with the growth of private hospitals there would have been plenty of employment opportunities in nursing which enabled the trained nurses to remain in the hospital environment; at this time any woman could become a midwife by experience only and this cost nothing; the general trained nurse considered that this training was sufficient to enable them to undertake midwifery. Within six months of the official opening of the Queen's Home, the general committee were forced to give consideration to taking women who had no previous training for the midwifery course:

> On recommendation from Ladies Committee it was resolved that the Matron be empowered to engage two more nurses and that one of them may be untrained but the term to be twelve months instead of six the fees to be the same as at present.[117]

In an effort to encourage trained nurses to apply for midwifery training the medical committee led by Dr Lendon suggested that the Queen's Home be affiliated with the Australasian Trained

---

[114]Queen's Home Minute Books, General Committee, minute dated 6 March 1903.
[115]Queen's Home Medical Board, minute dated 5 December 1902.
[116]Queen's Home Minute Books, General Committee, minute dated 3 April 1903.
[117]Ibid., General Committee, minute dated 1 August 1902.

Nurses' Association.[118] However this ploy was not successful although Mrs Chennell did become a member of the newly formed South Australian branch of the ATNA. The rules of registration with the ATNA in fact prevented some nurses being admitted to the Queen's Home for training:

> The ATNA have agreed to withdraw any objection to nurses, admitted to the Home for training, who, have not passed for examination prescribed by the Association provided that they are possessed of satisfactory qualifications and credentials. This will permit the admission of Adelaide Hospital nurses and will overcome the difficulty that at one time recently threatened to arise.[119]

Despite the ATNA removing this barrier for general nurses training at the Queen's Home, there were still difficulties in getting trained nurses to become obstetric nurses. By 1910 the Queen's Home had to make provision for the entry of untrained women for midwifery training:

> It was resolved that the Home be available for training midwives who have not the general nursing certificates, such training to be according to requirements of the ATNA (ie twelve months training instead of six) and the certificate, to specially indicate that the holder thereof is only trained in Midwifery - Such nurses not to be eligible for the Queens Home medal or badge.[120]

The Queen's Home was viewed by the medical men as a means of education for medical students and to create the obstetric nurse, yet there was not an overall desire by them or the community for a move from home birth to hospital birth. Despite the tenacious desire of the medical men to introduce the obstetric nurse, the rest of the community, including the general nurse, was not ready for it. In part this could be attributed to the medical men's own desire to maintain home birth practices for the majority of the community for their own monetary gain and institutional birth practices for the minority charitable cases. It could be speculated that had the medical men endorsed Lady Tennyson's original purpose for the Home, the middle class section of South Australia's community may have supported a move to childbirthing into the hospital setting at this time. However, obstetrics as a specialisation was not in the forefront of the majority of medical men's minds and had not gained a significant foothold in this State. Childbirthing was established in the community and general practitioners were comfortable

---

[118]Ibid., General Committee, minute dated 4 November 1904.
[119]Ibid., General Committee, minute dated 9 October 1908.
[120]Queen's Home Medical Board, minute dated 22 June 1910.

working with community midwives trained by them, as were the confining women. Nursing in hospitals provided a new and exciting career for women and with the establishment of many hospitals during this period there was a reluctance by nurses to enter the field of midwifery, which was undertaken in the community. The creation of the obstetric nurse in South Australia did occur, as did the eradication of the community midwife, but it was a slow process and while the establishment of the Queen's Home provided the foundation of the obstetric nurse, the road to change was much longer and more arduous than is portrayed by most historians.

# CHAPTER 5

# MEDICINE AND NURSING: THE RISE OF NURSING AS A SUB-PROFESSION OF MEDICINE: 1899 - 1920

This chapter will explore the development of the professional nurse and the impact of this development on the profession of midwifery and subsequently on the community midwife. It will consider the subordinate position of nursing to medicine and its significance in the marginalisation of the community midwife. It will examine the means by which the medical and nursing professions sought to implement the obstetric nurse to replace the community midwife. As very little initiative for change in the provision of midwifery care came from South Australia, this chapter will also consider the road to the professionalisation of nursing throughout Australia, as initiated in New South Wales.

## Professional ideals

The professions are concerned with the sale of services, abstract ideas, visual forms and manipulation of words. This enables them to establish themselves as closed groups from which others are excluded and which require specialist education for the members of a particular professional group.[1] With the increase of medical scientific knowledge there came calls for more education in health related professions including medicine, nursing and midwifery. According to Evan Willis, medical men sought to achieve regulation for themselves to differentiate themselves from unqualified male practitioners especially in childbirth.[2] In South Australia medical men established themselves into a closed group through an Ordinance relating to Medical Practice in 1844[3] and later the *Medical Act of 1880*.[4] This was a major step

[1]Leonore Davidoff, Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850,* The University of Chicago Press, USA, 1987, page 260.
[2]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis* University of Adelaide, 1981, pages 192 and 193, see also T.S. Pensabene, *The Rise of the Medical Practitioner in Victoria,* Research Monograph, Printed in Australia for the Health Research Project and by the Australian National University Press, Canberra, 1980, pages 120 - 132.
[3]*Ordinance No. 17 of the Province of South Australia* was passed on 3 September 1844 and proclaimed on 21 October 1845, *South Australian Government Gazette,* 23 October 1845, page 283.
[4]G.J. Fraenkel, D.H.Wilde, (eds.), *The Medical Board of South Australia 1844 - 1994*, published by the Medical Board of South Australia, Adelaide, 1994.

for medicine to establish itself as a closed professional group, with its own entry requirements of education, code of conduct and certification. The creation of this elite group by legislation enabled medicine to gain status by income, authority of knowledge, and deference to this knowledge by the community. Harold Perkin argued that professional groups such as medicine maintain their status by propaganda and persuasion, and with luck and persistence they can turn human capital into material wealth.[5] This point is enhanced by T.S. Pensabene, in his study of the rise of the medical practitioner in Victoria. He found that the status of medicine in Australia during the nineteenth century was low, and that to in order to increase it, it was necessary to separate traditional medical practice from the alternative practitioner by emphasising the ownership of increased medical knowledge. This successful suppression of competition from alternative practitioners, achieved, according to Pensabene, better financial remuneration and further autonomy, and enabled the doctor in the twentieth century to acquire the professional status that was in accord with his training, background, skills and importance in the community.[6]

Nursing also sought to establish itself as a *bona fide* profession by seeking self regulation and standards of education and practice. It was in the last two decades of the nineteenth century that nurses in Australia begun to organise themselves into the ideals of a profession. In order to 'gain upward social mobility for its members'[7] nursing followed the strategy of medicine by forming associations which established a register, advocated standards of training and established a professional journal. Legal creditability was sought through a registration act. There are differences of opinion over the definition of a profession and its application to nursing in the late twentieth century, but Joan Durdin argued that it is generally considered that the characteristics of a profession include an acknowledged and unique service to society which is based on a body of knowledge organised by its members. This also includes self regulation

[5]Harold Perkin, *The Rise of the Professional Society: England since 1880*, Routledge, London and New York, 1989, page 6.
[6]Pensabene, *The rise of the medical practitioner...,* pages 4 and 5.
[7]Willis, 'The Division of Labour in Health Care', page 200.

and standards of education and practice under the guidance of an ethical code.[8] A profession therefore provides a cohesive structure which gives its members power to seek their own objectives and the right of autonomy. However, Durdin acknowledged that in nursing in the 1880s few of these criteria were explicit. Whilst nurses sought the characteristics of self regulation and the setting of standards of education and practice from the outset nursing did not intend to pursue the principle of autonomy, which could be argued is the essence of a profession. Nurses who had undergone formal training did not consider that they should in any way operate without being under the umbrella of medicine. This subordinate position of the new profession of nursing to medicine was vigorously supported by nurses:

> Every Nurse worthy of her calling must realise that there is a limitation to her usefulness, however complete and thorough her training. It is mostly among the inefficiently trained women that we at times see a desire to take upon themselves duties that should only be done under the instruction and guidance of those trained in the practice of medicine. We believe in most of these cases it is ignorance not excessive knowledge of the Nurse which blinds her eyes to the criminal side of her action in diagnosing and advising treatment of maladies the seriousness of which she knows not. ...We trust that those at the head of various nursing associations for the sick poor will see that strict rules and regulations are laid down, whereby a Nurse, except in emergencies, who without medical supervision attends on and prescribes for patients will be rigorously dealt with. In this way the medical profession, both in the town and country will welcome the advent of such a Nurse as a most necessary and useful auxiliary in the treatment of the sick poor, and not regard her as an unlicensed rival, dangerous to the public and unworthy of her profession.[9]

This position of nursing to medicine is significant in the changes of the provision of midwifery care. The relationship of nursing and medicine was well established from the time that Florence Nightingale founded modern nursing and made her pledge which was repeated by all graduate nurses in their graduation ceremonies:

> With loyalty will I endeavour to aid the physician in his work and devote myself to the welfare of those committed to my care.[10]

This, according to Willis, set the basis for nursing to be a subordinate occupation to medicine and has remained so ever since.[11]

---

[8]Joan Durdin, *They Became Nurses: A history of nursing in South Australia in 1836 - 1980* , Allen and Unwin, Sydney, Australia, 1991, page 39.
[9]Editorial, 'The Limitations of a Nurse', *The Australasian Nurses' Journal,* 15 June 1911, pages 181 and 182.
[10]Quoted in Michael Wearing, 'Medical dominance and the Division of Labour in the Health Professions', in Grbich C. (ed.), *Sociology of Health*, Prentice Hall, Sydney, 1995, and F.M. Carter, *Psycho-Social Nursing*, MacMillan, New York, 1981, page 407.
[11]Willis, 'The Division of Labour in Health Care', page 200.

**'A nurse is one who is always subordinate to the doctor'**

The autonomy that community midwives had in their practice was a major cause of concern to the medical profession. Whilst they acknowledged their control over the nurse, the same control over the midwife eluded them. This necessity to subordinate the midwife was not hidden by medical men but overtly discussed in medical journals, as were the consequences for medicine if control over the midwife was not achieved. In 1898 a Bill to register midwives was presented to the New South Wales Parliament for the second time and, in a meeting of medical men to discuss its implications they quite clearly foresaw the difficulties of controlling the midwife:

> A nurse always means one who is subordinate to the doctor, who acts under his orders, and has no independent authority. A midwife is one who does not necessarily act under the supervision of a doctor (so long as the case remains uncomplicated). She is individually responsible for the case under her charge. To call her a nurse, with whatever qualifying adjective, is to confuse one who has independent charge with one who has not, but who receives her orders from a superior. [12]

As acknowledged by the speaker at the medical meeting, community midwives, in contrast to nurses, set up their own practice and although they often worked under the direction of the local general practitioner during a confinement, it was a relationship which accepted that each person within the childbirthing process had their own service to provide. The midwife received a separate fee for her services and was not salaried by the doctor or any other organisation. Midwifery may not have fulfilled the criteria of a profession in self regulation and formal standards of practice and education (although customary standards of practice and education had been in place for many centuries) but it certainly fulfilled the criteria of an acknowledged and unique service to society which was based on a body of knowledge, albeit that this body of knowledge did not have a formal structure. It could be argued that the community midwife had the basis for professionalisation. Medicine could not monopolise midwifery or introduce new medical advances into midwifery without giving the already autonomous midwife much more status than medicine would care to relinquish. The only way that medicine could have any control over midwifery was through nursing. This concept is supported by Willis who

[12]Report of a meeting of the medical profession to discuss the proposed Midwifery Nurses' Bill. *The Australasian Medical Gazette,* 21 November 1898, page 481.

argued that midwifery had to be a special branch of nursing, which was already structurally located in a position of subordination to medicine to ensure its control over midwifery.[13]

**A nurse first then a midwife**

Nursing leaders at the time supported the idea that midwives should first be trained as general nurses, as this complemented their own attempts at professionalisation. Willis found that both medicine and nursing agreed to this as it served both professions. First for nursing, by extending their occupational territory and secondly for medicine, by ensuring midwifery's subordination to medicine.[14] The community midwife was seen as a hindrance to the professionalisation of nursing. First, they did not fit into the image of the modern nurse as they were mainly middle aged to elderly women. Secondly, they were mainly working class people and nursing was a profession for middle class women. Thirdly they did not have and could not get the new medical knowledge that was essential for admittance to a closed group. Nurses began to see themselves as vastly different from the nurse of the past, not only in knowledge but in a visual way:

> ...that the 'contemporary' image of the nurse was of "a trim, educated, highly skilled self-reliant woman"...who was "primed with quite a vast store of medical and surgical knowledge". By comparison, the mental image of the nurse of the past's unsightly and unwieldy form could be described in two words, "Sairey Gamp".[15]

Not only did nurses have to have the right image they also had to come from the right section of society. Kate Hill[16] who was the Superintendent of Nurses at the Adelaide Children's Hospital in the late nineteenth century wrote:

---

[13]Willis, 'The Division of Labour in Health Care', page 178.

[14]Ibid., page 199.

[15]Editorial, "Nurses, Ancient and Modern", *The Australasian Nurses' Journal,* Vol 11 - No. 4, 16 October 1905, page 113. The reference to the character Sairey Gamp from Dickens' novel *Martin Chuzzlewit* was first published in 1843 and became a common form of denigrating the community midwife and will be explored further in chapter 6.

[16]Kate Hill, trained at the Children's Hospital in 1883. She went to Miss Tibbits' hospital in Wakefield Street and returned to the Children's Hospital in 1891 to take the post of Superintendent of Nurses. In 1903 she bought the Wakefield Street Private Hospital from the retiring Alice Tibbits .
During her time at the Children's Hospital she built up the hospital's reputation as a nurse training school. Kate Hill along with Alice Tibbits was a founder member of the Australasian Trained Nurses' Association formed in Adelaide in 1905. (Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938, pages 132-133).

> I was very particular whom I selected for Probationers - Dr's sisters or daughters, or clergymen's came to me to be trained, so gradually we became rather famous for our training and people used to write to me to recommend them...[17]

Community midwives were not from the right section of society. They were ordinary working class women who could not fit into the new professional image of nursing.

By the 1890s midwifery education was increasingly incorporated into nursing in Victoria and New South Wales. This was achieved by insisting that the applicants for training in midwifery first had formal training in nursing. So when the first training school for midwifery in South Australia was opened in 1902, the influence from the Eastern States was such that only those women who were already trained in nursing could be admitted for training as a midwife.

**The pathway to nursing professionalisation: the Australasian Trained Nurses' Association.**

The impetus to regulate and register nurses came from New South Wales. The first nursing organisation to be established in Australia was the Australasian Trained Nurses' Association (ATNA) in 1899.[18] The South Australian branch of ATNA was not established until 1905 and will be discussed later in this chapter. The ATNA was established to promote the interests of all trained nurses, to establish a system for their registration, and to provide standards of education. Although membership with ATNA was not compulsory for nurses to practise nursing, professional credibility as an ATNA member was one step further on the pathway of nursing professionalisation. Hospitals which provided training for nurses had to be approved for recognition by ATNA so that graduate nurses could gain membership of the association on completion of their training. Although non approval of a hospital by ATNA did not mean that the hospital could not continue to train nurses, it did mean that non approved hospitals had difficulty in recruiting student nurses as the graduate trained nurse was subsequently not eligible for membership with ATNA.

---

[17]Rob Linn, *Frail Flesh & Blood: The health of South Australians since earliest times*, published by the Queen Elizabeth Hospital Research Foundation Inc. 1993, page 101. This quotation is taken from a letter Kate Hill wrote to Mrs Scott, 10 Jan 1933, the letter is in the possession of Rob Linn.

[18]Mary Dickenson, *An Unsentimental Union: the NSW Nurses' Association 1931-1992*, Hale & Iremonger, Sydney, NSW, 1993, pages 17 and 18.

The ATNA also initiated schemes to protect the welfare of its members and offered through its journal, *The Australasian Nurses' Journal,* a forum for nurses to discuss professional issues.[19] Membership to ATNA was not restricted to nurses. Other persons, who were seen to contribute to ATNA's professional status, could also join, such as medical practitioners and people connected with the work of hospitals or who were in sympathy with the aims and objects of the Association. But community midwives were excluded.[20] Formally trained midwives were granted membership under special rules and a separate register.[21] ATNA was established for trained nurses and midwives who were also trained nurses. Membership for nurses was limited to those who:

> have been engaged for three years in general hospitals recognised by the council and containing not less than 40 beds; or...have been engaged for four years in a country, district or suburban hospital recognised by the council and containing not less than twenty beds; or... have been engaged for five years in a private, country district or suburban hospital recognised by the council and containing not less than ten beds.[22]

The inclusion of medical practitioners in the membership of a nurses' association or body, continued for the first half of the twentieth century. At first medical men[23] always held significant positions within the association. In the South Australian branch of ATNA a medical man maintained the position as president until 1936 when Dr H. Coverton resigned his position as president in order to allow a nurse, Miss Mary Murray, to be president during the Centennial year of South Australia.[24] The inclusion of medicine not only in the business of nursing but in leadership positions of nursing, highlights the influence that medicine had over nursing. By establishing itself in significant positions within the nursing association and in the processes of its professionalisation, medicine was perfectly placed to achieve the incorporation of midwifery into nursing.

---

[19]Editorial, *Australasian Nurses' Journal* Vol. 1 No. 1 March 1903, page 1, see also Durdin, *They Became Nurses*..., page 47.
[20]*Australasian Nurses' Journal* Vol. 1 No. 1 March 1903, pages 17 and 18.
[21]Australasian Trained Nurses' Association, South Australian Branch, Register of Members, Annual Report 1915-1916, obstetric rules page 177, Australian Nursing Federation, South Australian Branch archives.
[22]Australasian Trained Nurses' Association Council Minutes Vol 1. dated 8 September 1899, also quoted in Dickenson, *An Unsentimental Union...,* page 20.
[23]It is important to note the use of the words medical men, as although there were female doctors without exception in South Australia the doctors taking these positions were men and it is likely that this was the case in other States.
[24]Hurst, *Nursing in South Australia...,* page 191, see also Durdin, *They Became Nurses...,* page 94.

**Establishing nursing as a vocation.**

From the beginning of the twentieth century, nursing began to set itself up as a suitable profession in which young middle class women could be employed. As a profession, it maintained the Victorian values taken on by Australian society. Those entering nursing did so in the same way as those who entered a religious order to which was expected a life long devotion:

> Nursing as a woman's special vocation, as a privilege and God-given talent, is not a profession the duties of which may be lightly assumed. It is a grave responsibility, and upon our vigil often depend the issues of life and death. Unless a Nurse is prepared for a life of untiring effort and disappointments, discomforts or deprivations, countless sacrifices of time, talent, and inclination; unless, indeed, able to give herself bravely and brightly t
> " and that gossip[25] is a major sin.[26]

Rules of behaviour within the profession were constantly discussed in nursing journals. Advice to nurses on behaviour and manners,[27] the cultivation of sympathy[28] and etiquette and ethics[29] are just a sample of the types of advice given on the proper behaviour of nurses in early nursing journals. Nurses attempted to emulate medicine in exclusivity in training, but not in remuneration. Indeed Margaret Anderson has argued that nurses' wages and conditions were, at the end of the nineteenth century and thereafter, amongst the worst in Australia. This was because of their determination to protect their sense of vocation and their refusal to be classed with shopgirls. As a low paid profession, nursing was outside the protection of the industrial system.[30] The depiction of the nurse as a person who was superior spiritually, physically, and socially to the ordinary woman was promoted in every publication of the *Australasian Nurses' Journal.* This was also coupled with the near canonisation of Florence Nightingale. In an

---

[25]The use of the word 'gossip' here is significant as one of the accusations levied against midwives was that they were gossipy old women and nurses desired to be separated from this characteristic of the old nurse.
[26]Rebecca H. McNeill, 'The Ideal Nurse', *The Australasian Nurses' Journal*, 15 June 1910, page 194.
[27] Miss Loane, 'Only Manner', *The Australasian Nurses' Journal,* 15 February 1906, page 52-53.
[28]Miss Rose Scott, 'The Cultivation of Sympathy' *The Australasian Nurses' Journal*, 16 November 1908, page 364 - 372 and continued in 15 December 1908 issue, pages 406 - 411.
[29]Superintendent, 'Etiquette and Ethics: Hints for special duty nurses.' *The Australasian Nurses' Journal,* 15 May 1909, pages 171 and 173.
[30]Margaret Anderson, 'Good Strong Girls: Colonial Women and Work', in Kay Saunders, Raymond Evans, *Gender Relations in Australia: Domination and Negotiation*, Harcourt Brace Jovanovich Group, Australia, 1992, page 242.

editorial entitled ‘Our Patron Saint’ the hero worship of Florence Nightingale was exploited to set an example to all 'trained nurses' in Australia to be like her:

> It has fallen to the lot of few women to have won the fame which Florence Nightingale leaves behind...Florence Nightingale has become a name revered and honoured by all- not by reason of noble birth or influence, which are the usual stepping stones to celebrity of recent years, but by one of the finest examples of womanly devotion and heroism the world has ever seen. ...She proved that women could do work that hitherto it had been thought impossible for them to perform, and do it with a kindly sympathy and insight rarely to be found with the other sex. Florence Nightingale, in fact, showed for how much the mere personality of the Nurse counts; and if since her time of strenuous achievement thousands of equally devoted women have followed in her steps, they have owed their courage and also their opportunity to her leading.
> Let every Nurse realise the beauty and truth of the ideal service this woman had made her own.[31]

Yet this spiritual devotion to nursing to achieve professional status which Australian nurses identified with Florence Nightingale was in some ways misleading. She was as much concerned with hospital reform and military medicine as she was concerned with nursing. She disagreed vigorously with her medical counterparts on contagion and infection, believing that cleanliness, ventilation and architectural design was the only way to combat ‘hospitalism’.[32] Nurses training, was to Florence Nightingale, a necessary component along with the administration, architectural, cleanliness, order and ventilation to improve the physical conditions of the hospital.[33]

However, middle class families of the time in Australia saw that nursing was an occupation that was now suitable for their daughters to enter. It opened up a new sphere of a respectable working environment for women. The ideals and social mores of the time were protected in the profession of nursing. The nurses themselves were protected from other influences encountered in the public world by the strong patriarchal eye of medicine and the hierarchical structure of nursing. It was a safe occupation for respectable young women and if it was perceived that nurses were not answering a calling but were entering nursing for monetary gain,

---

[31]Editorial, *The Australasian Nurses' Journal,* 15 September 1910, page 291.

[32]A term used to describe the high incidence of hospital originated diseases.

[33]Charles E. Rosenberg, (ed.), from the introduction of *Florence Nightingale on Hospital Reform*, Garland Publishing, Inc, New York and London, 1989. This book contains a complete copy of, Florence Nightingale, *Introductory Notes on Lying -In Institutions: together with, A Proposal for Organising and Institution for Training Midwives and Midwifery Nurses,* 1871.

then letters to the editor and editorials urged nurses not to 'enter' nursing as a job but take up the calling in a semi-religious vocation:

> This being a time[34] when all are called upon for some act of self-denial, would it not be opportune to strive for a revival in the nursing world of that spirit of self-sacrifice so nobly practised by Florence Nightingale. She placed nursing on a very high pedestal, which only the spirit she inspired can preserve. She and her colleagues had mostly the advantage of being people of independent means; they were able to take up their work almost as a semi-religious vocation. In this the religious houses have a pull on the profession. Is there not to-day a danger of the mercenary spirit becoming dominant? Girls take up nursing just as they would millinery, service or dressmaking, merely with a view of making money. As a doctor once observed: "It is a toss up if a girl will be a housemaid or a nurse".[35]

There were an increasing number of letters to editor of the *Australasian Nurses' Journal* complaining about the poor fees for trained nurses. They mainly concentrated on the fees for country nurses and obstetric nurses who worked in private practice and cited the rise in the cost of living, the high cost of travel expenses and the danger of working with septic cases, for the need to demand higher fees.[36] But ATNA constantly reminded its members that money was not the reason for undertaking nursing and that the ideals behind nursing were far more important:

> Nursing never needed, more than it does in the present day, to keep fast hold on its ideals. From a career which only the self-sacrificing and high-minded could embrace, save as a last resource in destitution, it has become a lucrative and intensely interesting profession. Many enter it who have never thought seriously of the high obligations it entails. There is need that during the years when women are in training the ideals of nursing should be kept steadily before them, no less that the secrets of discipline and the details of duty. Are we, in the heat of competition, in some danger of losing the true Imperial spirit which the foundress of nursing [Florence Nightingale] impressed upon it?[37]

**The doctor's 'ministering angels'**

It was in the medical profession's interest to pursue vocational ideals for nursing. The message to nurses that nursing was not to be tainted by money or professional ownership of knowledge, ensured that nursing would not be in competition with medicine, to which money and ownership of knowledge was so important.

---

[34]World War One.
[35]Letter to the editor by K, *The Australasian Nurses' Journal,* 15 May 1915, page 172.
[36]Letters to the editor, *The Australasian Nurses' Journal,* 1903 to 1924.
[37]*The Australasian Nurses' Journal,* 15 October 1908, page 354.

At the first annual meeting of the South Australian Branch of ATNA the same message was put forward by Dr A.A. Lendon who in his speech cleverly compared the modern nurse of the day to the community midwife, not by denigrating the midwife so much as highlighting the more admirable qualities of the nurse, which included a nobleness beyond that of earning a wage, and at the same time reiterating the place of the nurse:

> But it must not be thought that whilst we are devoting our energies to the interests of the Nurses, we are doing anything antagonistic to the interests of the patient or of the medical attendant. ...Then again we know how satisfactory it is to the medical man to feel that his midwifery case is being looked after by a trained Nurse rather than by even the most experienced old lady in the neighbourhood, and perhaps the most opinionated, who faithfully hands down the tradition which prevailed before the Flood. ...No one, believe me, has a greater respect for the work and profession of a Nurse. If it were merely a profession, as it was in the Middle Ages, when it was a gratuitous labour of the religious bodies, then, of course, it would be above all criticism-it would be sacred, and those similes of the "ministering angel" of Sir Walter Scott, and the term applied to our own district Nurses of "angles on bicycles," would hold good. But when nursing is adopted as a means of living and for a wage, it comes within the scope of criticism.[38]

In a resolution forwarded to the ATNA national conference in 1909, the emphasis of nurses being aligned to a vocation similar in standing to that of nuns, was further encouraged by the next president of the South Australian branch of ATNA, Dr Todd. In a statement more likely to emanate from a pulpit than a professional conference he furthered the ideal of nursing:

> From South Australia. Greeting, with the hope that this Conference may prove a blessing to all patients, doctors and Nurses. That women filled with the spirit of our beloved founder, Miss Nightingale, may go forth from the ranks of the ATNA to live, and love and labour, perhaps not at Scutari, but the world around. And that the ideal of our Nurses may be the highest possible - the ideal set by the Son of Man Himself.[39]

But not all doctors were opposed to nurses commanding higher fees and in 1913 a doctor wrote to the journal supporting the nurses demand for higher fees and condemning his own profession for opposing it:

> None know the strain to which they [nurses] are submitted better than the doctors in the country districts; and I do trust that the members of the profession [medicine] will cease from opposition and do all in their power to raise the salary of nurses who so greatly aid them in their practice.

---

[38]Address by Dr A.A. Lendon delivered at the first annual meeting of the South Australian Branch of ATNA, *The Australasian Nurses' Journal*, 15 March 1906, pages 79 and 80.
[39]*The Australasian Nurses' Journal,* 14 August 1909, page 293.

Medical Life Member ATNA.[40]

**Flexing of the nursing muscles**

Very little opposition to medicine was ever voiced by nurses. The position of being subordinate even subservient to the doctor was accepted and even glorified. On the few occasions that a nurse did oppose the medical man the consequences were never in favour of the nurse. This was highlighted in the confrontation between Nurse Steinke and Doctor Dawkins in South Australia over a midwifery case in 1910. The incident was reported nationally in the *Australasian Nurses' Journal* in the form of a series of lectures and is also an early indication of the struggle for autonomy that trained midwives had in South Australia at this time. Dr Dawkins was accused by the trained general and midwifery nurse, Nurse Steinke, of delaying the induction of a confining woman which resulted in the stillbirth of the baby. Dr Dawkins wrote to the mother and sent a copy of his letter to ATNA in Sydney for publication in the journal:

> With reference to your enquiry I have to inform that Nurse____ said after your departure on Sunday[41] that the baby should have been born that day. Now, I wish to point out as a result of this there are some who believe this statement, and in consequence I have been blamed for the fact that the baby did not live, although when called on Monday I went without losing any time a distance of four and a half miles, and found the infant had been born already half an hour. I cannot help feeling annoyed at Nurse____'s indiscretion, as such statements are calculated to create friction and, moreover, I hold it is always wrong for a Nurse to criticise in this way what a doctor is doing. [42]

Dr Dawkins requested an inquiry by the South Australian Council of ATNA. At first Nurse Steinke was determined to stand by her remarks, by responding with what would have been considered quite an inflammatory letter at the time:

> Having heard that you are causing Mrs._____'s people some anxiety on my account (re collecting written evidence regarding statements which I have made, and which have been circulated in connection with the case), I am quite prepared to verify any of these statements which I have made, and to give my reasons for making them, before any number of medical men. I am sorry that you have caused these people any trouble,

---

[40]Ibid., 15 December 1913, page 401.

[41]The baby was actually born on the Monday and the nurse's complaint was that if the doctor had taken steps to induce the mother on the Sunday the baby would not have died. The mother had eclampsia (high blood pressure) and in modern obstetrics an early delivery would be recommended.

[42]Copy of letter from Dr Dawkins of South Australia to Matron of the Nursing Home (recognised by ATNA) dated Sept 1910, published in *The Australasian Nurses' Journal*, 15 November 1910, page 374.

> because they have already had more than their share, and I would rather that you had interviewed me, and asked for an explanation.[43]

The doctor laid down the gauntlet and challenged the nurse by sending a letter to the Medical Defence Association to consider taking legal action against the nurse. Dr Dawkins' disbelief in being questioned by a nurse is evident at the end of his reply to Nurse Steinke:

> It may be some satisfaction to you to know that, although I have had to deal with quite a number of trained Nurses, never before has any one of them so far forgotten herself as to try and cause a bitter feeling between the patients or their friends and myself.[44]

The threatened letter was sent to the Medical Defence Council but the argument was not one of whether the nurse was justified in her remarks about the doctor, or whether the baby had died as a result of his negligence. The argument was whether a nurse had the right to question a doctor's practice. ATNA considered that the nurse did not understand her position:

> The above correspondence points to so serious a misunderstanding by a Nurse of her position and duties that the occasion cannot be allowed to pass without comment. ...The Nurse ...instead of recognising her sphere as that of trained assistant, adopts a deliberately unfriendly and critical attitude towards the doctor. It is impossible to find any justification for her conduct. The doctor's skill is of an infinitely higher order and his knowledge of the particular case is necessarily far greater. Quite apart then from any question as to the possibility of the two professions working together harmoniously under such condition it is obvious that the Nurse's attitude of criticism was ridiculous in the extreme. This aspect of the case is indeed so clear that further comment is unnecessary.
> But with regard to the other aspect, the relationship between Nurse and doctor in any particular instance, it must be clearly understood that the general adoption of any such attitude would mean that doctors would be unable any longer to place a Nurse in charge of any private case.[45]

This case illustrates not only the powerlessness nurses had in their relationship with the medical profession but also demonstrates the concerns that medical men had regarding the threat of competition from an educated midwife. The nurse involved in this case was a registered nurse and midwife whose education had not only given her the ability to assess the situation but had also given her the confidence to criticise the doctor's performance. Such women were a very real threat to the medical men. There was a danger that the well educated obstetric nurse would

---

[43]Copy of letter from Nurse Steinke to Dr Dawkins, published in *The Australasian Nurses' Journal*, 15 November 1910, page 374.
[44]Responding letter from Dr Dawkins to Nurse Steinke, published in *The Australasian Nurses' Journal*, 15 November 1910, page 375.
[45]Comments by the South Australian Council of ATNA on the case between Dr Dawkins and Nurse Steinke, published in *The Australasian Nurses' Journal*, 15 November 1910, page 375-6.

become a well educated community midwife outside the control of medicine and nursing. The correspondence of this case was published in the nurses' journal and served as a serious reminder to other nurses not to question their betters. At the time of the complaint Nurse Steinke was applying for membership to ATNA but she was prohibited from membership until she had written an apology to Dr Dawkins. This she duly did on 29 October 1910 but it was not accepted and only after a second letter of apology was sent did she gain membership in December 1910, one month after the series of letters were published by ATNA.[46] A year later the medical profession still felt the need to overtly assert their position over nursing at the seventh annual meeting of the South Australian branch of ATNA:

> Dr Todd referred to the large number of trained nurses now engaged in the constant practice of their profession and emphasised the need of absolute[47] loyalty on their part to the Medical Profession - not only to the Medical Profession as a body, but to the particular member of it who happened to have the medical or surgical responsibility of the case they were nursing. This benefited not only the Doctor and Nurse but surrounded the patient with the atmosphere of peace and discipline which helped so much towards recovery.[48]

When the trained obstetric nurse practised in the community she took on the mantle of autonomy afforded to the community midwife and became an educated community midwife. There was no legal reason not to set up her own business in competition to medicine. A woman who was a general nurse and subsequently trained in midwifery and then practised independently within the community, created an autonomous educated practitioner who was welcomed by the childbirthing women. She represented a formidable competitor indeed to the medical man. But these women were few in number because most obstetric nurses were unwilling to practise in the community and preferred to work in the hospital setting.

---

[46]Minute Book of the Australasian Trained Nurses' Association, South Australian Branch Council 1905 - 1922, minute dated 21 September 1910, 11 November 1910 and 21 December 1910, Australian Nursing Federation, South Australian Branch archives.

[47]Their underline.

[48]Ibid., the seventh annual meeting of ATNA, S. A Branch held in the Lady Colton Hall, Hindmarsh Square Adelaide, minute dated Friday 9 February 1912 at 8.15 pm.

**Nursing establishes its position over midwifery in ATNA**

Medicine and nursing through ATNA also established themselves in a position of power over the trained midwifery nurses. A midwifery register had been established within ATNA. Some members of the midwifery register were not trained nurses as well as trained midwives but were permitted membership under different rules. However this did not give them the same voting rights as those members who were trained nurses. Within ATNA, trained midwives had elected representatives to speak for them, but all of them were doctors. Moves were made to form a separate association for the trained midwives:

> Dr Worrall[49]stated personally he thought they were making a mistake, and that it was much better for the Nurses to combine in one strong association. Union was strength. If the obstetric Nurses[50] at any time had any grievance, they had only to lay the matter before the Council of the Association through their representatives.[51]

Although the midwives had formed their own committee all matters derived from it had to be referred to the general body of the Association for debate before being presented to the Council for a decision.[52] Clearly general nurses had sought to take control over midwifery in these early stages of professionalisation. Medical representatives were clearly reluctant to encourage a break-away association from nursing:

> It has been said by some that as the General Nurses had a voice in matters concerning Midwifery Nurses, the latter should also have a voice in the affairs of the General Nurses: ...But it was a considerable advantage to these Nurses [midwives] to belong to the Association, and....could not see how the General Nurses could be expected to relinquish the management of matters concerning the whole Association.[53]

It would appear that the concern of the midwives about general nurses having too much say in their matters was well founded, as Miss Forster, speaking for the general nurses, argued that the midwives should not have an equal say within the

---

[49]One of the midwifery nurses representatives.
[50]Note the use of the term obstetric nurse as early as 1904.
[51]*The Australasian Nurses' Journal* April 1904, page 21.
[52]Ibid., July 1904 page 46
[53]Ibid., July 1904 page 44.

54

he midwifery representatives from the midwifery committee on the council were all doctors.[55] So the nurses were completely successful in achieving their superiority over the trained midwives within the association and the midwives' voice continued to be secondary to that of the general nurses.

[54]Ibid., July 1904 page 44.
[55]Ibid., July 1904 page 47.

**ATNA in South Australia**

From the founding body of ATNA in New South Wales, branch councils were established in the other States of Australia. Nurses in South Australia had been able to obtain formal training at the Children's Hospital from 1879, the Adelaide Hospital from 1889 and Wakefield Street Private Hospital which commenced nurses training in the 1890s.[56] Two nurses' associations were founded in South Australia. The first was the Royal British Nurses' Association (RBNA) which was established in England in 1895.[57] This was the only branch of RBNA to be established in Australia. The matron of the Adelaide Hospital, Margaret Graham, was approached by the secretary of RBNA to found a branch in South Australia in 1900. The first meeting of the South Australian branch of RBNA was held 8 August 1990, but the criteria for membership was limited to those nurses who had undertaken a three year course of training in a forty bed hospital. As the Adelaide Hospital was the only training school in South Australia with these facilities the RBNA was open only to those nurses who had trained there.[58]

The South Australian Branch of ATNA was founded in 1905 when Dr A.A. Lendon was approached by ATNA in Sydney to establish a branch in South Australia and to nominate as the first president of the branch. Kate Hill, matron and owner of the Wakefield Street Private Hospital was suggested to lead the nurses in forming this branch. [59] Dr Lendon accepted and at the first meeting, eighty nurses and eleven doctors attended to form the new branch on 12 April 1905.[60]

**The midwifery register in South Australia**

A midwifery register under the auspices of ATNA was opened in 1900 in Sydney and 1905 in South Australia. However the criteria for registration excluded the majority of community

---

[56]Durdin, *They Became Nurses...,* pages 23-27.
[57]For further information on the RBNA see Durdin, *They Became Nurses...* .
[58]David White, *A New Beginning: Nurse Training and Registration Policy 1920-1938: The Role of the Nurses' Registration Board of South Australia,* 1993*,* page 9, see also Durdin, *They Became Nurses...*, page 42.
[59]Correspondence-in-book, ATNA S.A. Branch 1905, letter dated 12 November 1904, to Dr A.A. Lendon from Dr C. B. Blackburn, Ref. E139/1/1. Australian Nursing Federation, South Australian Branch archives.
[60]Minute Book of ATNA, S.A. Branch, minute dated 12 April 1905 and *The Australasian Nurses' Journal,* April 1905, page 18.

midwives in Australia and possibly every community midwife in South Australia. Dr T.G. Wilson and Mrs Chennell,[61] matron of the Queen's Home, represented the midwife and obstetric nurse members of ATNA in South Australia. The applicant had to hold a certificate which indicated that she had undergone training for a period of six months, during which time she had conducted twenty deliveries. The ATNA also required the midwife to be a fully qualified nurse. In addition to this the applicant for registration had to provide certificates of competency from the hospitals in which they trained and provide testimonials as to their moral conduct.[62] These criteria for membership proved problematic for candidates in South Australia and this was reported to the Sydney Branch. Mrs Chennell herself did not fulfil the criteria for membership to ATNA as she was not a trained nurse and had to be admitted under Rule XXI which permitted the admission of nurses who had received training but were not awarded a certificate before 1900.[63] The main branch of ATNA in Sydney made some allowances for the South Australian branch:

> …that for the present Adelaide should be treated as a "Country District"; but they wished it to be understood that this was only a temporary expedient and as soon as the supply of adequately trained Nurses were available Rule XX111A would come into force in Adelaide without any exception. Dr Blackburn[64] said "It would be advisable to suggest that any fully trained general nurse who has done this work as well, should obtain a certificate for midwifery."[65]

This meant that nurses could be registered with ATNA if they were already trained nurses and had been engaged in midwifery work, and could provide a testimonial from a doctor which indicated that they had undertaken a certain number of cases which attested to their competence as a midwife. Also nurses in South Australia who were already on the register as general nurses, and who could produce proof of having also attended under medical supervision 20 cases of labour before 28 February 1906, and who also had passed an examination conducted by examiners appointed by the South Australian Branch Council, were eligible for the

---

[61]See Chapter 4
[62]Dickenson, *An Unsentimental Union...,* page 20, minutes of general meeting of ATNA (NSW ), 21 July 1899.
[63]Durdin, *They Became Nurses...,* page 49.
[64]Secretary of the New South Wales ATNA.
[65]Minute Book of ATNA, S.A. Branch, minute dated 24 May 1905.

Midwifery Register.[66] This, in effect, applied only to obstetric nurses. The majority of midwives in South Australia at this time were community midwives who had no knowledge of ATNA and could not have fulfilled any of the criteria for membership.

One of the mandates of the newly formed ATNA was to pursue the state registration of all nurses. This will be explored further in chapter seven. But it should be noted here that much of the argument for state registration was based on the premise that there was public concern to control the practice of midwifery, as a result of blame being placed on the midwife for the unacceptably high maternal and infant mortality rates.[67] However public concern originated from the very public campaign that had been waged against community midwives by medical men, a campaign in which the new professional nurses were to take a part.

The debate within the South Australian branch of ATNA about community midwives centred around the training requirement in midwifery for obstetric nurses. Difficulties also existed in South Australia in providing sufficient ATNA registered trained midwives and the concessional clauses which allowed midwives to join ATNA in South Australia had to be extended until 30 June 1906.[68]

In an effort to gain general trained nurses' interest in midwifery, Dr Wilson provided midwifery lectures for ATNA members:

> The midwifery lectures the nurses are taking a great interest in them 40 are attending and several others have given in their names for the examination.[69]

He proposed that all nurses who passed the midwifery examination, and who had produced certificates of having attended the required number of cases, be passed for the special register.[70]

---

[66]Ibid., minute dated 5 July 1905.
[67]Dickenson, *An Unsentimental Union...,* pages 24 and 25.
[68]Minute Book of the ATNA, S.A. Branch, minute dated, 15 December 1905.
[69]Ibid., minute dated, 17 January 1906.
[70]Ibid., minute dated, 29 August 1906.

As the number of midwives increased within the South Australian branch of ATNA, the midwives sought to have more control over their affairs. A Sister Foster proposed that a Midwifery Branch be formed in 1906 as opposed to a midwifery auxiliary. However they were advised against it.[71] Mrs Chennell was closely associated with Dr Wilson in her employment as the Matron of the Queen's Home. It is also interesting to note that by February 1907 the vice president and the two secretaries of the South Australian Branch of ATNA, Drs Marten, Wilson and Mrs Chennell were all from the Queen's Home. It is likely that Mrs Chennell would defer to Dr Wilson's intentions for midwifery in this State and all three of these members would have supported the establishment of obstetric nurses in light of the Queen's Home criteria for training, that all the candidates for training be registered nurses.[72] The establishment of a separate midwifery branch would give trained midwives more status and would obstruct the creation of obstetric nursing. Dr Blackburn from Sydney wrote to the South Australian council advising against the move and re-iterated how midwifery could only be controlled through obstetric nursing. He considered that the South Australian branch should act as a midwifery council as well as a nursing council, in order to keep the criteria for midwifery registration within the auspices of nursing. [73]

**'The law of the land does not prohibit such irregular practices'**

The ethos created by ATNA, that the only worthy midwife was one who had undergone a lengthy period of general and then midwifery training, gradually infiltrated the membership of the South Australian Branch. One nurse who lived in a country district in 1911 was even under the impression that she could no longer be a member of ATNA if she undertook midwifery cases for which she was not trained:

---

[71]Ibid., minute dated, 14 October 1906.
[72]See Chapter 4.
[73]Minute Book of the ATNA, S.A. Branch, minute dated, 20 December 1906.

> Mrs Watt of Yongala[74] registered on the General list under Rule XIX wrote asking if she could resign from the association temporarily later being replaced on the register without sitting for an examination. Her reason for wishing to do this being that living in a country district and no qualified nurse available she was often called in to attend emergency obstetric cases under the doctors care;- having to remain with some patients and merely overlooking others. The secretary was instructed to inform Mrs Watt that, under the circumstances, there was no need to resign, providing she only attend emergency cases in a country district, where no midwifery nurse was a the time available.[75]

The lack of legal control over the community midwife and the continuation of their practice was brought to the South Australian Branch's attention by the persistence of Miss Wallent a trained nurse and member of ATNA from Tanunda:

> A letter was received from Miss Wallent asking the Council's advice in reference to an entirely untrained woman who took charge of obstetric cases in her district: Dr Helen Mayo proposed that Nurse Wallent be informed that unfortunately the Council has no power to act in such cases and also that the law of the land does not prohibit such irregular practice. All that can be done therefore is to watch to see if Mrs Mielich transgresses the law, if she does to secure adequate witnesses and proceed against her. Possibly education of the public might be of some avail.[76]

In 1914 Miss Wallent[77] again wrote to the Board complaining of a doctor whom she thought was unregistered with the medical board. The centre of her complaint however, was that his nurse was unregistered with ATNA. The council again told her that they were powerless to act in this case. Later in 1916 Miss Wallent again contacted the board with reference to a community nurse of Tanunda:

> Letter received from Miss A Wallent complaining that an unqualified "unnaturalised" nurse (Mrs Schaaf) was attending cases at Tanunda without a medical man and seeking the Council's advice on the matter. The secretary was directed to say that the Council regretted that it had no jurisdiction in cases of this sort.[78]

---

[74]This is the same Mrs Watt discussed in Chapter 2, who was a general nurse operating a community midwifery practice and never undertook any formal training in midwifery.

[75]Minute Book of the ATNA, S.A. Branch, minute dated, 19 July 1911.

[76]Ibid., minute dated, 21 March 1912

[77]These letters by Miss Wallent were written during World War One and could also have been based on anti-German sentiments which in a town like Tanunda in the Barossa Valley area with a large German population would have been considerable.

[78]Ibid., minute dated, 25 Aug 1916.

Apart from Miss Wallent's complaints ATNA in South Australia showed less interest in the practice of the community midwife than their counterparts in the Eastern States. They sought to replace her by excluding her from their register and increasing the number of obstetric nurses rather than actively campaigning against her. The community midwife was a matter of concern, but they were powerless to address the concern without legislation.

By 1916 the 'Register of Obstetric Nurses'[79] of the South Australian branch of ATNA totalled 141.[80] Of these, 96 were registered general nurses and 45 were trained only in midwifery. Sixty eight of the total had trained at the Queen's Home and of these 50 were trained nurses at the beginning of their midwifery training. Eighteen had been accepted into training in the Queen's Home without general nurse training. Of the remaining 46 general trained nurses, 26 were admitted to the register under rule 1(d) which provided for general trained nurses who could produce evidence of having attended, under medical supervision, twenty cases of labour.[81] Three of the members who were not registered general nurses were admitted under rule 1(c). This meant that they had trained before 1904 in a midwifery hospital recognised by ATNA. All other members of the register undertook their midwifery training overseas or interstate.[82]

The community midwives were totally excluded from the register. They could only provide a doctor's testimonial of their expertise in midwifery. So if they knew about the association and saw that it was to their advantage to belong they could only do so if they undertook a two year general training course in nursing followed by a six month course in midwifery. This was completely out of the reach of community midwives.

---

[79]Interesting to note the use of the wording obstetric nurses and not midwives.
[80]Australasian Trained Nurses' Association, South Australian Branch, Register of Members, Annual Report 1915-1916, Australian Nursing Federation, South Australian Branch archives, page 342 - 348.
[81] Obstetric Nurses Rules, page 177.
[82]Ibid., page 177.

The lack of political impetus of the community midwife and her exclusion from the process of professionalisation eventually contributed to her eradication as a member of the health team in the provision of midwifery care. Community midwives had no voice, and were excluded from the protection of ATNA. They were ordinary able bodied women who depended on their practice for financial survival. This is especially so in South Australia where no formal education for midwives had previously been available. Whilst there had been the means of formal education for midwives in Victoria and New South Wales for some time, their education was overseen by nursing and medicine. Those midwives who left the hospital system to work in the community became integrated with the ethos of the community midwife and were separated from the process of professionalisation as in the case of Nurse Steinke who could only be part of the professionalisation process if she conformed to the subordinating requirements of ATNA.

Nursing expected that the trained midwife was also a nurse, knew her place and deferred to medicine's superiority at all times. This philosophy made the assumption that all medical men were competent in their work and that the educated nurse and midwife were insufficiently educated to question medicine's competence. Nursing showed its naivety in not foreseeing that women could be equally as competent and knowledgable in their business and that education could give them the confidence to resolve their own clinical problems and be assertive about another professional's incompetence. The educated midwife's place in the community was short lived. Both medicine and nursing quickly moved to suppress this new midwifery practice in the community through nurses' associations and journals.

The pathway to professionalisation of nursing was not the same as that for medicine. There was no desire by nurses for complete autonomy or indeed complete ownership of medical knowledge. Nursing's road to professionalism was tied up with moral behaviour, devotion to duty, middle class values and the acceptance of a patriarchal society. The position nurses desired within society was one of symbolic adoration, based on a noble vocation rather than the doctor's desire for the community's deference to knowledge, personal wealth and social

standing. Nurses were content to be subordinate to medicine. There was occasional friction but individual nurses soon saw the error of their ways when this was pointed out by the medical and nursing hierarchy. Community midwives on the other hand were excluded from this pathway to professionalisation, yet still remained an autonomous, fee-for-service occupation. To overcome the threat of a separate profession of midwifery, medicine and nursing

now sought to incorporate midwifery into nursing by education and registration and at the same time create the ethos that childbirthing was not safe with the community midwife and that childbirthing women should place themselves in the hands of the medical man, ably assisted by the obstetric nurse.

# CHAPTER 6

## MEDICINE AND MIDWIFERY: THE CAMPAIGN TO DISCREDIT THE COMMUNITY MIDWIFE: 1842 - 1933

This chapter will explore the means by which the medical and nursing professions sought to discredit the community midwife, offering in her place the trained obstetric nurse. This chapter examines the development of medicine in midwifery and its efforts to bring midwifery under the control of medicine by better education and registration. But formal midwifery education did not reach those women who were practising midwifery - the community midwife. Under the guise of professionalism and safety, medicine and nursing combined in a campaign to marginalise the community midwife. This was not a deliberate marketing strategy, but rather a more subtle campaign to establish the safety of obstetrics in the eyes of the general public. It began in the medical journals and gradually gathered momentum in nursing journals.

The campaign to discredit the community midwife came from two directions. The first claimed that childbirthing with medicine was safe and that childbirthing with community midwives was unsafe. This approach made the assumption that any unsuccessful outcomes of a confinement could be attributed to the community midwife's unsafe practice. The second approach created an unfavourable physical image of the community midwife and this was done by aligning her to Charles Dickens' character, Sairey Gamp from his novel *Martin Chuzzlewit*. Community midwives, however, were not in a position to answer the accusations as they were excluded from the process of professionalisation. Unlike nurses, community midwives had not entered the public sphere. Since they were a part of the private sphere they had no public voice. In the main, community midwives comprised women from working class backgrounds with limited formal education and unlikely to read or contribute to professional journals. Any new practical changes in midwifery which may have come from

the scientific world would be passed onto the community midwife by the local general practitioner with whom she worked. So the argument for changes in practice and the inclusion of medical science in midwifery occurred outside her sphere of practice and knowledge. Any criticism of her practice would go unnoticed by her and by the women to whom she offered her services.

**Curiosities in midwifery practice: medicine in midwifery**

In the last two decades of the nineteenth century the medical profession in Australia began to take an interest in women's diseases and the abnormalities of pregnancy. Articles in the medical journals ranged from editorials on puerperal fever[1] to obstetric binders.[2] Doctors contributed articles enthusiastically to the medical journals about their own experiences in the management of childbirth, like Frederic H. Quaife, consulting physician to the Sydney Hospital, who wrote about his own experiences in two cases of *placenta praevia*[3] and Dr W. J. Barkas, surgeon to Warialda Hospital New South Wales, who contributed an article on a case of obstructed labour.[4] The more unusual the case the better, as Dr A. Mueller of Yackandandah Victoria gleefully described his good fortune in finding 'Two Curiosities in Midwifery Practice' within one week in 1894.[5]

South Australia experienced the same growing interest by medical men in midwifery. Five South Australian doctors contributed to a series of articles published in April 1892 entitled 'Midwifery Experiences'.[6] The authors included Dr A.A. Lendon, Dr H. Swift[7] and Dr

[1] *The Australasian Medical Gazette*, February 1882, page 71.
[2] Ibid., May 1882, page 107. A binder was a piece of cloth made of calico which was wrapped tightly around the abdomen of mothers in order to encourage the satisfactory return of abdominal muscle tone. This was worn for several months after delivery. A baby binder was wrapped around the umbilicus (navel) and was intended to prevent an umbilical hernia. This treatment was considered to be the province of the midwife.
[3] Ibid., July 1882, page 133. Placenta Praevia is an abnormal condition of pregnancy where the placenta develops in the uterus in a position likely to impede normal childbirth.
[4] Ibid., April 1883, page 144.
[5] Ibid., 15 August 1894, page 258.
[6] Ibid., April 1892 pages 182 to 189.
[7] Dr Harry Swift also gained his midwifery experience from his private practice. His medical experience was mainly in children's diseases and skin diseases. He obtained his medical degree in 1883 and was resident medical officer at Great Ormond Street Children's Hospital in London from 1885-86. On arrival in Adelaide he was appointed to the honorary medical staff of the Adelaide Children's Hospital and in 1891 was appointed assistant physician to the Adelaide Hospital and in charge of the skin department for many years. ( Obituary, *The Medical Journal of Australia*, 27 November 1937, page 976).

J.A.G. Hamilton[8]. All articles were related to the abnormalities of childbirthing but also indicated the length of time the medical men had been involved in midwifery. Dr Hamilton indicated that in his midwifery practice he had attended 1000 cases between 1883 and 1890.[9] Childbirth was now perceived in medical journals as an illness to be treated by medicine and surgery. References to normal childbirth were rare and usually only for comparison with the abnormal. The young medical student was beginning to learn that childbirthing was a crisis in which only he could intervene.

**Medical midwifery knowledge and proper instruction of midwives.**

At the same time there was a growing concern amongst the medical men about the inability of the community midwife to treat the perceived increasing abnormalities of childbirth in the light of new medical knowledge, which resulted in the agitation for the better education of the community midwife. In June 1891 at a Queensland Medical Society meeting for the formal education of midwives, Dr W.B. Nisbet argued not for the education of the community midwife but her replacement by a more suitable person:

> To attempt to alter a condition which has prevailed from the remotest ages seems almost superhuman, but I cannot help thinking that the time has really arrived when we ought to consider if something cannot be done to relieve women of the immediate and remote sufferings of childbearing, by improving the education of the nurses who habitually attend on such cases. ...That this society considers the time has arrived when the indiscriminate practice of midwifery by untrained nurses should be discouraged in the towns in the colony, and provision should be made for educating suitable women to become certificated midwives.[10]

However Dr Nisbet acknowledged that the task ahead was fraught with difficulty and perceptively remarked that the 'total abolition of the untrained midwife would require many years to accomplish.'[11]

---

[8]Dr James Alexander Greer Hamilton gained his midwifery experience in his practice as a general practitioner in country South Australia. He was essentially a surgeon not an obstetrician, however he took over the lectures in women's diseases at he University of Adelaide from E.W. Way in 1901 and became a leading gynaecologist in South Australia. (Obituary, *The Medical Journal of Australia*, 12 December 1925, page 688).

[9]*The Australasian Medical Gazette,* April 1892, page 183.

[10]Ibid., June 1891, pages 269-271.

[11]Ibid., June 1891, page 271.

Formal education of midwives was not a new concept in Australia. The Melbourne Lying-in Hospital established training facilities for midwives as early as 1862 and the Benevolent Asylum in New South Wales began training midwives in the late 1870s. Milton Lewis in his thesis on aspects of infant and maternal health in Sydney found that hospital training for midwives in Victoria and New South Wales was established at the same time as Florence Nightingale organised midwifery training in England.[12] However, in South Australia there continued to be limited means of education for midwives. The foundation of the Queen's Home in 1902 meant that a training school in midwifery was available but in the early stages it was only open to trained nurses. It excluded women who were already practising midwives and those who aspired to be only midwives and not nurses. Apart from the Destitute Asylum, which employed a midwife as the matron of the lying-in department and perhaps one or two private nursing homes, there were few opportunities to employ midwives in a salaried position in the nineteenth, and first two decades of the twentieth century in this State, so the requirement for credentials was not important.

[12]Milton Lewis, 'Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939', *PhD Thesis*, Australian National University, 1976.

**The trained community midwife: a formidable competitor**

Although some doctors called for the education of midwives there were others who could see that there were drawbacks for medical men if the existing community midwife was better educated. A better trained midwife would not only command higher fees but she would be more attractive to engage for the more affluent client, now firmly established as the clientele of the doctor. So the medical profession proposed that the community midwife should only be educated to a certain level to ensure that she did not step into the realm of the doctor's knowledge but would have a better understanding of conditions which would require her to call in the doctor:

> An ideal nurse or midwife would be one whose powers of diagnosis of normal and abnormal conditions were fully trained and founded on long experience, but whose knowledge of treatment outside a normal case was nil, so that she might never be tempted to venture on ground belonging to the skilled obstetrician, and requiring an intimate knowledge of the principles of medicine and surgery.[13]

The issue of education for midwives was taken up in earnest by Dr James Graham in New South Wales in 1895, who proposed the registration of midwives in New South Wales by introducing a bill in the Legislative Council, to 'promote the better training of women as midwifery nurses, and for their registration'.[14] However, the Bill was strongly opposed by the majority of medical men on the grounds that it could create an 'inferior order of medical practitioners.'[15] The Bill was also rejected because it allowed those women already in midwifery practice for more than a year to be included on the register, thus giving more status to the very midwives that the medical profession wanted to abolish. If formal education was then added to the registration of this already independent midwife, a powerful competitor was created for the midwifery fee. This argument was put forward by a medical man in opposing the Bill:

> My experience is that these women [licensed midwives] commence with the poor and then drift into the class that can afford to pay a medical man and a nurse, and

[13] *The Australasian Medical Gazette*, June 1891, page 271.
[14] Ibid., 20 October 1895, page 424.
[15] Ibid., 20 October 1895, page 424.

> leave the poorer patients to the old fashioned untrained nurses, midwives, or friendly neighbours.[16]

Forster also found that the medical men were concerned by the threat of a well educated midwife, who would not only take over obstetrical practice but also invade the lucrative field of gynaecology.[17]

The sensitivity of the medical profession to ownership of medical knowledge was highlighted when Dr Graham was reproached in an editorial of *The Australasian Medical Gazette* for saying that:

> ...a number of young women had been scientifically trained in the practice of midwifery. They had been taken through a careful course in obstetrics, and, as a result, a professor at the University had declared that some of these young women had wider knowledge of their particular work than many medical men.[18]

The ensuing furore in the medical journals, appalled that Dr Graham could dare to suggest that midwives had a better knowledge than medical men, resulted in Dr Graham quickly denying that he made such a statement saying that he had been misquoted:

> I never uttered the words which have been attributed to me, and on which you base your comments, and put in italics. ...In my professional and public life I think I have given reasonable proof of a jealous regard both for the dignity and honour of the profession.[19]

However the Bill failed at this time and the focus of argument changed from the education to registration of midwives.

---

[16]Ibid., 21 November 1898, page 482.
[17]Frank M.C. Forster, *Progress in Obstetrics and Gynaecology in Australia*, John Sands, Sydney, Australia, 1967.
[18]*The Australasian Medical Gazette*, 20 October 1895, page 425.
[19]Ibid., letter to the editor from Dr James Graham, 20 November 1895, page 467.

**Registration of the community midwife as a means of control**

Three years later Dr Graham introduced the Bill again and this time after much debate the medical society voted to support it. However, it again encountered opposition on the grounds that it appeared to give status to the existing midwife. Dr Graham's clear intention was not to enable the present midwife to gain qualifications which would compete with the medical profession, but to establish an avenue to create the obstetric nurse. In arguing that registration was a necessity in any system of control,[20] he acknowledged the continuing existence of the midwife:

> It was true that registration might in time have the effect of furnishing the public with a better instructed type of midwife, and if that was so then the reason became all the stronger why they should be registered, unless we are prepared to admit the more ignorant she is, the better and safer midwife she makes. It did sound strange to hear anyone say that registration would create a new class, when we knew that the midwife was one of the most fixed institutions amidst the order of social affairs. She could no more be created than she could be obliterated - she is the product of human necessity.[21]

Whilst Dr Graham did his best to assure the medical profession that registration and education would give medicine proper control over midwifery, many of the medical men were not convinced:

> Moreover, the result of properly instructing midwives would, to his mind, have the effect of impressing on these women what is their proper place, and what is the limit of their responsibility. She would come more and more to know, and to realise as clearly as the surgical nurse now does, that the obstetric nurse was only the eyes and hands of the doctor in his absence, and that she had to look to him wholly for instructions...The registration Board is one composed of more medical men than laymen, and so it might be truly argued that the midwifery nurse under this Bill would be placed practically under the control of the medical profession.[22]

Whilst the medical men agreed to support the midwives Bill at this meeting, little advance was made into the registration and education of midwives until the 1920s. There was still much opposition to registration and medical men argued that legal registration would give community midwives even further status and autonomy. At this time control over midwifery by education and registration singularly had little success. Proof was now needed to show the

[20]Ibid., 21 November 1898, pages 482 and 483.
[21]Ibid., 21 November 1898, page 482.
[22]Ibid., 21 November 1898, page 483.

public that childbirthing was not safe with the community midwife and that childbirthing women should place themselves in the hands of the medical man.

**You're safe with us!**

Editorials of medical journals claimed that childbirthing was dangerous with the community midwife but was safe with the medical man assisted by the obstetric nurse:

> It can easily be imagined, that, given "legal qualification" to practise, by means of Government registration, they [midwives] will become still more independent of medical men, with a great increase in the number of cases of puerperal fever, and a larger proportion of chronic invalids as results...
> While, in our opinion, the chief objection to the measure is the fact that it will at once create an inferior class of legally qualified practitioner, numbering probably 200 to 300[23] to attend to women in what is the most trying ordeal in their existence, and when the want of proper skill may be fraught with such serious consequences, both immediate and remote...[24]

As indicated by this editorial, although these arguments were put forward as justification for the education and registration of existing midwives, the emphasis had changed to the abolition of the existing midwife and the creation of the obstetric nurse. To some medical men legal registration of the existing community midwife meant that they would be seen to have more status in the community. Medical men's claim that midwives were ignorant and dangerous came to be used as an ideological weapon in their efforts to control childbirth. Evan Willis found the medical men's argument that midwives needed to be better educated 'rang hollow in view of their continued failure to provide any systematic training of midwives,'[25] as they quite clearly saw that if the existing midwife was better educated she would be in direct competition with the medical man in midwifery.

The most effective weapon in their campaign against the community midwife was their promotion of safe and painless childbirth. Jo Murphy Lawless argued that the construction of childbirth as a science resulted in a radical change in the childbirthing practices of women.

---

[23]It is presumed that the editorial was referring to the number of midwives in New South Wales and not Australia as a whole.
[24]Editorial, *The Australasian Medical Gazette,* 20 October 1898, page 453.
[25]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis* University of Adelaide, 1981, page 191.

In emphasising the weakness and vulnerability of women, medical men constructed childbirth as an overwhelmingly dangerous and painful natural practice which threatened women's lives at each confinement.[26] In 1898 an editorial in *The Australasian Medical Gazette* referred to childbirth as the most trying ordeal in a woman's existence.[27] The only way that women could then negotiate this crisis with safety was to place themselves into the hands of medical science through the medium of the medical man.

This message of safety and the enormous risk to life that all women took in childbirth became more and more prevalent in the campaign against the community midwife. Doctors began submitting articles to *The Australasian Medical Gazette* and later *The Medical Journal of Australia* emphasising the dangers of the abnormalities in childbirth. Very few articles discussed the normal aspects of childbirth so that readers of medical journals gained the perception that childbirth was fraught with danger in every case. Doctors began to see themselves as the saviours of women in this dangerous act of childbirth and it was their duty to save women from not only the agony of childbirth but their incompetent attendants:

> This then, is what education of midwives means-a saving of a human life in two out of every three cases which now die. Does not this demand that we should bestir ourselves without a moment's further delay to procure the safety of lying-in women? ...Then if you agree with me that women are exposed to great risks to health and life under the present system, and that the existence of thousands of midwives cannot be ignored, the majority of whom are grossly ignorant and incompetent;[28]

Not all medical men agreed with this total involvement of medicine in childbirth and in 1894 an editorial in *The Australasian Medical Gazette* warned about pronouncing a general anathema against midwives, untried and unheard.[29] The editorial argued that if they insisted

---

[26]Jo Murphy-Lawless, 'The Obstetric View of Feminine Identity: A Nineteenth Century Case History of the Use of Forceps on Unmarried Women in Ireland' in A. Todd, S. Fisher, (eds.), *Gender and Discourse: The Power of Talk,* Ablex Publishers, New Jersey., 1988, pages 178 and 179. Although Murphy-Lawless refers to cases in Ireland the movement to men in midwifery in Australia was initiated from the earlier movement of medical men into obstetrics in Britain, Ireland and America and is relevant in this thesis.

[27]*The Australasian Medical Gazette*, 20 October 1898, page 453.

[28]Ibid., June 1891, pages 270 and 271.

[29]*The Australasian Medical Gazette*, 15 September, 1894, page 318.

on legal qualifications for all midwives then no woman could help any other woman in her labour unless she had a license to practise:

> Let us be liberal; there is a limit to everything, and we draw the line at compelling a woman in labour to accept the services of a man when she prefers to have those of a woman, and they are available.[30]

But in 1905, Dr James Purdy in an article about the trend of modern midwifery made the medical man the saviour of women in childbirth:

> There is no nobler work in our profession than the saving of mothers and children; the preservation of life is the justification of our existence. The great drawback to the practice of midwifery in the minds of many men is to me one of its greatest charms. You must be self-reliant; you cannot, in many cases, wait even a few minutes for addition help, and in many cases no colleague could be got under hours of waiting, and so a man, single handed, generally with an incompetent nurse, has to tackle work, and big work at that, and upon which depends the present safety and after well-being not only of the mother but also of the child.[31]

Every woman was now encouraged to seek the advice and assistance of the medical man from the beginning of her pregnancy rather than that of the midwife or even other members of her family, such as her mother or grandmother. The medical man had taken over women's business:

> As soon as the wise woman[32] recognises she is pregnant she consults her obstetrician and is prepared to follow his directions throughout the long months of her grossesse[33] ...The midwife or sage femme is not competent to guide the pregnant woman at this stage. A thorough knowledge of physiology and pathology is needed and there must be preparedness to apply special measures in the event of a pathological condition being discovered. It may not be practicable at the present time to make provision for the delivery of every woman under the guidance of a trained medical practitioner. But it is within the grounds of practical politics to enable every pregnant woman to undergo observation by a medical practitioner during the second half of pregnancy. [34]

The premise that all childbirth was dangerous and that this was inexorably linked with the incompetent community midwife has prevailed throughout the twentieth century. The course

---

[30]Ibid., 15 September 1894, page 318.
[31]Ibid., 20 July 1905, page 310.
[32]Meaning judicious.
[33]Pregnancy.
[34]*The Medical Journal of Australia*, 26 November 1921, pages 488 and 489, also quoted in Willis, 'The Division of Labour in Health Care', page 218.

of safety lay with medicine. Medical men with their scientific knowledge were the only ones who could bring the poor suffering woman's ordeal to a successful conclusion.

However, women were not readily persuaded to place their childbirthing entirely in the hands of the medical men or in medical science, especially in the nineteenth century. When in 1891, Dr Nisbet argued that the practice of midwifery by community midwives in Queensland should be discouraged and that 'suitable' women should be educated to become certificated midwives,[35] and referred to the community midwife 'as uneducated, drunken or dirty,' he had to admit that childbirthing women wanted to be attended by the community midwife:

> We cannot compel a woman to have a doctor, therefore we must put up with the midwife. And since they are necessary - but we have seen they are mischievous and incapable - the question arises: what can be done to improve the matter?[36]

This derogatory general description of the community midwife was taken on by doctors and the perfect example was found in Charles Dickens' character, Sairey Gamp. This was an analogy which doctors, and especially nurses, took up with fervour.

**The case against the community midwife: Sairey Gamp**

On Friday 30 June 1905 the Australasian Trained Nurses' Association South Australian Branch members at an undisclosed venue, held a pleasant evening with their colleagues and friends. The entertainment for the function was in the form of "tableaux vivants".[37] The most popular tableau was a scene from Charles Dickens' novel *Martin Chuzzlewit.* The scene was entitled, 'Sairey Gamp Propoges [sic] a Toast'[38] representing the category of 'Nurses Past and Present.' The anonymous writer happily expounded the success of the scene:

---

[35]Ibid., June 1891, page 271.
[36]Ibid., June 1891 page 270 and 271.
[37]*The Australasian Nurses' Journal*, 15 Sept 1905, page 92.
[38]A feature of this character from Dickens was the way in which she mispronounced words such as 'propoges' for proposes and 'impoge' for impose. It was this humorous trait in her speech which was much loved by the admirers of Sairey Gamp.

> with the aid of a feather pillow and false nose, the representation was complete...present Nurses in their neat and simple indoor uniform made a pleasing contrast.'[39]

This reference to 'Sairey Gamp'[40] was a familiar and often used description of the community midwife of the nineteenth century. References to her incompetence, were made regularly by 'modern' nurses at the beginning of the twentieth century to argue for changes in nursing practices and for the need of regulation and registration on nursing and midwifery in Australia.

In 1906 Sarah Tooley wrote in *The Australasian Nurses' Journal*:

> In 1843 "Martin Chuzzlewit" appeared, and the great novelist [Dickens]with a few deft touches of his magic pen stirred public interest in the nursing question. Hence forward the reform of the Nurses' calling became a public duty.[41]

And henceforward the words 'Sairey Gamp' became synonymous with the perceived 'black' side of midwifery and nursing; obesity, dirtiness, drunkenness, incompetence, garrulousness and stupidity. All these characteristics were forever transformed into the one fictitious person 'Sairey Gamp' and became a metaphor for all midwives who did not fit into the new reformed nursing movement. A letter published in the same issue of *The Australasian Nurses' Journal* and simply signed as 'Matron' asked 'Can you let me know if there is any law prohibiting the practising of the "Gamp" in midwifery'.[42] No further explanation was necessary for the word 'Gamp' told it all. In December 1907 'Bellambi' wrote of her experience as a 'properly' trained nurse in a New South Wales mining town:

> At first I was only engaged by the better class of people, meeting with active opposition from the miners' women folk, the "Sairey Gamp" of today being deemed all that was necessary for them.[43]

However, her determination to show the local community that 'asepsis' and good training was necessary for all confinement cases resulted in:

---

[39]*The Australasian Nurses' Journal*, 15 Sept 1905, page 92.
[40]Also referred to as Sara or Sarah Gamp. Sairey Gamp was first introduced to the Victorian reader in 1843 when Dickens published his novel *Martin Chuzzlewit.*
[41]Sarah Tooley, *The History of Nursing in the British Empire,* London S.H. Boufield & Co, 1906, page 392, in *The Australasian Nurses' Journal,* review of her book, 15 August 1907, page 246.
[42]*The Australasian Nurses' Journal*, letter to the Editor, 15 October 1907, page 313.
[43]Ibid., letter to the Editor, 15 December 1907, page 380.

> Mrs Gamp in this place has to hustle for a good number of the cases she still gets.[44]

The medical profession also used Sairey Gamp to describe the community midwife. Dr James Graham told the Royal Commission on Public Charities in New South Wales in 1898 that the Women's Hospital had tried 'to displace these dangerous Sarah Gamps by giving the public a supply of intelligent and properly instructed obstetric nurses.'[45] The doctor, who signed himself as 'Toujours Pret' in a letter to *The Australasian Medical Gazette* in 1888, expounded the benefits of his medical expertise in confinement cases in the Australian bush, and admonished the actions of the midwife for not calling him earlier. 'This "fac simile" of "Sairy [sic] Gamp" modestly informed me that she simply called me in to avoid any enquiry'.[46]

An editorial in *The Australasian Nurses' Journal* of October 1905 had attempted to put the question of Sairey Gamp into perspective and argued that never before in history was there an instance of such radical change affecting a large body of people as the new status and education of nurses. The most remarkable aspect of this, according to the editorial, was that the leaders of this radical change were 'schooled under the old *régime*'. However, the editorial continued, the 'real Nurse' who came before the trained nurse, could be found in every hospital serving the poor:[47]

> ...although she had the noblest qualities that a woman could possess it was not her fault that she was unskilled as there was none to teach her.[48]

The editorial urged its readers not to complacently pride themselves on being the antithesis of Mrs Gamp but to take her good points and compare favourably with them.

---

[44]Ibid., letter to the Editor, 15 December 1907, page 380.
[45]*Royal Commission on Public Charities, Second Report, 1898*, page xxxiv and Minutes of Evidence, page 89, quoted in Milton Lewis, 'Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939', *PhD Thesis*, Australian National University, 1976, page 199.
[46]*The Australasian Medical Gazette*, letter to the Editor, June 1888, page 227.
[47] Editorial, 'Nurses, Ancient and Modern', *The Australasian Nurses' Journal,* Vol 11 - No. 4, 16 October 1905, page 113.
[48]Ibid., page 114.

This editorial had little effect on the nurses for they continued to use the term to conjure up in the minds of the readers an instant derogatory picture of the community midwife. For example, in 1912, Margaret McLean (a nurse) wrote to the editor of *The Australasian Nurses' Journal* in which she used the analogy to argue for a rise in the fees of trained nurses doing private work. She claimed that the public and the medical profession owed a debt of gratitude to Florence Nightingale by providing the 'sick public' with 'women of brains and the ability to care for them' as opposed to the 'Gamps' of the past. Could anyone believe that:

> in these days of advanced medical and surgical work, that harmony could exist where the "Gamp" or untrained nurse was engaged to take charge of a critical case. [49]

In this letter, the correspondent used Sairey Gamp as the antithesis of Florence Nightingale. To the professional nurse, the image of Sairey Gamp represented all community midwives.

The use by doctors and nurses of the term 'Sairey Gamp' continued well into the twentieth century. For example the nurse wrote in 1914:

> The person who is ill, from any cause whatever, needs trained attention, such as no lay person can give even with the best intentions in the world. ...No, we must not go back to the dark ages and Sairey Gamps.[50]

It was reported in *The Australasian Nurses' Journal* in 1921 that Dr Helen Mayo in Adelaide criticised the midwifery system by saying:

> ...any old Sairey Gamps could attend the prospective mother, and often did so without medical attendance. ...South Australia was extremely backward in that regard for the training of the midwives was not insisted upon.[51]

Yet Wendy Selby found in her thesis on childbirth in Queensland in the 1920s that a community midwife was generally highly regarded and stories of 'caring, attentive, skilled,

---

[49]Letter to the editor, *The Australasian Nurses' Journal*, 15 October 1912, page 348.
[50]Ibid., letter to the editor, 15 July 1914, page 235.
[51]Ibid., 15 May 1921, page 163, report of the local branch meeting of the Public Health Association of Australia held in Adelaide.

untrained midwives greatly outnumbered stories of "Gamps".'[52] Selby also found that there was a bond between the midwife and the childbirthing mother and without exception the childbirthing women interviewed for her thesis told of fond memories of their midwives who became part of the childbirthing woman's household undertaking light housework duties and giving total care to the recently confined woman. Selby also argued that even those midwives who owned nursing homes took on the mantle of carer of the woman's household and it was not uncommon for the childbirthing woman's other children to stay with her in the nursing home and the midwife to take on domiciliary work.[53]

**Who was Sairey Gamp?**

The character of Sairey Gamp first appeared in 1843 in the novel *Martin Chuzzlewit* by Charles Dickens. In January 1842 Dickens had made a journey to America[54] and it was during this time that his ideas for a new book *Martin Chuzzlewit* were formed. The theme of this story was to be about the fortunes of a family's money and inheritance and, according to Dickens's friend John Forster, was to show, 'the number and variety of humours and vices that have their root in selfishness'.[55] This was to be Dickens' first novel written with a moral purpose. But, according to H.C. Dent, Dickens had little notion at the outset of how the novel would develop or end. [56] While Barickman, MacDonald and Stark argued that *Martin Chuzzlewit* was the first novel to confront Victorian readers with family values, Dickens' purpose was to confront them with examples of family selfishness.[57]

---

[52]Wendy Selby, 'Motherhood in Labor's Queensland', *PhD Thesis,* Griffiths University, 1993, page 95. It is interesting to note Selby's use of the word 'Gamp' and the assumption that the reader knows her meaning even in 1993.

[53]Ibid., pages 94 - 100.

[54]Peter Ackroyd, *Dickens*, Sinclair - Stevenson Ltd, England, 1990, pages 340 - 371. The trip to America proved to be most controversial and on Dickens return in June of the same year he wrote the travel book *American Notes* in which Dickens criticised the Americans on several aspects of American life from the 'mournful institutions of American life' to their lack of humour and newspaper politics. In return the Americans accused Dickens of visiting America for mercenary motives and lampooned him in their newspapers during the visit. For this Dickens never forgave the Americans.

[55]Ibid., page 391.

[56]H.C. Dent, *The Life and Characters of Charles Dickens,* Odhams Press, London, 1933, page 261.

[57]Richard Barickman, Susan MacDonald, Myra Stark, 'Martin Chuzzlewit: an Assault on the Patriarchal Sexual System', in *Corrupt Relations: Dickens, Thackeray, Trollope, Collins and the Victorian Sexual System.* New York, Columbia University Press, 1982, page 99.

Whilst *Martin Chuzzlewit* was still in serial form and to improve its poor sales[58] Dickens added humour to the novel by creating the character of Sairey Gamp, midwife, night nurse and layer-out of the dead. Mrs Gamp repelled and delighted the Victorian reader and became one of Dickens' most admired creations. According to A.E. Dyson, the idea for Sairey Gamp was created after Dickens was told about a nurse hired by Lady Angela Burdett-Coutts (a friend of Dickens) to care for her friend Miss Meredith.[59] This is further supported by H.T. Olive who claimed that Lady Burdett-Coutts had spoken so highly of this nurse to Dickens that he incorporated her character in *Martin Chuzzlewit*.[60] This character became so successful it led Dickens to remark many years later to Lady Burdett-Coutts, 'I do wish you could introduce me to another Mrs. Gamp.'[61]

The myth of Sairey Gamp was created from a tangible ordinary old woman who according to A.E. Dyson was both a 'social scandal and a hope for humanity'.[62] Barickman et al, argued that Mrs Gamp was everything the Victorian wife should not be. She refused to be subservient to her husband 'alive or dead', she was economically independent as a midwife who assisted women in the face of men's helplessness in this basic life situation. She would not be dominated, coerced or ignored or to put it into her words, 'impoged upon'.[63] This dichotomy in her character was much recorded. She both disgusted and attracted readers as an old woman who had lived a hard life and had survived. She had a work ethic, she attended well to her business and never let her patients down. She was an expert in the sordid

---

[58]The first few chapters of *Martin Chuzzlewit*, were published in serial form. It was not an immediate success and Dickens earned less than he anticipated. One of Dickens' publishers, Messrs Chapman and Hall inferred that they would reduce Dickens' contracted pay from £200 to £150 per month, which incensed Dickens. It was not until the novel was published in volume form that it reached the same popularity of Dickens' previous books. (Ackroyd, *Dickens*, pages 393-395).

[59]A.E. Dyson, 'Martin Chuzzlewit howls the sublime', *The Inimitable Dickens*, MacMillan and Co, St Martin's Press, London, 1970, page 82. Dickens wrote to Lady Burdett-Coutts on 16th September 1843 telling her of his inclusion of Mrs Gamp in the book, saying, 'I have written the second chapter in the next number, with an eye to her [the nurse] experience, it is specially addressed to them, indeed.' This, according to Dyson, was the chapter which depicted Sairey Gamp in the sick room settled in for the night with her; 'tray of pickled salmon, fennel and cowcumber, her gin-and-warm-water, her Brighton Old Tipper ale for the night if she feels so dispoged.'

[60]H.T. Olive, 'Sarah Gamp - Was She a Sober Nurse?', *The Dickensian,* London, Vol. 30, 1934, page 133.

[61]Ibid., page 133.

[62]Dyson, *The Inimitable Dickens*, page 82-85.

[63]Barickman et al, *Corrupt Relations...*, pages 105-107.

ways of the world yet she portrayed an optimism of human endurance. Her character may assail our 'proper' senses but she was authentic and believable.

Mrs Gamp became a regular feature of Dickens' public readings and in his public presentation of her she became real, yet grotesque. Although much loved by Dickens' admirers there were many who criticised the character. After a public reading by Dickens, *The Bradford Observer* in October 1858 commented that 'Mrs Gamp could distress the nice-minded, in both[64] her professional capacities'.[65] While the *Derby Mercury* was concerned about the 'serious and needless affront' to young ladies who made up a large part of the audience. The *Derby Mercury* also observed that many in the audience 'seemed half ashamed of the very partial laugh which these coarse jokes elicited'.[66]

**Mrs Gamp: pure literature and not related to fact**

Walter Allen argued that it did not matter that Mrs Gamp could be seen to be a dirty, gin-drinking midwife whose character stood for those whom Florence Nightingale drove out of hospitals. Her 'headlong garrulity, her mangled syntax, her glorious miss-hits at words and pronunciation'[67] was part of her image. Allen considered that Gamp was the most entrancing of Dickens' characters, a figure of the purest comedy, with 'Mrs Gamp we soar into the realm of great poetry.'[68] In 1871 Margaret Oliphant declared that in real life Mrs Gamp would be 'hateful, tedious and disgusting', yet as a character in literature there is no other woman that we would rather read about. Oliphant asked, 'why is it even when we disapprove, a furtive smile steals to the corners of our mouths?'[69] This view of Mrs Gamp was also expressed by Arthur Clayborough who argued that the appealing side of Mrs Gamp was purely literary and could not be related to fact.

---

[64]A midwife and a layer out of the dead.
[65]Quoted in, Philip Collins (ed.), *Charles Dickens: The Public Readings*, Clarendon Press, Oxford, 1975, page 183.
[66]Ibid., page 183.
[67]Walter Allen, 'Charles Dickens', *Six Great Novelists*, Hamish Hamilton, London, 1955, page 117.
[68]Ibid., page 118
[69]Margaret Oliphant, 'Charles Dickens', *Blackwood's Edinburgh Magazine*, no. DCLXVIII, vol CIX, June, 1871, page 677.

However, the appeal of Mrs Gamp was deeper than Dickens's humour and it is insufficient to imply that by enjoying Mrs Gamp's grotesqueness we lose touch with reality. It is through such characters as Mrs Gamp that we make contact with the reality of the poor in London that repelled and fascinated Dickens at the same time.[70] Clayborough further argued that the blowzy figure of Mrs Gamp, whom he likened to the picture on a comic postcard, could provide a release from the 'repression of moral idealism and the canons of respectability', but such characters in Dickens's literature were intended to be satirical. With Mrs Gamp Dickens may have been making a social statement about nursing or he may have been merely drawing attention to eccentricities of behaviour and speech that were seen to be absurd in Victorian England.[71]

**Mrs Gamp: social comment**

Critics, in their attempt to explain why Dickens created Sairey Gamp, have applied sociological and psychological meanings to her character. In 1903, Louis Cazamian credited Dickens with initiating great social change when he described Mrs Gamp as 'coarse, bibulous, unconscientious', and utterly cynical in her exploitation of sickness and death. Cazamian claimed that public opinion rightly accepted her as a criticism of nursing and attributed Dickens with bringing about the subsequent private and public unity in nursing reform.[72] David Smithers also credited Dickens with arousing public conscience about the need for nursing reform, by describing Mrs Gamp as a 'horrifying example of the one-time nursing profession'. Smithers strengthened his argument by quoting Dickens: 'Mrs Gamp was, four-and-twenty years ago, a fair representation of the hired attendant on the poor in sickness'.[73] According to Margaret Ganz, Dickens did consider there was a need for nursing

[70]Arthur Clayborough, 'Dickens: A Circle of Stage Fire', in *The Grotesque in English Literature*, Clarendon Press, Oxford, 1965, pages 218 and 219.
[71]Ibid., pages 220 and 221.
[72] Louis Cazamian, *The Social Novel in England 1830-1850: Dickens, Disraeli, Mrs Gaskell, Kingsley*. London: Routledge and Kegan Paul, 1903, page 138, translated by Martin Fido, 1973. from *Le Roman Social en Angleterre*.
[73]David Waldron Smithers, 'Martin Chuzzlewit (1844)', *Dickens's Doctors,* Pergamon Press, Oxford, 1979, page 41.

reform and in the character of Mrs Gamp, Dickens struck a blow at the profession of nursing, by creating a drunkard who was careless and rough in her care of patients. Ganz claimed that Mrs Gamp was at best heartless and at worst depraved.[74] Ganz acknowledged that despite her many vices Mrs Gamp was a humorous character like Falstaff.[75] Yet she provides no explanation for Mrs Gamp's qualities of earthiness, pride in her work, her capability, all coupled with humour, for which she was so admired.

Other critics considered that Mrs Gamp was an exposure of Dickens' relationship to the women in his life and his interactions with them. Leonard Manheim drawing upon the writing of Karl Menninger, suggested that Dickens' novels place female characters into three categories; the hateful freakish old maid, the ideal of youthful beauty and innocence, and the ideal mother of mature age. According to Manheim, Dickens reached the height of his power 'to canalize his aggression and neutralize his guilt',[76] with his portrayal of Mrs Gamp. He further suggested that she, through her grotesque caricature is 'surely the ultimate surrogate for the wicked mother'.[77] Michael Slater argued that Dickens developed Mrs Gamp from masculine fears. As a midwife and a nurse she was the performer of those gruesome tasks surrounding birth and death that are the dread of the male.[78] In portraying Mrs Gamp, Slater argued, Dickens included all the aspects of life that were female concerns and turned them into a grotesque joke, a matter for laughter. Veronica Kennedy[79] made a similar point when she described Mrs Gamp as the eternal symbolic female and a 'monstrously comic personage'. Kennedy saw Mrs Gamp as both mother and midwife and her work as both profession and avocation. She was the great mother possessor of much

---

[74]Margaret Ganz, 'The Vulnerable Ego: Dickens's Humor In Decline'. *Dickens Studies Annual*, vol. 1, 1970, pages 23 - 40.
[75]Ibid., page 30.
[76] Leonard F. Manheim, 'Floras and Doras: The Women in Dickens' Novels', *Texas Studies in Literature and Language,* University of Texas Press, Austin, 1965, page 184.
[77]Ibid., page 184.
[78]Michael Slater, 'Sketches by Bos to Martin Chuzzlewit', *Dickens and Women*, J. M. Dent London, 1983, page 224.
[79]Veronica M.S. Kennedy, 'Mrs Gamp as the Great Mother: A Dickensian Use of the Archetype', *The Victorian Newsletter*, no. 41, Spring, 1972, pages 1-3.

good knowledge and lore yet also of evil witchcraft. Dickens in her creation perhaps 'exorcised his own demon'.[80]

[80]Ibid., page 3.

**Mrs Gamp: comic creation**

Other writers have simply found that Mrs Gamp was a comic creation of Dickens to entertain the reader. Thomas Cleghorn is attributed to writing in the *North British Review* in May 1845, that Dickens coarsely satirised Mrs Gamp as an intolerable person who was selfish and greedy in her administrations to the sick. But her intention was to entertain the reader with a 'succession of jests, the point of which always lies in sly allusion to the events and secrets of her particular calling.'[81] Cleghorn suggested that Dickens luxuriated in the portrayal of vulgar people. His satire was his trademark. To Frederick Harrison[82] in 1895, Dickens was a humorist who considered that there was mirth even in the humblest of people. He claimed that Dickens was an idealist who did not present the common and vulgar without some essence of humanness and charm.

In 1924 George Gissing contended that Mrs Gamp was protagonist of the book but not of the story, in that she was not necessary to the story and, as in all such depictions of human nature, the artist implies more than is intended. Dickens exaggerated the character for the 'purpose of making mirth'.[83] Dickens himself addressed the problem of interpreting the meaning of Sairey Gamp when he wrote in preface of the final edition of *Martin Chuzzlewit*:

> What is exaggeration to one class of minds and perceptions is plain truth to another...whether it is always the writer who colours highly, or whether it is now and then the reader whose eye for colour is a little dull?[84]

Whether Sairey Gamp represented immeasurable influences of social corruption or simply was created to liven up the story to increase sales, is for the reader to decide. Dickens' intention for Sairey Gamp in the end becomes unimportant; it is the interpretation and

---

[81]Thomas Cleghorn, 'The Writings of Charles Dickens', *North British Review,* 3 May 1845, pages 65 -87. Reprinted in Collins' *Dickens The Critical Heritage*,1981, page 186. Collins argued that this article was probably written by Thomas Cleghorn (1818-74), who was a Scottish advocate, who wrote much in the early volumes of the *North British* Review, page 186.

[82]Frederick Harrison, 'Charles Dickens', *Studies in Early Victorian Literature*, Edward Arnold, London, 1895, pages 128 - 144.

[83]George Gissing, *Critical Studies of the Works of Charles Dickens*, Haskell House Publishers, New York, 1965, pages 78 and 79. Originally published in 1924, this essay also appears in Gissing's *The Immortal Dickens*, introduction by B.W.M. [B.W. Matz]. Cecil Palmer, London 1925, pages 112-139.

[84]Ibid., page 79.

application of the name and its meaning to the subsequent reader that is relevant. The use by doctors and nurses of the term 'Sairey Gamp', in debate about the competence of the community midwife at the beginning of this century, were medical discourses which were mainly only appreciated by those who were a party to the debate. Selby argued that medical discourses about Sairey Gamp were just that, constructions within discourses.[85] To the medical and nursing profession every midwife in Australia who was not trained under the new rules became a 'Gamp' even the community midwife who had the respect and support of the local doctor and the community.

The exaggeration of the character of Sairey Gamp was perceived by the medical and nursing professions to represent all midwives who did not and could not fit into their criteria for a profession. She became a useful tool in the campaign against the community midwife. Eventually the emphasis on Sairey Gamp changed from being a tool to discredit the community midwife to a term which described the community midwife, still derogatory in meaning but now taking a commonplace part in speech. As Dr Sydney Morris wrote in 1925 in his, *Essay on the Causes and Prevention of Maternal Morbidity and Mortality*:

> Further, in the less populated States it is impossible to arrange for the training of midwives entirely in the larger centres and in consequence the course of lectures and practical training are given as capably as local conditions will allow. This is not an ideal arrangement and does not tend to raise the standard of training, but it is often the only means of supplying a district with a resident midwife, thereby eliminating the untrained handy woman.
> The whole circumstances interact in a vicious circle, the outcome of which is certainly not the replacement of the "Sarah Gamp" type by an adequate number of well trained and efficient substitutes.[86]

Morris's essay shows the transformation of the lovable Dickens character, who disgusted some and amused others, from a fictional character to a simile and then to a metaphor. The metamorphosis of Sairey Gamp was now accomplished.

**The case against the midwife: safety**

---

[85]Selby, 'Motherhood in Labor's Queensland', page 214.
[86]E. Sydney Morris, 'An Essay on the Causes and Prevention of Maternal Morbidity and Mortality', *The Medical Journal of Australia,* vol 11 - 12th year, 12 September 1925, page 331.

The campaign to discredit the community midwife, through the professionalisation of nursing, had limited success. Both nurses and doctors accused midwives of incompetent practice, pictures were painted of dirty old drunken women attending women in childbirth, yet women still favoured the community midwife during childbirth in their homes and not the trained obstetric nurse. In 1927, when every State in Australia had a Nurses' and Midwives' Act, Dr R. Marshall Allan, while emphasising the extreme dangers of childbirth asked why was it that the average woman would willingly enter hospital for a surgical operation,

> ...but obstinately refuse to leave her home for an act [childbirth] which, though it may be normal, is fraught with graver possibilities than many an abdominal operation? ...The "Gamp" and the handy woman seem to exercise a spell over many women to the detriment of the trained nurse. Too many men [doctors] work with "Gamps" when skilled help is available.[87]

Wendy Selby found in her study of motherhood in Queensland from 1915 to 1957 that the bond between the midwife and the confining woman was immeasurable and the management of birth by the community midwife was an important event for the woman, family, friends and sometimes the whole community. In citing interviews with several women who had been delivered by midwives in the early twentieth century Selby found that the interviewees remembered the midwives with a fondness and respect. Selby quoted one woman as saying:

> ...she stayed with me because she had not others to go to. ...She stayed three weeks with me, but I was never sick... She used to do the cooking for me... I'll never forget her. She was quite old. She brought nearly all the Macknade children into the world.[88]

A similar picture of the community midwife is shown in South Australia, in the case of Mrs Knight[89] of Mount Gambier who delivered many babies in the same family and in some cases the families of the next generation. It is not difficult to understand why the new efficient obstetric nurse could not easily replace these women who were integrated with the people of

---

[87]Marshall R. Allan, 'The Future of Obstetrics', *The Medical Journal of Australia*, June 1927, page 915, taken from an oration delivered to the South Australian Branch of the British Medical Association to commemorate the birth of Lister.

[88]Selby, 'Motherhood in Labor's Queensland', page 146, interview no. 4 with mother of two children the first born in 1923.

[89]See Chapter 2.

the community and community life. The obstetric nurse could only manage the confinement and all matters concerning the childbirthing process, under the direct supervision of the doctor. It appears that few trained obstetric nurses practised within the community and if they did they took on the role of the qualified autonomous community nurse and became a threat to the medical man as in the case of Nurse Steinke, discussed in the previous chapter. The obstetric nurse needed to be in a situation of controlled supervision. This could only occur if the confining women were also in places of controlled supervision. This place became the hospital where the obstetric nurse was most comfortable and the medical man was assured of the nurse's lack of autonomy.

Yet despite the medical profession's campaign that childbirthing was safe with them, by the 1920s statistics indicated that maternal and infant mortality rates were increasing rather than decreasing. Indeed Dr Sydney Morris acknowledged that the statistics indicated that the maternal mortality in childbirth under medical care had steadily increased, whilst the attendance in childbirth by an independent midwife had decreased:[90]

> One would naturally anticipate that these improved conceptions would by now show some definite and beneficial results in a reduced maternal mortality.
> Not only is there no evident reduction during recent years nor even a retention of the status quo, but instead we are faced with a definite tendency towards increased maternal mortality.[91]

Yet in citing two tragic cases of maternal death, Morris did not transfer the blame to the medical man from the midwife but to the environment, the home conditions. In the first case the cause of infection was attributed to the equipment provided by the childbirthing woman and not to any negligence by the midwife or the doctor:

> The midwife arrived "in a hurry" just after the child was born. No vaginal examination previous or subsequent to the birth of the child was made. The perineal pads were made from linen which had been "washed" by the patient in anticipation of her confinement. This linen had previously been used for dressing a septic wound on her husband's arm. The patient developed puerperal septicaemia and died on the sixth day.[92]

---

[90]Morris, *The Medical Journal of Australia,* 12 September 1925, page 302.
[91]Ibid., 12 September 1925, page 302.
[92]Ibid., 12 September 1925, page 308.

In the second case, the home itself was to receive the blame for the tragic outcome. No reference to the doctor's skill was indicated. The impression given was that the doctor had to use his skill and equipment to effect a successful outcome. His attention to asepsis was not mentioned:

> Both a doctor and a midwife had been engaged. No antenatal examination had been made. There was a face presentation[93] and the foetus was eventually delivered after great difficulty by forceps. The home conditions were very unsatisfactory. Patient developed puerperal septicaemia.[94]

In this latter case Morris made no indication of the role that the delivery by forceps would have played in the development of infection, yet he acknowledges later in the same essay that there was a significant relationship between infection and forceps deliveries.[95] Morris was also forced to admit that the further away a woman was from 'better equipment and skilled care' the safer she was in childbirth.[96] Morris rationalised that women who delivered in poor circumstances must have a natural immunity to infection when he cited evidence which showed that poor housing conditions, overcrowding or uncleanliness had no effect on the outcome of normal delivery.[97] This side stepping of medical blame is a feature of many of the articles within the medical journals. Earlier in 1896 E.W. Way had urged that women would be safer in hospital than in their own homes and that medicine should do more to surround them and guard them from the great plague of puerperal sepsis. He likened the medical officer to a commanding officer:

> ...who is responsible for his subordinates, his arms, and his commissariat. And it is only when we can get the rank and file of the profession to recognise to the fullest extent their person responsibility in this respect, that we shall hope to attain the same beneficent results in midwifery that have cast so brilliant a lustre upon the work of its twin sister, gynaecology. [98]

---

[93]In this case the baby's head is forced backwards during delivery instead of forwards and the face of the baby is the first part of the baby to present at delivery. Although not common it does not usually present any difficulty with the delivery.

[94]*The Medical Journal of Australia,* 12 September 1925, page 308.

[95]Ibid., 12 September 1925, page 320.

[96]Ibid., 12 September 1925, page 307.

[97]Ibid., 12 September 1925, page 313.

[98]E.W. Way, 'President's Address, Section of Midwifery and Diseases of Women', *Intercolonial Medical Congress of Australasia, Transactions of the Fourth Session held in Dunedin, New Zealand*, February 1896, page 321.

It was this kind of rhetoric that blinded the medical men to their own contribution to the terrible infections and injuries of childbirth. When medical men eventually had to admit that the community midwife was not to blame for poor outcomes of childbirth, they had to find the cause elsewhere. The medical men considered themselves above reproach as they were applying all the technical knowledge that medical science had given them. Obstetric nurses were not in the equation - they practised solely under the direct guidance of medicine so were also above reproach:

> With us the nurse can be excluded from at least a major share of the blame, as nine-tenths of all confinements are conducted at one stage or other under the guidance of a doctor. [99]

This left the place of confinement, the home, as the culprit. Articles began to appear in the nursing journals about health and hygiene in the home. In 1921 Dr Purdy began a 'Health Uplift Campaign'[100] and argued that there was an urgent need for a healthy urban environment and that the condition of some houses could possibly shorten people's lives.[101] The only safe way left open to childbirthing women, was to bring them into the hospital environment where they would enjoy all the safety that medicine and obstetric nursing could offer. Supervision of the childbirthing process from start to finish was the answer. To facilitate this F.S. Hone in 1925 recommended that the term midwifery be dropped and substituted by the term obstetrics:

> When members of our profession or of the public oppose the cost of ante-natal clinics because of the few mothers whose lives might be saved by such means, we can put forward an additional argument in the lives of the children that would be preserved. From this side we can bring strong support to the movement for better provision for mothers in the way of ante-natal clinics and maternity hospitals.[102]

Most women were reluctant to make the transition from home to hospital. Indeed, some women were so reluctant to be confined in hospital that Willis found in 1926 all the doctors

---

[99] *The Medical Journal of Australia*, 12 September 1925.
[100] *The Australasian Nurses' Journal*, 15 November 1921, page 374.
[101] Ibid., 15 November 1921, 'What is a House? Habitation or Home?' report of Dr James Purdy's address to the Master Builders Association, page 373.
[102] *The Medical Journal of Australia*, 2 May 1925, page 448.

in Renmark, South Australia collaborated to insist that all their maternity patients be confined at the local hospital, introducing a means related fee system to entice women away from the community midwives.[103] Although Willis does concede that this strategy does not appear to have been common, the move to hospital confinements for South Australian women did not start in earnest until the 1920s and even then the transition was slow. The following table shows the move towards country hospital confinements in South Australia from 1923 to 1933. It is interesting to note the high level of hospital deliveries in the Riverland country towns of Barmera, Loxton, Mannum and Renmark in 1923, perhaps indicating the inclination of doctors in those areas towards hospitalisation of childbirth.

**Table 2: Confinements in 1923 and 1933 in country hospitals registered with the South Australian Hospitals Association.[104]**

| **Hospital** | **Date Opened** | **confinements in 1923** | **confinements in 1933** |
|---|---|---|---|
| *Government* | | | |
| Barmera | 1922 | 47 | 60 |
| Mount Gambier | 1869 | 2 | 2 |
| Port Adelaide | 1882 | - | - |
| Port Augusta | 1875 | 2 | 64 |
| Port Lincoln | 1870 | 1 | 82 |
| Port Pirie | 1891 | - | - |
| Wallaroo | 1870 | 2 | 61 |
| *Subsidised* | | | |
| Angaston | 1920 | 58 | 90 |
| Balaklava | 1920 | - | 56 |
| Blyth | 1911 | - | 53 |
| Booleroo Centre | 1911 | 46 | 50 |
| Bordertown | 1924 | not est. | 87 |
| Burra Burra | 1876 | 1 | 21 |
| Clare | 1924 | not est | 53 |
| Cowell | 1911 | 63 | 47 |
| Crystal Brook | 1925 | no est | 47 |
| Elliston | 1910 | 30 | 18 |
| Eudunda | 1922 | 22 | 59 |
| Hutchinson | 1913 | - | 79 |
| Gumeracha | 1922 | not est | 28 |
| Hawker | 1924 | not est | 31 |
| Jamestown | 1884 | 13 | 65 |
| Kapunda | 1877 | - | 42 |

[103]Willis, 'The Division of Labour in Health Care', page 218.

[104]South Australian Hospitals Association's, Country Hospitals Reports 1923, pages 14 and 15, and 1933, pages 25 and 26, held in the Hynes collection uncatalogued, Mortlock Library South Australia.

| | | | |
|---|---|---|---|
| Kimba | 1928 | not est | 35 |
| Lameroo | 1910 | - | 38 |
| Loxton | 1910 | 106 | 95 |
| Maitland | 1910 | - | 50 |
| Mannum | 1921 | 56 | 62 |
| Millicent (Thyne) | 1897 | 1 | 64 |
| Minlaton | 1903 | 46 | 35 |
| Morgan | 1921 | - | 15 |
| Mount Barker | 1919 | not est | 40 |
| Murray Bridge | 1923 | not est | 101 |
| Naracoorte | 1881 | - | 69 |
| Orroroo | 1920 | 83 | 49 |
| Peterborough | 1922 | - | 104 |
| Pinnaroo | 1922 | - | 70 |
| Renmark | 1915 | 88 | 132 |
| Riverton | 1923 | not est | no figures avail |
| Snowtown | 1920 | not est | 17 |
| Streaky Bay | 1912 | - | 50 |
| Tumby Bay | 1912 | 44 | 69 |
| Victor Harbour | 1929 | not est | 67 |
| Waikerie | 1922 | 38 | 64 |
| Wudinna | 1929 | not est | 57 |
| Yorketown | 1908 | 76 | 74 |

Campaigns discrediting midwives also had limited success. The public continued to avail themselves of the system they were used to. It was acknowledged by the medical profession that the abolition of the midwife who had practised in the community for centuries was not going to be easy. Other means were needed to bring midwifery completely under the umbrella of medicine. Confining women themselves needed to be convinced that their homes were not safe for childbirth. Safety could only be ensured if women went to the medical men's place of business - the hospital. But this process required a radical change in the community's childbirthing practice and was therefore slow to occur. At this time there was still no legal reason to prevent any woman setting up a practice in midwifery, which perpetuated the ethos of home confinements. If the woman was a trained midwife it simply gave her more marketing power and the ability to command more money for her services and possibly gave the more affluent confining woman more confidence to employ her services, further entrenching the custom of home childbirthing established for centuries. The move to bring nursing and midwifery under control through the legal system was the next step in the abolition of the community midwife.

# CHAPTER 7

## THE ORIGINS AND PASSAGE OF THE NURSES' REGISTRATION ACT OF SOUTH AUSTRALIA 1920: 1903 - 1923

This chapter will examine the debate for a Nurses' Registration Act in the first two decades of the twentieth century in Australia and in South Australia and its significance to the community midwife. As there was little debate about the State registration of nurses in South Australia, this chapter examines the argument for the registration of nurses and midwives by the Australasian Trained Nurses' Association (ATNA) in the eastern states of Australia. Yet in contradiction, while South Australian nurses did not appear to actively pursue State registration, South Australia was the first State to implement a Nurses' Registration Act. Most of the justification for registration was argued by ATNA on the basis that community midwives needed to be legally controlled. But as community midwives had no political voice, the debate for their registration took place without their participation.

This chapter also explores the South Australian branch of ATNA's failure to support community initiatives in health care by its refusal to endorse country and metropolitan hospitals as suitable places for the training of nurses and midwives. As a consequence, another organisation, the South Australian Hospitals Association (SAHA), took the initiative in the implementation of State registration of nurses and midwives in South Australia to overcome staffing shortages in country hospitals.

**An assortment of Acts to control nursing and midwifery**

South Australia was the first State to implement legislation which was specific to nursing but incorporated midwifery and mental nursing[1] as branches of nursing and which required the establishment of a Nurses' Registration Board to implement its regulations. The Nurses' Registration Board was to have complete control over the criteria of entry for nursing, the educational standards of nursing, the venue for training and the professional issues for all nurses and midwives in South Australia. Whereas ATNA had put these same criteria in place, membership with ATNA was optional. Its power relied on professional peer pressure and the status of belonging to a recognised association. But nurses, midwives and mental nurses who were not registered after the implementation of the Nurses' Registration Act could no longer legally practise nursing or midwifery regardless of their membership of ATNA.

Other States in Australia did have some form of legal registration before the South Australian Act but these were essentially midwives' or nurses' licensing acts requiring limited standards of education, which were often waived to ensure that there were sufficient numbers of registered midwives or nurses. Tasmania was the first State to pass an Act to register Midwives in 1902.[2] A Midwives' Registration Act of Victoria was passed in 1915, after much lobbying from the National Council of Women and the Committee of Management of the Women's Hospital in Melbourne.[3] Indeed, lobbying for bills to register nurses or midwives in all States rarely came from nurses and midwives but from other bodies like the medical profession, interested community groups or as in the case of South Australia, SAHA. The Victorian Nurses' Registration Act of 1923 did not include regulations for midwifery. This gave

[1]The term 'mental nurses' was used to describe what is now referred to as psychiatric nurses.
[2]A. Garrison, for the Tasmanian Branch of the National Midwives Association of Australia, in W. McDonald, J.A. Davis, (ed.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International Confederation of Midwives, Sydney, 1984, page 45.
[3]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis* University of Adelaide, 1981, page 212 - 214.

Victorian midwives for a short time some independence from nursing. But this was transitory as in 1928 a new Victorian Nurses' Registration Act was passed incorporating midwifery into nursing.[4]

Despite the debate for the registration of midwives led by Dr Graham and discussed in Chapter 6, a Midwives' Act was never passed in New South Wales and its Nurses' Registration Act was not implemented until 1924. But, a Private Hospitals Act in New South Wales in 1908 did require the registration of nurses.[5] The Health Act of Queensland which already required trained nurses to be registered was amended in 1911 to include nurses and midwives who had been in continuous practice, without having had formal training, since 1909.[6] Nevertheless, Queensland did not pass a separate Nurses' Registration Act, which included midwives, until 1928.[7] Western Australia established a Midwives' Registration Board in 1911. Eligibility for registration was based upon either a certificate of training or proof of experience.[8] The Western Australian Nurses' Act was implemented in 1922.[9] South Australia however, did not follow the other States and had no means of registration for nurses or midwives until the implementation of the Nurses' Registration Act in 1920. Midwives in South Australia, prior to State registration were licensed through the Destitute Board mainly to prevent infanticide and baby farming. Later this responsibility was transferred to the State Children's Council through the State Children's Act of 1896.[10]

---

[4]Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938, page 191. See also Willis, *The Division of Labour in Health Care*, page 217.

[5]Hurst, *Nursing in South Australia...*, page 191, see also chapter 5.

[6]Wendy Selby, 'Motherhood in Labor's Queensland' , *PhD Thesis,* Griffiths University, 1993, page 96.

[7]Hurst, *Nursing in South Australia...*, page 191.

[8]P. Keenan, P. Joske, R. Denny, for the Western Australian Branch of the National Midwives Association of Australia, 'Western Australia', in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984, page 4.

[9]Hurst, *Nursing in South Australia...*, page 191.

[10]Brian Dickey, *Rations, Residence, Resources: A History of Social Welfare in South Australia since 1836*, Wakefield Press, Netley, South Australia, 1986, page 156.

**The consequences of State registration**

Whilst nurses throughout Australia appeared to support the introduction of State registration, many resisted it on the grounds that it would deny them control over their own profession. As a result, most Australian States took considerable time to implement government control over nursing and midwifery. The call for State registration as opposed to ATNA registration was much discussed within the nurses' journals from the beginning of the 1900s. In March 1903, an editorial in *The Australasian Nurses' Journal*, laid down the objects of ATNA which included a register of nurses belonging to the association, but at the same time advocated that the registration of nurses should be the concern of the government. [11]

The gradual move to the hospitalisation of the public for health care also contributed to the debate for State registration. From 1900 there was a significant increase in the number of private hospitals in Australia.[12] Many States legislated to control private hospitals by establishing a register and the means to inspect them. It was through these acts that several attempts were made to implement a register for midwifery and nursing. In 1909, a New South Wales Private Hospitals Bill included in its implementation the ability to register all trained nurses. [13] But ATNA argued, that this provision would be detrimental to the profession of nursing:

> ...this Bill stepped out of its way to include within its scope the keeping of a register of all trained Nurses, and prescribing the conditions on which their names shall be inscribed therein and shall remain on the same. The public body entrusted with the administration of this Bill was to be the Board of Health, an assemblage of gentlemen selected for the special duty of controlling the varied branches of work affecting public

[11] Editorial, *The Australasian Nurses' Journal*, March 1903, page 3.
[12] Private hospitals were not the same as nursing homes. A nursing home was simply a home in which people were nursed. In contrast private hospitals emulated public hospitals in the provision of surgical facilities and post operative nursing care.
[13] *The Australasian Nurses' Journal*, 15 June 1909, page 209.

> health, but not of necessity qualified to administer the complex and responsible functions of the trained Nurse.[14]

Whilst nurses were prepared to be subordinate to doctors they were certainly not prepared to be subordinate to non medical government officials. ATNA made this point in an editorial in January 1909:

> Unfortunately we have to record that we are still without State Registration. ...For a time it really appeared as if the Legislature would be roused to recognise that Nurses desire a Bill. But the inevitable stumbling-block arose. Parliament seemed almost persuaded that Nurses should be registered and controlled by the State, but apparently nothing could make it believe that there could be sufficient intellectual capacity among Nurses to justify the State in placing the administration of a State Registration Bill in the hands of a Board upon which Nurses themselves were represented. With the alternatives before them of remaining a voluntary body managed by themselves, or of becoming State Registered, but ruled by a body of gentlemen selected by Government, it is perhaps well that 1909 finds the ATNA still without official recognition and yet still the paramount power in nursing matters in the State.[15]

ATNA wanted to ensure that if a Bill were passed, which required a Board to administer nursing, then nurses or representatives chosen by them would hold positions on the Board. The same concern was expressed about the amendments to the Queensland Health Bill in 1911 which included a register for nurses and midwives. ATNA acknowledged that the Bill embraced in its amendments the inclusion of nursing representation on the registering Board, but from their previous experience they doubted that this would take place as the members of most Boards were solely nominated by the government. [16]

ATNA was also concerned that the standards of practice that they had set would be lowered once registration was taken from their control. In the same editorial they urged that every State branch association should maintain a watchful eye on all proposed Bills to ensure that the standards advocated by ATNA were not lowered in any way.[17] Trained nurses were caught in a situation where they wanted State registration to give them the legal status which would

---

[14]C.J. Wood, 'State Registration of Nurses in the Australian Colonies', *The Australasian Nurses' Journal*, 15 June 1909, page 209.
[15]*The Australasian Nurses' Journal*, 15 June 1909, page 210-211. See also the edition of, 15 January 1909.
[16]Ibid., 15 Sept 1911, page 290.
[17]Ibid., 15 Sept 1911, page 290.

exclude those without training from practising as nurses and midwives, but in doing so they would have to relinquish their own self determination.

Several concerns had been raised by ATNA members about handing over the professional role of the association to the government:

> It would appear that many members of the public though interested in nursing questions, and even members of this Association, are far from conversant with what is really meant by State Registration of Nurses; still less do they understand the attitude adopted by the ATNA towards the question. From all sides members of our Council have received warnings to prepare to fight a Bill which, they say, will if passed be likely to hand over to the State many of the functions hitherto discharged by this Association.[18]

But, ATNA argued, State registration was the only way by which nursing would be afforded the status of a profession. However, editorials in the journal cautioned nurses about the dangers of inappropriate Bills which would not serve their interests, as it was clearly the intention of ATNA only to support a Bill which would give nurses the same form of registration as medicine. ATNA considered that State registration would lay down a standard of education and examination for admission to the register, but the affairs of the profession should be the concern of the professional association:

> We must not forget that State Registration will simply and solely provide for the registration of Nurses; it will not look after their interest afterwards - indeed, will take no further interest in them beyond punishing wrongdoers. If we look for a moment at the position of the medical profession, with which our work brings us so closely in contact, we find that all doctors have to be State registered, but that practically all those who are of any standing are members of that extremely powerful body, the British Medical Association, which looks after their interest in every way. Surely there will always be a need for a Nursing Association of a similar kind to serve as a body between nurses...[19]

By 1916, editorials in *The Australasian Nurses' Journal* were strongly questioning the advantages of State registration for trained nurses as by then ATNA had become a powerful organisation in its own right. Nurses began to realise that their own requirements for

---

[18]Editorial, *The Australasian Nurses' Journal*, 16 December 1907, page 359.
[19]Ibid., editorial, 16 December 1907, page 361.

membership were an equally effective means of controlling the profession as State legislation and ATNA had indeed become the nursing equivalent of the Australian Medical Association.[20] There was a belief that State registration could not offer them any more.

But ATNA were somewhat naive in thinking that if State registration was achieved they would retain control of their own professional identity, as they had already relinquished self control of their association prior to registration. Medical men had a major leadership role over nurses through their membership and senior positions within ATNA. So they were perfectly placed to shape the nursing profession to suit their needs. When State registration was implemented, medical men transferred their leadership role in nursing to membership of the Nurses' Registration Boards and the role nurses played in the management of their profession was considerably diminished. After that, doctors had little need to remain members of the Association although they did so for a time after State registration. Nurses too, lost their interest in ATNA after State registration until they took on the form of trade unions in the 1930s.[21] ATNA misread the political consequences of State registration and as a result never became the professional organisation that was originally envisaged.

**Midwives and State registration**

However, the one overriding reason to continue the argument for State registration was to limit the practice of the community midwife. To gain control over midwifery, ATNA had already advocated that all midwives should first undergo nursing training before midwifery training. The rationale for this was that general nurses possessed all the qualities required for every branch of nursing and that the shorter 'midwifery only' training could not provide these

[20]Ibid., editorial, 15 July 1916, page 215.
[21]See, Mary Dickenson, *An Unsentimental Union: The NSW Nurses' Association 1931-1942,* Hale & Iremonger, Sydney, 1993, for an excellent account of the development of the ATNA to unionism.

essential qualities. Midwives with formal training but without previous nursing training mainly operated in independent practices in the community, outside of the direct control of nursing and medicine. Government control by registration actually gave this midwife more professional status without the need to undergo long periods of training. So to effect control over the midwife ATNA insisted that she had to be a nurse in the first place, then registered and controlled through a board of nursing.

In July 1915 nurses were warned by ATNA against supporting bills which allowed the registration of nurses who had no formal training, as had occurred in the Queensland Health Act, the Western Australian Midwives Act and the Victorian Midwives Act. The editorial claimed that the Queensland Act had not given recognition to trained nurses in that State:

> The various Councils of the Association throughout Australia have always considered that a bad Bill would be worse than no Bill at all. ...The Minister, apparently, has, and uses, the power to override the decisions of the Board, and register nurses whose qualifications do not entitle them to registration. It is difficult for laymen and laywomen to understand the devious ways in which an Act of Parliament may be legally evaded, and to guard against the means for such evasion when considering a proposed Bill.[22]

These acts allowed women who had been employed in the 'calling' of a nurse for a specific length of time to be registered. In the main this meant midwives. Although there were community nurses[23] who were not trained and did undertake non midwifery work, it was also likely that midwifery was part of their practice. So while much of the debate for State registration within nursing at this time was primarily concerned with conditions for general nurses, the main justification for it, as far as ATNA was concerned, was to control the community midwives:

---

[22]Ibid., 15 July 1916, pages 217 and 218.

[23]Women who undertook midwifery within the community were often referred to as nurses. The verb to nurse meaning 'to care for' results in the confusion between a midwife and a nurse. In many case community midwives did both. Hence small privately run homes run by midwives for the purpose of childbirth were called 'nursing homes'. Selby also found that the women she interviewed often referred to the midwife as the nurse.

> We have no registration of midwives and no supervision of midwives, apart from the registration of midwifery nurses under the Private Hospitals Act, 1908. [NSW] There is no obligation apart from the private hospitals for midwifery nurses or midwives to be registered, there is no law to prevent untrained women practising, to limit the number of cases they may attend, or prescribing that they must obtain medical assistance in certain eventualities, there is no authority outside a private hospital to prevent a midwife attending a case of puerperal fever, attending other women immediately afterwards. This is a risk to mothers which calls for removal, as far as possible and as soon as the necessary legislation, long overdue is passed.[24]

ATNA membership and registration had failed to address the question of unregistered and untrained midwives. If there was no legal requirement for their registration then it was not against the law for them to practise. The implementation of both the Victorian Midwives Act 1915 and the Queensland Health Act 1911 had shown that it was unrealistic to insist that all midwives fulfilled the criteria of training as required by the Association. The practice of community midwives was extensive throughout Australia and it was recognised that the replacement of community midwives with obstetric nurses would be a slow process. In all States ATNA had to have special rules[25] for midwives with limited training to become members, and it was seen by ATNA that any State registration bill would have to make similar provisions. So debate within ATNA centred on the implementation of a Bill which would initially register non trained nurses and midwives but would gradually phase them out by imposed education standards.[26] However, there was much opposition to this by members. Nurses did not want midwives registered who were not already registered nurses, either within the association or in the advent of a Nurses' Registration Act. In 1913 representatives of the Royal Victorian Trained Nurses' Association (RVTNA)[27] which was on the verge of implementing a Midwives Act, reiterated within their Association:

---

[24]J.S. Purdy, 'Maternal Mortality', address to National Council of Women and published in *The Australasian Nurses' Journal*, December 1920, page 405.
[25]see Chapter 5.
[26]*The Australasian Nurses' Journal,* minutes from the conference, 14 August 1909, page 276.
[27]The RVTNA was formed in 1901. Although all branches of the ATNA were self governing they all followed the same rules and regulations, whereas the RVTNA operated quite independently.

> ...in Victoria we have no Nurses at present on the Obstetric Register unless they are also on the General register. They must have had three years' training, and have their certificates, and they then do six months' training at a recognised school.[28]

While this statement referred to registration within the nurses' association, the same debate ensued with State registration. There is little evidence to show that at this time nurses envisaged the registration of midwives to be incorporated with the registration of nurses. It was only obstetric nurses, that is, those nurses who were already general nurses, who were to be included in any bill for the registration of nurses. Nurses at this time quite clearly recognised that midwives and obstetric nurses were two separate occupations.

While few obstetric nurses worked as midwives within the community setting, ATNA still argued for the community midwife's replacement by the obstetric nurse. But ATNA was more concerned with its own vision of nursing and obstetric nursing than with how it planned to facilitate the provision of midwifery care to the childbirthing public in the community. ATNA had not forseen that the obstetric nurse would be reluctant to go into the community to practise and the problem was that childbirthing had not moved to the hospital setting to any great degree. Nor was it a common expectation of the community. ATNA expected, perhaps naively, that with State registration, obstetric nurses would quickly replace community midwives within the community.

[28] *The Australasian Nurses' Journal,* 15 February 1913, page 39, conference of the Councils of the ATNA with the Council of the RVTNA held at Sydney, 1 January 1913.

**The grandmother clause**

Most of the debate for obstetric nurses concerning State registration, related to the length of training that the obstetric nurse should undergo in midwifery. At the 1913 ATNA conference for example, it was argued that the course of training for midwives should be extended. Yet the strict criteria for the recommended training of obstetric nurses, was already discouraging nurses from undertaking the course.[29] There were not only problems with getting sufficient numbers of obstetric nurses trained in the first place, but there were also problems in getting obstetric nurses when trained to undertake the work of midwives. Dr Sinclair Gillies commented at the 1913 ATNA conference that, 'the ordinary trained Nurse does not want Midwifery cases.'[30] Some members of ATNA also questioned whether their inflexible criteria for midwifery was realistic. Doctors Binney and Fetherston reported they had such difficulty in getting trained nurses to attend confinements that they had to use community midwives. Dr Binney also argued that if midwifery courses were too long with too many restrictions, too many difficulties would continue in getting trained obstetric nurses to undertake confinements in the community. [31]

The consequences of this inflexibility of ATNA's stand over midwifery nurses is shown in those States which implemented legislation to control midwifery before 1920. In every case a concessional clause, known as the 'grandmother clause', was needed to enable existing midwives with little or no training to register, so that supply could meet demand.[32] This elicited a facetious comment in *The Australasian Nurses' Journal*:

> It is certainly strange that the fact of having had a large family should entitle any woman to practise as a midwife. A similar conclusion would be that anyone who had been knocked down several times by a tram should practise as a surgeon.[33]

---

[29]*The Australasian Nurses' Journal,* 15 February 1913, page 42.
[30]Ibid., 15 February 1913, page 44.
[31]Ibid., 15 February 1913, page 43.
[32]Willis, 'Division of Labour in Health Care', page 214.
[33]Editorial, *The Australasian Nurses' Journal*, 15 Sept 1913, page 290.

Despite the fact that the 1913 ATNA conference was informed of the difficulties in providing all States with sufficient midwives whose training had been verified by examination,[34] ATNA continued to advocate that midwifery training should be at minimum three and a half years but generally four to five years. But this policy was bound to fail, when women could either register as midwives under the grandmother clause in some States, or simply set up business in other States.

**No place for community midwives in ATNA**

Indeed ATNA's policy ensured the continuation in practice of the community midwife they were trying to eliminate. Yet ATNA continued to deny these women membership of its organisation. In 1906 for example, ATNA had to remind midwifery auxiliary members that only those women trained in hospitals recognised by the Association could be registered with ATNA:

> We feel it our duty thus prominently to call attention to the matter, as we have heard recently of several instances in which ladies who have undergone some experience in association with practical midwives have been disappointed to find that such experience did not entitle them to membership of the ATNA.[35]

In 1914 an editorial in *The Australasian Nurses' Journal* acknowledged that ATNA's stiff criteria for membership and the reluctance of the obstetric nurse to practise in the community enabled 'untrained midwives' to fill the gap, but it considered that in the long term, the obstetric nurse would prevail:

> Hitherto the obstetric nurse... was one who had received three years' training as a general nurse and after this had received six months' training at a recognised hospital in obstetric nursing. Such a nurse was regarded as an "ideal midwifery nurse." It was soon apparent that nurses so trained preferred general to midwifery work, and this left a dearth of obstetric nurses, which was supplied by the untrained woman whose qualification was that she herself, or perhaps some relation, had had a large family.[36]

---

[34]Ibid., conference of the Councils of the ATNA with Council of the RVTNA, 15 February 1913, pages 38 -60.
[35]*The Australasian Nurses' Journal,* 17 April 1906, page 103.
[36]Ibid., editorial 'The Training of Obstetric Nurses', 16 February 1914, page 37-38.

Because community midwives and often trained midwives were not included within ATNA they continued their business outside of its endorsed sphere of practice. They still practised in collaboration with the local general practitioner who, as Drs Binney and Fetherston showed, continued to endorse the practice of the community midwife. This was especially so in South Australia, which at this time only had one midwifery training school and no registration Act for midwives or nurses. So the majority of women still delivered their babies within the home with the attendance of a community midwife and general practitioner.

**State registration in South Australia and the South Australian Hospitals Association.**

Although the South Australian branch of ATNA followed closely, and put into place, the policies and ideals of the general body of the ATNA, the minutes of the South Australian branch of ATNA reflect no debate or discussion for the registration of nurses in this State.[37] As shown in Chapter 5 concern had been expressed about the practice of untrained midwives but this did not lead to the demand for State registration. Indeed neither Durdin nor White found evidence of local initiatives by nurses towards the implementation of a Nurses' Act in South Australia.[38] Instead the demand for legislation came from the South Australia Hospitals Association (SAHA) a non nursing body, which according to Durdin was designed to overcome staffing shortages in country hospitals.[39] South Australian nurses now had to contend with another group which claimed control over their business.

---

[37]Minute Book of the ATNA, S.A. Branch 1905 - 1921

[38]Joan Durdin, *They Became Nurses: A history of nursing in South Australia in 1836 - 1980* , Allen and Unwin, Sydney, Australia, 1991, page 54, and David White, *A New Beginning: Nurse Training and Registration Policy 1920-1938: The Role of the Nurses' Registration Board of South Australia,* 1993, page 2.

[39]Durdin, *They Became Nurses...,* page 89-90

An area in which ATNA in South Australia exercised considerable power was in approving hospitals as general and midwifery training schools for nurses who would then be eligible for registration with ATNA. Many small private hospitals and country hospitals in South Australia had difficulties in fulfilling the criteria for registration with ATNA. From 1903 the objects of ATNA had stated that all candidates for registration had to provide proof that they had been trained by a matron or nurse who held an ATNA approved certificate. Their training had to be in an ATNA approved hospital and the matron of the hospital had to be a member of ATNA.

The approved hospitals for training could offer a three year course to student nurses if they had an average of no fewer than 40 beds occupied daily; or a four year training course if they had an average of no fewer than 20 beds occupied daily; or five years if they had an average of 10 beds occupied daily. This applied to general, district, country or suburban hospitals.[40] Many of the country hospitals could not guarantee bed occupancy of more than 10 beds each day. It was a time when people were still used to being nursed at home by their families especially in country areas. This meant that many small country hospitals and smaller private hospitals could not become training schools for they could not offer their graduates the status of eligibility to join either of the established nurses' associations in South Australia. This also made it difficult to recruit trained staff who were ATNA registered to hospitals in remote country districts. More importantly they could not recruit local girls as student nurses who could provide low paid labour to the hospital.[41]

**The formation of SAHA**

[40]Australasian Trained Nurses' Association, Register of Members, Rules, printed by Websdale, Shoosmith, Sydney, 1916.
[41]White, *A New Beginning...*, page 10.

After the First World War many country districts wanted to establish community or memorial hospitals. The initiative for the establishment of an organisation to look after the interests of the country hospitals in South Australia came from the Booleroo Centre. In March 1919 the Secretary of the Booleroo Centre Hospital Board, the Rev. A. MacKenzie, wrote to the Premier of South Australia, A. Peake, proposing that an association be formed for government subsidised hospitals. [42]

As they were unable to get ATNA endorsement as training schools SAHA saw that State registration of nurses would be an advantage to them if it could gain positions on a Nurses' Registration Board. It requested that the Inspector General of Hospitals draw up a formula for a course of training for nurses in subsidised hospitals, which gave the SAHA the ability to interchange probationers between hospitals and create a standard salary for all nurses between the country hospitals.[43]

The Premier called the conference from which resulted the foundation of the South Australian Hospitals Association. In endorsing the formation of such an organisation the Premier asserted that:

> The government recognised that public health was alone the first consideration for any community. It was not very much use to consider the question of wealth and possessions if they had a sickly people. In this respect country hospitals must be regarded as very great institutions from the point of view of the good of the community.[44]

So the South Australian Hospitals Association was formed in 1919 with the object to secure the welfare of all hospitals connected with the Association. [45] The SAHA essentially

---

[42]South Australian Hospitals Association Annual Reports 1919 -1979, 1979, this unpublished pamphlet was written for the 60th anniversary of the SAHA by K.J. Hynes the then secretary of the SAHA. It included a copy of original letter from the Booleroo Centre to the Hon A Peake, Premier and Chief Secretary of South Australia. dated 28 March 1919. Hynes collection uncatalogued, Mortlock library.
[43]Ibid., dated 28 March 1919.
[44]The South Australian Hospital's Association Minute Book 1919 - 1936, minute dated 12 June 1919, held at the 'Hospitals and Health Association Inc.' 59 Fullarton Road Kent Town , private collection.
[45]Ibid., minute dated 12 June 1919.

represented medical and administrative interests of country hospitals.[46] The qualification for membership was limited to country Government Subsidised Hospitals and its original membership was 16 hospitals. In his speech the Premier also recognised the importance of the ability of hospitals to train their own nurses:

> They were also to consider the question of the training of nurses in country hospitals. Hospitals would be of very little use unless they could secure and retain an efficient nursing staff.....The reason then given for the difficulty which the Board found in keeping its nurses, was that the nurses felt they were not getting on with their training, and were wasting time in a country hospital, when they might, by being connected with a city institution, be working towards gaining their diploma. It was, he thought a reasonable objection. If the country hospitals wanted to retain their nurses, then the possibility of the nurses obtaining their certificates must be provided for... . They should let nurses see that they recognised that their profession was a noble one, and that they were entitled to every assistance in it.[47]

The first meeting of SAHA was held on 17 September 1919 in Adelaide during the Adelaide Show week,[48] presumably because many of the members of the committee would be in Adelaide. The elected committee was made up of administrative and medical men from a wide range of the country hospitals. The Inspector General of Hospitals, Dr B.H. Morris was to be an ex-officio member of the Association and of the executive, and the secretary to the Inspector General of Hospitals, Mr C.E. Spiller,[49] was also to be the secretary of the Association.[50] Mr

---

[46]See also, White, *A New Beginning*..., page 10.

[47]The SAHA Minute Book 1919 - 1936, minute dated 12 June 1919.

[48]The Adelaide agricultural show was and still is held each year to enable country people to buy and sell livestock and equipment and also hold other competitive events. It is an opportunity for country and metropolitan people to get together.

[49]Charles Edward Spiller was born at Adelaide 31 January 1882 and educated at Unley Public School. On 1 February 1897 he entered the Colonial Civil Service as a junior clerk public works commissioner until 1 January 1904, when he was transferred to the Destitute Board on 1 February 1915. In 1913 the South Australian Government, by Act of Parliament, brought together all hospitals financed from Treasury funds under the control of a new Inspector -General of Hospitals Department (IGHD) with Dr Bedlington Howell Morris as its first Chairman, and Mr Spiller as first Secretary. The new department became heir to several existing boards set up to control various health activities in the colonial era. These included The Adelaide Hospital Board of Management, The Adelaide Hospital Charitable Commissioners, the Mental Defectives Board, The Medical (Practitioners) Board and the Nurses' Registration Board. The IGH became the Chairman of Government representative on these various bodies and Mr Spiller automatically was appointed secretary. For the next 20 years until the retirement of Dr Morris in 1935, these two men guided the affairs of this Department, and Mr Spiller served another decade with Dr L.W. Jeffries who became the Director General of Medical Services in the first year of the Second World War. Mr Spiller retired in 1946. Profile from the K.J. Hynes collection, Mortlock Library, uncatalogued.

[50]The SAHA Minute Book 1919 - 1936, minute dated 12 June 1919.

Spiller was to have a significant role to play in the affairs of nurses and midwives in South Australia as secretary of the Nurses' Registration Board after the implementation of the Nurses' Registration Act in 1920.

The first action of the newly formed association was to direct its president Dr W H Russell from Yorketown Hospital to ask Dr Morris to see the Chief Secretary to lobby for a Nurses' Registration Bill and to hold it over until requirements of SAHA were known.[51] From then the business of the committee centred on conditions for nursing staff to be standardised within the country hospitals ranging from wages, uniforms, time off and travel allowances. They implemented a curriculum for training, length of training for nurses and midwives and a registration book for the appointment of nurses and probationers.[52] In essence they sought to take over the business of ATNA for the nurses that they employed. From now on ATNA would have no further influence over nurses employed in country hospitals. They could still be members of ATNA but their working conditions was very much the business of SAHA.

The SAHA then put resolutions to the government which would give them the controlling interest on the Nurses' Registration Board:

> That this council strongly recommends the Govt. to embody in this Bill provision for the appointment of a Board of five members, of whom 3 three shall be nominated for appointment by the council of the SAHA. ...that it be specially provided in the Bill that the Board be directed to classify and make use of all hospital members of this association for the training of nurses.[53]

The SAHA did not quite achieve the monopoly of the Nurses' Registration Board that they hoped for, but they did achieve representation on the Board ensuring that SAHA would have some control over the affairs of nursing and midwifery well into the future. The *Nurses'*

[51]Ibid., minute dated 17 September 1919 and 19 December 1919.
[52]Ibid., minute dated 17 September 1919.
[53]Ibid., minute dated 19 December 1919.

*Registration Act of South Australia 1920* significantly improved the SAHA's ability to provide training schools in country hospitals and therefore employ cheap labour for its hospitals. The following table shows the growth of these hospitals from the implementation of the Act until 1930.

## Table 3: Country hospitals established in South Australia before 1930[54]

| Country Hospitals | Year Opened | Year Nurses' Training School Established | Also Training School for Midwifery |
|---|---|---|---|
| *Government hospitals* | | | |
| Barmera | 1922 | 1922 | yes |
| Mount Gambier | 1869 | 1918 | no |
| Port Adelaide | 1882 | - | - |
| Port Augusta | 1875 | 1910[55] | yes |
| Port Lincoln | 1870 | 1923 | no |
| Port Pirie | 1891 | 1922 | no |
| Wallaroo | 1870 | 1923 | no |
| *Government Subsidised hospitals* | | | |
| Angaston | 1920 | 1922 | yes |
| Balaklava | 1920 | 1922 | yes |
| Blyth | 1911 | 1923 | yes |
| Booleroo Centre | 1911 | 1922 | yes |
| Bordertown | 1924 | 1924 | no |
| Burra Burra | 1876 | 1924 | no |
| Clare | 1924 | 1924 | no |
| Cowell | 1911 | 1924 | yes |
| Crystal Brook | 1925 | 1925 | yes |
| Elliston | 1910 | 1923 | no |
| Eudunda | 1922 | 1923 | no |
| Hutchinson | 1913 | 1924 | no |
| Gumeracha | 1922 | 1924 | no |
| Hawker | 1924 | 1924 | no |
| Jamestown | 1884 | 1923 | no |
| Kapunda | 1877 | 1924 | no |
| Kimba | 1928 | 1928 | no |
| Lameroo | 1910 | 1922 | yes |
| Loxton | 1910 | 1922 | no |
| Maitland | 1910 | 1923 | no |
| Mannum | 1921 | 1922 | yes |
| Millicent (Thyne) | 1897 | 1922 | no |
| Minlaton | 1903 | 1922 | yes |
| Morgan | 1921 | 1923 | yes |
| Mount Barker | 1919 | 1925 | no |
| Murray Bridge | 1923 | 1923 | no |
| Naracoorte | 1881 | 1923 | no |
| Orroroo | 1920 | 1922 | no |
| Peterborough | 1922 | 1923 | yes |
| Pinnaroo | 1922 | 1923 | yes |
| Renmark | 1915 | 1921 | yes |
| Riverton | 1923 | 1923 | yes |
| Snowtown | 1920 | 1924 | no |
| Streaky Bay | 1912 | 1923 | no |
| Tumby Bay | 1912 | 1923 | yes |
| Victor Harbour | 1929 | 1930 | no |

[54]South Australian Hospitals Association's, Country Hospitals Report, 1933, page 14, Hynes collection uncatalogued, Mortlock Library, South Australia.

[55]Port Augusta Hospital was registered with the ATNA but in 1917 over a disagreement with the ATNA had their trained nurses examined by the RBNA.

| | | | |
|---|---|---|---|
| Waikerie | 1922 | 1923 | yes |
| Wudinna | 1929 | 1929 | yes |
| Yorketown | 1908 | 1923 | yes |

Quite clearly the *Nurses' Registration Act of South Australia 1920* had a significant impact on the founding of country hospitals. Forty six country hospitals were established by 1930 and this table shows that prior to the Act, country hospitals were disadvantaged in the establishment of nurse training schools. Twenty six hospitals were established before the Act, yet only two of these had established a nurses' training school before the implementation of the Act. By 1924 another fifteen country hospitals had been founded and thirty eight of the now existing hospitals had founded nurse training schools within three years of the implementation of the Act. By 1930 every subsidised country hospital had established a nurse training school with the exception of Port Adelaide. It is quite clear that without the Nurses' Act, country hospitals could not have been established or survived. The overriding motive for SAHA in its support of the nurses' registration Bill was to staff their hospitals with low paid probationers.

**The passage of the Nurses' Registration Act in South Australia**

The Bill for the registration of nurses and midwives in South Australia was introduced into Parliament in November 1920. Only one Member of Parliament questioned the motives behind SAHA support of the Bill when he noted that the main objective of the Bill was to overcome nursing shortages in the country.[56] Durdin and White also supported this finding and argued that many references were made to the difficulties in the recruitment of nurses, despite the Chief Secretary's assurances that the staffing of country hospitals was a minor issue which arose incidentally out of the Bill.[57]

[56]South Australian Parliamentary Debate (SAPD), 2 November 1920, page 1340, State Archives, South Australia.
[57]Durdin, *They Became Nurses...,* pages 90 and White, *A New Beginning...*, page 11.

In the second reading of the Bill support for its implementation was mainly based on the value of the service provided by nurses during World War 1, the difficulties of providing nurses for the country and the control of community midwives.[58] In the opening paragraph of the second reading of the Bill the Chief Secretary J.G. Bice made quite clear that the nurses' association's stringent criteria for recognition of country hospitals for training schools was inhibiting the staffing of country hospitals.[59] One Member of Parliament, The Hon. D.J. Gordon, did foreshadow the effect that the passing of the Bill would have on the nurses' associations:

> The effect of the passing of this bill will be to almost immediately destroy the two nursing associations at present in existence. The whole object of those nursing associations is to safeguard the qualifications of nurses, and since that work will be done by the proposed [Nurses'] Board, it is just possible, indeed it is highly probable, that those two associations may go out of existence.[60]

Dirty midwives were also used as a justification for the implementation of the Bill and the Chief Secretary J.G. Bice referred to a 'special evil'[61] which was to be dealt with in Clause 18 of the Bill:

> It has been found in the past, especially in the case of midwives, that persons attending cases of confinement have been responsible for conveying septicaemia from one case to another. This may be due as much to some personal condition of the attendant as to lack of knowledge or experience or any careless or dirty habits on her part. She may, in fact, be a "carrier" of the disease and perhaps unknown to herself or in spite of her utmost efforts, she may be contributing to spread the disease.[62]

Nobody questioned the Chief Secretary over the validity of his statement and overall the passage of the Bill took place with little debate. But there was some debate on the impact of the Bill upon community midwives and nurses. Clause 35 of the Bill stated that 'Only a registered person may sue for fees for professional services'. This clause effectively prevented the practice of community midwives. However the clause was qualified by an exclusion which

---

[58]SAPD, 16 November 1920, page 1587, see also White, *A New Beginning...,* page 8.
[59]Ibid., 2 November 1920, page 1340.
[60]Ibid., 3 November 1920, page 1392, see also Durdin, *They Became Nurses...*, page 54.
[61]Ibid., 2 November 1920, page 1341.
[62]Ibid., 2 November 1920, page 1341.

allowed any person to act as a midwife when there was no qualified medical practitioner or registered midwife residing within twenty-five miles of the confinement.[63] The proposer of the clause, W. Hannaford then argued against Clause 35, stating that his original intention was to ensure that when services were rendered to a party then those providing the services were entitled to be paid:

> There are many cases where there is no necessity to employ a professional nurse, and indeed it is impossible to do so. It is unjust that persons who are not professional nurses, but who may be very competent in connection with some cases of illness, should not be allowed to proceed at common law for the recovery of their fees.[64]

Hannaford was not successful in omitting this clause from the Bill despite arguing that its inclusion would disadvantage those people unable to afford to employ qualified nurses. He was defeated on the grounds that it would take away the protection for qualified registered nurses, which was the intention of the Bill.[65]

So the *Nurses' Registration Act of South Australia 1920* was duly passed. It was gazetted on Thursday 29 April 1921 to come into operation on the 2 May 1921.[66] Under the regulations of the Act a Nurses' Registration Board was established comprising the chair, Dr B.H. Morris, who was also the Director General of Hospitals, and the chairman of SAHA. Two positions were filled by SAHA members, Peter Reidy, M.P. and Samuel Rudall J.P; and three positions were filled by nursing representatives, Dr T.G. Wilson from ATNA, Miss Eva Penrose from RBNA and Mrs Louisa Drew who represented trained registered nurses who did not belong to an association.[67] The secretary of the Board was Mr C.E. Spiller who was also the secretary to the Director General of Hospitals and to SAHA.

---

[63]Ibid., 16 November 1920, page 1592.
[64]Ibid., 16 November 1920, page 1592.
[65]Ibid., 16 November 1920, page 1592 and 1593.
[66]The *South Australian Government Gazette*, dated 28 April 1921, page 939.
[67]Ibid, dated 16 June 1921 page 1270.

**The effect of the Nurses' Registration Act on the S.A. Branch of ATNA**

By the time the Nurses' Registration Act was passed, the South Australian Branch of ATNA had become so inward thinking that it failed to ensure that its members would benefit from a Nurses' Registration Act. Instead it had allowed a completely different organisation, SAHA, to determine its future. The Act did include the registration of midwives, so they had achieved legal control over community midwives, but it came at the expense of the limited degree of self determination that ATNA represented for nurses. Through legislation, medicine and hospital boards now became the controllers of nursing rather than patriarchal mentors.

It was only at the annual general meeting of ATNA in South Australia[68] four months after the implementation of the Nurses' Registration Act, that mention was made of the Act. Dr Lendon (now a patron of the South Australian branch of ATNA) referred to the Act being in operation, and expressed the opinion that the Government would shortly take charge of affairs:

> ...the future was fraught with more than ordinary interest to members, the passing of the Nurses' Registration Act had created possibilities that might dispose of the necessity for their Association unless it were still maintained for social purposes. Of course it all depended on the standard of training adopted by the first Board. The proposed conference to be held in Sydney was also referred to by the President.[69] He said he favoured the formation of a Federal Council who would draw up a standard of training examination and registration of nurses etc, each of the State Councils to have the power to control its own affairs. [70]

Dr Lendon had not envisaged ATNA in South Australia becoming like the 'powerful' British Medical Association, as indicated by ATNA in 1907, by continuing to look after the interests of registered nurses as a professional body. He only saw that ATNA could become a social organisation. Indeed this was the destiny of the South Australian Branch of ATNA and although ATNA continued in the short term with its registering and regulatory role, it was ineffective. The Nurses' Registration Board was now the only legal registering and regulatory

[68]On 29 April 1921.
[69]Now T.G. Wilson.
[70]Minute Book of the ATNA, S.A. Branch, minute dated, 29 April 1921.

body for nurses and so negated any decisions that ATNA made. The President of the South Australian Branch of ATNA at this time was Dr T.G. Wilson and he became the representative of ATNA on the Nurses' Registration Board of South Australia. He later became president of the Nurses' Registration Board. The decision to allow Dr Wilson to look after ATNA's interests on the Nurses' Registration Board emphasised the extent of control that medicine had acquired in nursing and of the nurses' desire to permit it.

By 31 March 1922 there was still no mention in the minutes of the South Australian Branch of ATNA, of any of the regulations of the Nurses' Act, nor was it discussed by the members. Indeed the business of the meetings were carried on as if the Act did not exist. They continued to decide whether or not certain hospitals had the appropriate criteria to be registered with ATNA, and they continued to conduct their own examinations even though only those set by the Nurses' Registration Board were valid. Medical men within the South Australian Branch of ATNA gradually withdrew and those that remained became figureheads.

The *Nurses' Registration Act of South Australia 1920*, enabled SAHA and the medical profession to have legal control over the business of nursing in South Australia. The working relationship of the medical practitioner and the community midwife which had persisted since 1836 within South Australia, and had even at the time implementation of the Act undergone little change, was now illegal unless the midwife was registered under the Act. Although argument for the Act was ostensibly based on the protection of the status of registered nurses, nurses had failed to ensure that their interests were uppermost in the implementation of the Act. ATNA failed to see the community's needs in the provision of training and staffing of country hospitals. This allowed the community to establish their own organisation which was powerfully supported by employers, doctors and leading members of country communities. In

their desire to pursue professionalism for themselves ATNA also failed to provide the community with an educated practical midwife who would fit in with the practice of the existing community midwife and integrate with the childbirthing practices of the time. This stance by ATNA furthered the continued practice of the uneducated community midwife. So nursing missed an opportunity to incorporate midwifery into nursing as a specialisation which already had the characteristic of autonomy, and which could have been an advantage to nurses who were seeking self determination in their profession. Instead ATNA had to be content with the obstetric nurse of their own making who, because of the limitations of the ethos of nursing, had nowhere to practise until women in the community were persuaded to deliver their babies in hospital under medical control. Medicine recognised the potential professional and financial power of an educated community midwife and had therefore had its own agenda to keep the community midwife untrained and without status. Consequently the promotion of the obstetric nurse gained legitimate backing with the implementation of the Act as did the potential to create numerous community hospitals in which they could practise. From this time on the practice of the community midwife was outside the law.

# CHAPTER 8

# THE NURSES' REGISTRATION BOARD AND THE CHANGES IN THE PROVISION OF MIDWIFERY SERVICES IN SOUTH AUSTRALIA: 1920 - 1926

The *Nurses' Registration Act of South Australia 1920*,[1] provided for the registration and regulation of nurses, mental nurses and midwives and was implemented to protect the public from incompetent health services. The Act required that a person who was entitled to register as a nurse, mental nurse or midwife was to undertake a prescribed course of training and pass examinations as laid down in the regulations of the Act. With regard to midwives, the Act also provided for the registration of women who had already undertaken training in an institution approved by the Nurses' Registration Board and who could produce a certificate as evidence of that training. This chapter will closely examine the minutes and correspondence of the Nurses' Registration Board of South Australia between 1920 and 1926 in order to consider the implications of the Act upon the provisions of midwifery services in South Australia and the consequent rise in hospital facilities for childbirthing.

The Nurses' Registration Act vested powers in the South Australian Nurses' Registration Board which were designed to protect the newly acquired professional status of the registered nurse. David White who examined the role of the Nurses' Registration Board from 1921-1939 to determine the extent to which the Board influenced the professionalisation of nursing in South Australia, found that in particular it prevented the claim to professional status by unregistered persons, particularly community midwives.[2] The Nurses' Registration Board

[1]Referred to from now on as the Nurses' Registration Act or the Act.
[2]David White, *A New Beginning: Nurse Training and Registration Policy 1920-1938: The Role of the Nurses' Registration Board of South Australia,* 1993, page 41.

faced many difficulties in raising the awareness of other professionals and the public regarding the importance of the registration of nurses and midwives as the basis for practice, for the South Australian community at this time did not subscribe to the notion that the nurse and the midwife were professionals.[3] White argued that this was especially the case in relation to community midwives and they were 'less than amenable' to accepting the Act than their nursing 'colleagues' who worked within the hospital system.[4]

There are flaws in this argument. Nurses who were trained and registered under the nurses' associations were not the colleagues of the community midwife. In the main, as it will be shown, community midwives were quite willing to become registered under the Act and to undertake any required qualifications, within reason, to do so. The Nurses' Registration Act, and more importantly, the Nurses' Registration Board was not implemented to assist or complement the community midwife's practice or to professionalise her practice, but to marginalise and eventually discontinue her practice and replace her with an obstetric nurse. The community midwife was unable to be 'less than amenable' to the implementation of the Act. She was not aware of it. It was not for her.

The Nurses' Registration Act of South Australia was also a vehicle through which health care was transferred from the home to the hospital by providing the means to staff country and community hospitals. The introduction of the Act transferred the regulation of nurses from the nurses' associations to the government. Within this new regulatory sphere the traditional dominator of nursing, medicine, operated with the new dominator of nursing, the South Australian Hospitals Association (SAHA), the employers. The Nurses' Registration Act also

[3]Here the term 'professionals', is the customary understanding of the exclusivist use of professional and not the construction placed on it by Harold Perkin who sees it as a term which can be applied to all occupations in a socially constructed professional society.
[4]White, *A New Beginning*, page 41.

contributed to the transformation of the traditional midwife from a middled aged married woman with personal experience in childbirth and who worked in the community and the private home to a young, unmarried, formally trained obstetric nurse, who worked in the hospital.

**The provisions for community midwives in the Nurses' Act**

The Nurses' Registration Act contained a concessional clause which allowed women already in the practice of midwifery at the commencement of the Act to register, providing they could prove to the satisfaction of the Nurses' Registration Board that they had been in practice for at least five years and passed an oral examination. Or they could prove to the Board that they had the competence, skill and fitness for the practice of a midwife's calling (usually in the form of a testimonial from a local doctor) and had attended at least twenty cases of confinements which included the lying-in period.[5] However such women who could register within the provision of the concessional clause, had to do so within twelve months of the commencement of the Act.[6] This conditional clause was to play a major part in the elimination of the existing midwife and was an ongoing source of concern for the Nurses' Registration Board.

The Nurses' Registration Act, surprisingly, made allowances for the continuation of the midwife as an autonomous practitioner. Under the regulations of the Act the midwife could be engaged as an independent practitioner, claim remuneration for professional services, and conduct deliveries without the presence of a doctor although this was not an explicit statement within the Act. The practice of the midwife was couched in regulations such as the following:

[5]*The Nurses' Registration Act of South Australia 1920*, Part III, section 20.
[6]Ibid., Part III, section 20, page 7-8.

> In the case of an emergency..., the midwife shall (where no medical practitioner engaged by or on behalf of the patient is in attendance) call in to her assistance a medical practitioner, if practicable.[7]

But once the medical practitioner had been sent for, the midwife 'shall await his arrival and faithfully carry out his instructions.'[8] The Act also allowed for any woman to act as a midwife:

> ...whether for reward or not, in any case where there is no legally qualified medical practitioner or registered midwife, able and willing so to act if requested, residing with a distance of five miles of the place where such a woman so acts.[9]

The regulations of the Nurses' Registration Act reflected the accepted role of the community midwife of the time rather than the role of the obstetric nurse.

**Controlling the spread of disease by midwives**

Nevertheless the regulations of the Act placed considerable restrictions on the practice of midwives and brought them very much under medical control. For example, one regulation required that a midwife who attended any septic case or had an infected or inflamed wound on her hand, had to provide to the Nurses' Registration Board a certificate from a medical practitioner saying that she was in a fit condition to resume her practice as a midwife. The interesting point about this regulation is that it only applied to midwives, not to nurses or mental nurses. Nor was there any corresponding requirement in the Medical Act for doctors who attended confinements.[10] This regulation was incorporated in the Nurses' Registration Act in a provision to prevent the spread of any disease.[11] This clause emphasised the perception of the government, and therefore the public, that midwives were solely the cause of puerperal

---

[7]Minute book of the Nurses' Registration Board of South Australia 1920 - 1926, minute dated, 22 February 1922, Nurses' Registration Board of South Australia archives, Adelaide. For the first two meetings of the Board it was referred to as the 'Nurses' Board'. After these first two meetings and for the next 8 years the minutes are headed the 'Nurses' Registration Board'. This thesis will refer to the Nurses' Registration Board or the Board.
[8]Ibid., minute dated 22 February 1922.
[9]*The Nurses' Registration Act of South Australia 1920,* Part IV para 34b page 13
[10]G.L. Fraenkel, D.H. Wilde, *The Medical Board of South Australia 1884 - 1994*, printed by The Medical Board of South Australia, Payneham Road St Peters, 1994.
[11]*The Nurses' Registration Act of South Australia 1920*, Part II, section 17, page 5.

sepsis. Indeed the wording of the Act implied that they were perceived to be the only harbingers of any form of disease. This regulation demonstrates how successful medicine and nursing were in placing the responsibility for spread of sepsis at the community midwives' door.

Despite this, medicine and nursing failed at this time to convince the public to replace the midwife with the obstetric nurse. The community in general did not understand a concept of a childbirthing hospital which was solely the domain of the medical practitioner in which the midwife acted as the assistant to the doctor.

**The setting up of the fourth class of nurse**

This lack of understanding by the public is emphasised in the Board's attempts to amend the Act to include the obstetric nurse. Once the Act was in place, Dr T.G. Wilson, then a member of the South Australian Nurses' Registration Board, expressed his concern that the Act allowed for the recognition of midwives and not the recognition of obstetric nurses. In February of 1922 he put a motion to the Board that the Act be amended to provide for the training and registering of 'Maternity Nurses'.[12] Dr Wilson's problem was that graduate nurses from the Queen's Home, in which he was actively involved,[13] were deemed obsteric nurses as denoted on their certificates.[14] This was in conflict with the legislation which required that the training

[12]Minute book Nurses' Registration Board 1920 - 1926, minute dated 22 February 1922, note Dr Wilson at this stage now uses the term 'maternity nurse' as opposed to 'obstetric nurse', yet up until 1920 the term obstetric nurse had been used freely within medical and nursing journals and was the term used on the Queen's Home certificate. By now medicine was claiming that obstetrics was their domain alone and all others involved in childbirthing were assistants to them. Therefore the scientific knowledge that the word obstetrics conjured up could not be a part of nursing. The word maternity implies a nurturing, female activity much more suitable for the nurse.

[13]Dr Wilson at this time was on the medical board of the Queen's Home and took over as Chairman of the medical board and vice-president of the Home on 24 May 1923, and maintained an executive position in the hospital until 1950. Ian L. Forbes, *The Queen Victoria Hospital Rose Park South Australia 1901 - 1907*, published by the Queen Victoria Hospital, Adelaide, South Australia, 1988, page 42 and appendix A.

[14]See Chapter 4.

for midwifery had to be sufficient for the person to be registered as a midwife and all that the term midwife implied.[15]

In May 1922 the Board had to inform the Queen's Home and the McBride Maternity Hospital, which had recently been recognised as a training school for midwives, that the training of midwives would in the future be prescribed by the regulations under the Act.[16] The problem was that the Act provided for the recognition of a midwife as a person who, according to the minutes of the Nurses' Registration Board was 'a person fully qualified to practise midwifery, not under the direction of a medical practitioner'.[17] Yet the Queen's Home and the McBride Hospital[18] only provided training for obstetric nurses to attend midwifery cases under the direct supervision of medical practitioners.[19]

Clearly the Act had not reflected the requirements of the medical and nursing professions. There are several reasons which could account for this. The lack of input to the debate by nursing and medicine prior to the introduction of the Act has already been noted. The SAHA which was the instigator of the Act, was more interested in the supply of general nurses for their hospitals than the provision of midwifery services, while the Parliamentary draftsmen and politicians who drafted the Bill, were more interested in reflecting the community's understanding of childbirthing practices already in place, rather than understanding the new concept of the obstetric nurse. Whatever the reason, Dr Wilson made every effort to have the

[15]Minute book Nurses' Registration Board 1920 - 1926, minute dated 22 February 1922, and *The South Australian Nurses' Registration Act 1920 - Regulations*, page 25c.
[16]Correspondence of the Nurses' Registration Board, dated 12 May 1922, GRG 14/1/2, 1922, State Archives, South Australia.
[17]Ibid., dated 16 May 1922. GRG 14/1/2, 1922.
[18]McBride Hospital was the only other maternity hospital in South Australia at this time which offered midwifery training. It was opened in 1914 to provide for 'girl mothers' and in 1919 was registered as an ATNA training school for midwifery. See Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938, page 291.
[19]Ibid., dated 16 May 1922. GRG 14/1/2, 1922.

obstetric nurse recognised in law and argued that all of the problems with the training undertaken within the midwifery schools would be resolved if the Act was amended to define the difference between the midwife and the maternity nurse.[20]

In May 1923 the Board proposed to the undersecretary of the Inspector General of Hospitals Department to amend the Act to include the provisions for obstetric or maternity nurses on the grounds that it was essential that the 'maternity nurse' should be distinguished from the midwife.[21] But the Parliamentary draftsman did not understand why the Board should request a separate category of midwife, to that already defined in the Act:

> Before reporting on the recommendation of the Nurses' Registration Board for the setting up of a fourth class of nurse, to be known as a midwifery nurse, I shall be glad if the Board will give me the reasons for their recommendation. At present I am not sufficiently acquainted with the subject matter to express a definite opinion on the recommendation.[22]

The confusion of the parliamentary draftsman was compounded by the fact that the Board also requested an extension of time[23] for community midwives to register under the concessional clause.[24] On the one hand the Board appeared to support community midwives, who had not had any training, to practise independently from the medical profession, but on the other, it recommended a more restricted practising midwife, who after three years of general nursing training and six months of midwifery training could only practise under the direct supervision of a medical man. In the light of normal childbirthing practices in place at the time, the amendments must have appeared to the Parliamentary draftsman, contradictory.

---

[20]Ibid., dated 20 April 1923, GRG 14/1/24, 1923, from Dr T.G. Wilson to the Nurses' Board.
[21]Ibid., dated 16 May 1923, GRG 14/1/ 2, 1922, from the Board to the Undersecretary of the Inspector General of Hospital Office.
[22] Ibid., dated 24 Feb 1924, GRG 14/1/2, 1922, from the parliamentary draftsman to the Attorney General and passed onto the Board for action.
[23]This issue will be fully explored in chapter nine.
[24]Ibid., dated 24 Feb 1924, GRG 14/1/2, 1922.

On 2 February 1924 the Board noted the comments from the parliamentary draftsman and deferred discussion on this matter to a later date. It was never discussed again within the minutes of the Board[25] and an amendment to the Act was never made. Yet the introduction of the Act did mark the beginning of the elimination of the community midwife in South Australia. An educated registered community midwife did not emerge and the obstetric nurse did gradually become the accepted midwifery nurse in South Australia. But other factors also came into play to ensure her place in the provision of midwifery care.

**Reciprocity and the registration of midwives.**

The Nurses' Registration Board maintained control of nurses and midwives through the provision of a register of nurses, midwives and mental nurses, a criteria of entry for training, a curriculum of training, professional standards of behaviour, and approval of appropriate training schools. These functions had all previously belonged to the nurses' associations. In its function of registration it was not only nurses and midwives resident in South Australia who applied for registration but also nurses and midwives from interstate and overseas. In the second reading of the Nurses' Registration Bill it was emphasised that the ability for midwives to move from one State to another or overseas and to have their training recognised by the Board, was fundamental to uniform standards of practice and would be advantageous to nurses, midwives and the State.[26] However, the Board had difficulties in establishing reciprocity with other States and consequently the parochialism of Nurses' Registration Boards in all States restricted movement between the States of midwives rather than facilitated it.

[25]It was about this time in that Dr Wilson appeared to be no longer be a member of the Board and so one could speculate that the drive for the recognition of the 'maternity nurse' disappeared.
[26]South Australian Parliamentary Debate, 20 December 1920 page 1342, State Archives, South Australia.

The States could not agree on which hospitals were suitable for training schools under their own regulations. White claimed that the South Australian Nurses' Registration Board had enough difficulty in determining which small South Australian hospitals could be training schools, let alone determining which interstate hospitals were suitable.[27] Even the major training school for midwifery in South Australia, the Queen's Home, had to apply especially to the Board to have all certificates issued prior to 1923, recognised for registration under the Act.[28] Until then the Board did not consider the Queen's Home fulfilled the training criteria set out in the regulations of the Act.

Soon after *The Nurses' Registration Act of South Australia 1920* was implemented the Western Australian Midwives' Board sought to establish a working reciprocity with South Australia. It inquired whether the South Australian Nurses' Registration Board intended to recognise certificates from the Central Midwives' Board in England whose requirements were less than those demanded in Western Australia.[29] When the South Australian Board responded in April 1922 that it did recognise the English certificate,[30] the Western Australian Board decided not to grant registration to midwives from South Australia.[31] This quashed any hope of reciprocity between these two States.

**'Hard on those poor women in the back blocks'**

The effect of this kind of bureaucratic argument on the childbirthing woman was devastating. In January 1924 for example, Jeanette Smith a registered midwife from Gawler, wrote to the South Australian Board:

> ...to ask you if it is possible for the Sth Aust Nurses Board, to make arrangements with the Nurses Board in Western Australia for the Certificates issued by the Board here, to be recognised in the West, I have been sent for to go[sic] to nurse

[27]White, *A New Beginning...*, page 19
[28]Correspondence Nurses' Registration Board, dated 12 April 1923, GRG 14/1/23, 1923.
[29]Ibid., dated 21 September 1921, GRG 14/1/7, 1921.
[30]Ibid., dated 28 April 1922, GRG 14/1/7, 1921.
[31]Ibid., dated 22 May 1922, GRG 14/1/7, 1921.

> a patient of mine who is living in The Desert on The Boarder of the West & Sth Australia. I have written to the Midwifery Board in the West to be registered by them & I received an answer today stating that the Certificates issued by the South Australian Board is not recognised in Western Aust. because they have no reciprocal arrangements with South Aust.
> It seems hard on poor women in the Back blocks. This one is unable to travel & I know not many nurses will go out Back.
> Hoping that this Board here will be able to make some arrangements to overcome the difficulty of such cases with Western Australia[32]

The secretary of the Board, Mr Spiller, wrote quickly to the Western Australian Board arguing the case for the midwife to be registered in Western Australia so that she could deliver the woman.[33] But the Board in Western Australia replied that in view of the lack of reciprocal arrangement with South Australia they were unable to register the midwife in their State. It is likely that the midwife attended the confinement outside the law.[34] A similar exchange of correspondence took place between the Nurses' Registration Board of South Australia and the Midwives' Board of Victoria about whether each other's training and examination were of a similar standard to achieve reciprocity. After two years of correspondence no firm decision was made and no reference or correspondence to the matter was recorded in the minutes of the South Australian Board.[35] Unless midwives had previously trained in major public hospitals they were unlikely to have their certificates recognised by the Board in any State other than their State of origin. Clearly the different Boards had little concern for a woman who delivered her baby at home, as it was the childbirthing woman and the individual midwife who suffered the effects of these disagreements over reciprocity.

[32]Ibid., dated 7 January 1924, GRG 14/1/ 7, 1921.
[33]Ibid., dated 24 January 1924, GRG 14/1/7, 1921.
[34]Ibid., dated 6th February 1924, GRG 14/1/ 7, 1921.
[35]Ibid., dated 20 June 1921 to 15 April 1924, GRG 14/1/9, 1921.

**A midwife for Cummins**

This intransigence of the South Australian Nurses' Registration Board not only affected individual women. In 1923 a group of medical practitioners with local community leaders in the Cummins district of South Australia formed a medical club to establish a community hospital, but had great difficulty in employing a nurse with a midwifery certificate. The club sent a letter to Messrs Moseley and Chapman, Members of Parliament, pointing out that a hospital had been needed for some time in the district. The letter, subsequently sent to the Nurses' Registration Board for consideration, requested the expedient registration of a Victorian midwife that the medical club wished to employ:

> To dispense with unnecessary details; we can secure the services of a Victorian Lady (a Miss G. Davis) who apparently is just what we require, she holds an obstetric certificate from the Vic authorities stating she is capable and has attended a number of cases &c, also that she has attended lectures &c and passed an examination, this is signed by P.A. Parer M.B.B.S
> We have advertised for months in the city papers and cannot obtain a nurse, and it seems somewhat hard that now we can get a suitable person that the Govt. or their regulations should block us.[36]

Mr Moseley commented on the bottom of the letter that the Board should assist these people as they were doing their best to help themselves and asked the Inspector in Chief of Hospitals Dr Morris,[37] to give the issue favourable consideration. However the Board informed the two Members of Parliament that Miss Davis was not eligible for registration in South Australia:

> I also informed her that in the event of her not holding a certificate of training, it would be necessary to take the prescribed course of training in an approved training school. From the letter from the Secretary, Cummins Medical Club, it would appear that Miss Davis holds an obstetric certificate. She has possibly misunderstood the position as regards her eligibility for registration.[38]

An intense correspondence then took place between the Cummins Medical Club and the Nurses' Registration Board. The former had not been able to get a registered midwife despite

[36]Ibid., dated 28 May 1923, GRG 14/1/31, 1923.
[37]Inspector General of Hospitals, chairman of SAHA and chairman of the Nurses' Registration Board. In this issue all three roles were in conflict. The Hospital's Department would not fund the project, SAHA supported the establishment of country hospitals and the Nurses' Registration Board would not register the proposed nurse.
[38]Correspondence Nurses' Registration Board, dated 8 June 1923, GRG 14/1/31 1923.

offering a salary of £140 per annum. They were at a loss to understand why the Board would not recognise the certificate that she possessed and urged them to reconsider their decision. Since Miss Davis had not completed her training within an approved school and the 12 month concessional clause had elapsed, her certificate was not recognised by the Board.

This issue indicates that many people including general practitioners did not understand the Nurses' Registration Act. Although the Cummins Medical Club recognised that the nurse or midwife they wished to employ needed to be registered under the Act, they did not understand that the testimonial system of proof of midwifery expertise was no longer acceptable criteria for registration. The Board then suggested to the Cummins Medical Club that they should offer a salary of £150 per year, to attract a suitable registered midwife.[39]

Miss Davis also wrote to the Board endeavouring to obtain South Australian registration and offered to send references from doctors with whom she had worked. The Board replied that as they could not register her in South Australia, she could not take up the position offered at the proposed Cummins Hospital.[40] On 20 June 1923 the Committee of the Cummins Medical Club desperately wrote to the Board and at the same time sent a telegram urging that Miss Davis be registered:

> As a Committee we are in a quandary, we have the place ready and there are several patients expecting to go in there during the next few weeks, and failing her registration we shall be in a bad way.[41]

The Nurses' Registration Board closed the matter on 26 June 1923 by sending a letter to the Cummins Medical Club and a letter to Members of Parliament, Messrs Moseley and Chapman, advising them that while Miss Davis had produced her certificate of training, that it was not a

[39]Ibid., dated 16 June 1923, GRG 14/1/ 31, 1923.
[40]Ibid., dated 5 May 1923 to 20 June 1923, GRG 14/1/31, 1923.
[41]Ibid., dated 20 June 1923 GRG 14/1/31, 1923.

recognised certificate and that registration as a midwife could not be granted. There is no further correspondence on this issue. Cummins Hospital was not listed at this time with SAHA as it did not receive a government subsidy so there is no indication that the hospital did procure a registered midwife. One can only surmise that childbirthing women living in Cummins district continued to deliver their babies at home attended by the local community midwife.

This issue serves to illustrate the dilemma of the country districts in obtaining registered midwives. The best recruits for training were women who already lived in country areas, but there were no hospitals which were approved by the Nurses' Registration Board to train them. To establish a midwifery training hospital a community needed a midwife that was already recognised and registered under the Act and this was virtually impossible. So women continued to have babies in country areas and used the midwifery service that prevailed, provided by the community midwife and the local medical practitioner.

**The medical process of childbirth through midwifery training**

The Nurses' Board was responsible for the curriculum for the training and examination of nurses and midwives. White found that the medical representatives on the Nurses' Registration Board not only influenced the content of the training programmes for nursing and midwifery with apparent ease, but in some instances these two Boards elected medical men to represent nursing views.[42] This placed medicine in a perfect position to directly control the degree and type of knowledge that it considered that nurses and midwives should have.

The Regulations of the Act stated that the period of training in midwifery for a registered nurse should be not less than six months and for a person who was not already a registered nurse, twelve months.[43] Although it was preferred that all candidates for midwifery were registered nurses the Board realised, as had ATNA previously, it was not possible to provide the State with sufficient midwives if it insisted on this criterion. So at this time some women were permitted direct entry into midwifery training. The regulations also stated that the matron or head nurse of an institution which was an approved training school for midwifery had to be a registered midwife. The midwifery candidate had to be over twenty years of age, comply with the educational criteria and produce a medical certificate from a duly qualified medical practitioner to show that she was fit to undergo the course of training. The pupil midwife was required to personally conduct at least twenty cases of labour, nurse at least twenty lying-in cases during the ten days following labour and pass the examination prescribed by the Board at the end of her training. [44]

[42]White, *A New Beginning...*, page 28.
[43]*South Australian Nurses' Registration Act 1920 - Regulations,* part II, para 8, page 2.
[44]Ibid, part II, pages 1 and 2.

In the regulations of the Act relating to the training of midwives, medical men were to be responsible for lectures in midwifery, infant feeding, general anatomy and physiology and practical experience, whereas the matron was to be responsible for lectures on invalid cookery and general nursing.[45] Quite clearly medicine had stepped into the realm that had been traditionally the role of women in the areas of midwifery, infant feeding and practical experience. The following tables show the course of lectures for midwives as approved by the Nurses' Registration Board.

**Table 4: Systematic lectures by duly qualified medical practitioners**[46]

| **Midwifery - Courses of Lectures** |
|---|
| Anatomy of the Pelvis |
| Female organs of generation |
| Fertilisation - development. Symptoms of Pregnancy |
| Diseases and complications of pregnancy. |
| Management of pregnancy |
| Abdominal pregnancy - malpositions of pregnant uterus extra uterine pregnancy, etc. |
| Abortions - symptoms - diagnosis - treatment |
| Mechanism of labour - vertex presentation |
| Mechanism of labour - face and breech presentations |
| Phenomena of labour |
| Management of abnormal labour |
| The normal puerperium and its management. |
| Complications of the puerperium |
| Complicated labour - eclampsia - rupture of the uterus, etc. |
| Haemorrhages |
| Asepsis - antiseptics and their uses |
| Abnormalities of child and pelvis |
| Description of certain methods and appliances. |
| **Infant Feeding** |
| Management of the Infant - bottle feeding |
| Maternal nursing |
| Composition of human and cow's milk |
| Artificial feeding with cow's milk mixture |
| Proprietary infant foods and their deficiencies |
| Care and feeding of premature infants |

**Table 5: Systematic lectures to be given by the matron or other**

[45]Ibid, part II, pages 1 and 2, see also, minute book of the Nurses' Registration Board 1920 - 1926, minute dated 22 Feb 1922. Standard of examinations and subjects of study approved by the Nurses' Registration Board for persons in training for and qualifying for registration as a midwife.
[46]Ibid., minute dated 22 Feb 1922, see also, regulations of the Act, part II, page 4.

**registered midwife** [47]

| **Invalid Cookery** |
|---|
| Instructions in the preparation of invalid drinks, the cooking of beef tea, broths, poultry, fish, meats eggs light puddings, jellies, vegetables, and fruits. |
| Invalid drinks - barley water, toast water, lemonade, apple water, white wine, whey, etc. |
| Beef juice, beef tea - various methods. Broths - chicken, mutton, etc. |
| Fish - filleting. various methods of cooking. |
| Poultry - method of baking and boiling. |
| Chops and steak - various methods of cooking. |
| Brains and sweetbreads - various methods of cooking. |
| Custards and light puddings - baked and boiled custard, baked rice, rice custard and tapioca pudding, etc. |
| Eggs - various methods of cooking |
| Jellies - wine and lemon |

| **General Nursing** |
|---|
| Qualifications of a Midwifery Nurse |
| Distinction between the Doctor's work and that of the Nurse |
| Bedmaking. Management of helpless patients |
| Hygiene of confinement room - ventilation, lighting temperature etc. |
| Baths - sponging etc. |
| Prevention of infection |
| Use of clinical thermometer |
| The pulse - its variations and method of record |
| External application - Preparation of poultices, fomentation's cold and hot packs, hot air baths. |
| Counter irritation, Leeches, blisters, |
| Various methods of administering drugs, enemata, subcutaneous injections (hypodermic, saline, etc. |

These tables show that the actual practice of midwifery was to be completely controlled by medicine and at the same time the disease process of childbirth was given a higher profile than the normal process of childbirth. Medical men not only sought to educate midwives in the area of medical scientific knowledge in relation to disease and complications of pregnancy but also ventured into what had previously been a female province such as infant feeding and the management of normal labour. Whilst it can be argued that medical men had for some time been involved in the management of the normal delivery of a baby, the management of labour was always the province of the midwife. This programme was then validated by medicine's involvement in the supervision of the practical experience of the pupil midwife in the

[47]Ibid., minute dated 22 Feb 1922, see also, regulations of the Act, part II, page 4.

management of childbirth. On the other hand the input by matrons or registered midwives was relegated to non midwifery topics such as housekeeping tasks and proper nurse behaviour. Medicine with the complicity of nursing assumed complete control over the knowledge, education and training of midwives in the speciality of midwifery.

**Too much knowledge beyond the grasp of these girls**

The amount of knowledge that was given to midwives in their course of training was also regulated by medicine. The opinion of medicine was that they were incapable of digesting too much knowledge. Dr Helen Mayo[48] urged the Nurses' Registration Board to maintain a much more elementary level in the curriculum of training for midwives:

> I would like to call your attention to the type of questions asked at the examination of the first year nurses on Anatomy and Physiology. These girls attend lectures at the Hospital but their education in these subjects cannot fail to be extremely elementary.
> Questions involving abstract conceptions such as the properties of the cell (microscopic) or questions as to the morphology and function of various parts of a kidney, though suitable to medical students after a year or two of work; are utterly beyond the grasp of these girls.
> I would respectfully recommend that in all these questions a very practical point of view be taken and that simple questions involving main principles be substituted for these difficult ones.[49]

This view that even trained and registered midwives were not able to grasp the supposedly higher knowledge that medicine could offer is reflected in the lectures that the matrons or registered midwives could present. The educational criteria for women to undertake nursing

[48]Dr Helen Mayo was one of the first women doctors to graduate from the University of Adelaide in 1902. She established with her friend Harriet Stirling the School for Mothers in 1909 which was later to become the Mother and Babies Health Association. The School for Mothers established a babies' ward in St Peters in 1915 for the treatment of gastro-enteritis which later was taken over by the Government in 1917 and transferred to 'Mareeba' at Woodville. Dr Mayo was appointed honorary medical officer. Dr Mayo's work was mainly with mothers and babies. She was appointed an honorary assistant physician in the Adelaide Children's Hospital in 1919. Her less than favourable opinion of community midwives is well documented and she actively fought against the continuation of the community midwife. See further South Australian Medical Women's Society, *The Hands of a Woman: Stories of South Australian Medical Women and the Society*, Wakefield Press, 1994, Lily M. Hurst, Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, 1938.

[49]Correspondence of Nurses' Registration Board, dated 27 February 1923, GRG 14 /1/8, 1923, from Mareeba Babies Hospital to the Board.

and midwifery training was equal to that of grade seven of schooling. Since it was not necessary for applicants to have attended high school the curriculum was set at the minimum level of education which applied to all children in the South Australian community.[50] So all nurses and midwives who trained under the requirements of the Act became educationally inferior to medicine and were unable to compete with that profession.

**Training boundaries to exclude community midwives**

The criteria for entry into midwifery training excluded the woman who was the traditional community midwife. If a community midwife wished to obtain the necessary training for midwifery qualifications, it was invariably beyond her reach. Most were mainly middle aged to elderly married women who may or may not have been educated at school to the level of grade seven. They had commitments to their families and could not conceivably leave them for long periods of training which under the regulations of the Act was at least 12 months.

The likelihood of the middle aged married woman, who was traditionally considered to be a midwife, undergoing or to even being considered for midwifery training, was remote and is

[50]Ibid., GRG 14/1/9, 1921 and GRG 14/1/7. After the implementation of the Act training for midwifery could only take place after attaining the general nurses certificate. This entailed 3 or 4 years in a hospital. The standard of education required for nursing was grade VII . In a letter to the Director of Education on 24 February 1921 the registrar, Mr Spiller, sets it out quite clearly.
'Re Educational Examination for Probationer Nurses.
In the Regulations made under the Nurses' Registration Act, 1920, it is provided that every trainee shall submit herself for an education examination in the undermentioned subjects, the standard of such examination to be equal to that of the examination in Grade VII in the Public School within the meaning of the Education Act, 1915:-
Subjects for preliminary Educational Examination.
English (including dictation, spelling, and a short essay);
Arithmetic (simple);
Writing.
a trainee obtaining fifty-five per centum of the maximum marks obtainable at such examination shall pass.
Probationer nurses not in possession of a certificate of having passed this examination or any education certificate equivalent thereto, are permitted to enter Country Hospitals to commence their training subject to passing this Preliminary Educational Examination within the first 18 months of their training.
I am desired to ask whether an arrangement could [be] made with your Department to have this examination conducted from time to time in the various Country centres where these trainees may be engaged in Hospitals.
The application to be allowed to sit for such examination would be made to your Department by the Registrar of the Nurses' Registration Board to whom it will be necessary to advise the results.'

illustrated in the following correspondence to the Nurses' Registration Board from Mrs Ethel Fennell of Penola:

> I am writing to you to find out the requirements that would enable me to register for a Midwife. I am young and strong and have a fair knowledge of this as my Mother was a Midwife for 40 years. I have 7 children of my own 6 of them being girls. At present there seems a good opening for anyone that could go to the homes of people that find it difficult to go to nursing homes on account of other little ones so I would be glad if you could help me in anyway I would be willing to go to town if necessary to get a little experience if you could tell me what to do and where to go. My husband suffers a good deal with his heart and if I could do something as we have a large family of girls and living is so expensive trusting that if you can help me in any way you will do so. [51]

The Board responded to Mrs Fennell and informed her that to be registered as a midwife she must undertake twelve months training at an approved midwifery school or undertake training as a registered nurse then six months training at an approved school.[52] However Mrs Fennel was not to be deterred from pursuing her inquiry and requested more information:

> On the 26th Dec I received a letter from you in answer to one I had written you regards Registration as a Midwife. You stated that it would be necessary to do 12 months training in an approved Midwifery training School. Now what I wanted to ask you is this. If it were possible for me to get into a Nursing home or Private hospital and work under the Sisters there for a period in Mt Gambier would that do or will you be kind enough to tell which is the best place to go to obtain such training as required and would it be possible to go through in less than 12 months that seems a long time to be away from home I would be very glad if you could give me any information at all and if it would me [be] expensive or would I be allowed anything for services if I had to go to Adelaide If you can give me information I will be much obliged trusting to hear from you by return mail.[53]

Mount Gambier was the largest town in the South East of South Australia and at this time had no facilities in which to train midwives. Naracoorte hospital became a training school for nurses in 1923 but not for midwives. Penola hospital was registered as a part time training school for nurses.[54] None of the communities in the South East of South Australia had approved midwifery training schools or facilities for childbirthing in hospital. It is reasonable to assume that the region continued to be served by community midwives. The Nurses' Registration

[51]Correspondence Nurses' Registration Board, dated 20 December 1925, GRG 14/1/53, 1923.
[52]Minute book of the Nurses' Registration Board 1920 - 1926, minute dated December 1926.
[53] Correspondence Nurses' Registration Board, dated 20 Jan 1926, GRG 14/1/53, 1923. Mrs Fennell did not use any punctuation in her letter.
[54]South Australian Hospitals Association's Country Hospitals Report 1933, page 14, Hynes collection uncatalogued, Mortlock Library, South Australia.

Board was well aware of Mrs Fennell's family circumstances and the unlikelihood of her being able to undergo midwifery training within the South Eastern area of South Australia, yet they still continued to correspond with her as though it were possible for her to achieve her ambition to train as a midwife:

> I have to advise you that there is no Hospital in Mt. Gambier approved by the Nurses' Board as a Midwifery Training School. If you wish to do the Midwifery training, it will be necessary to make application to me to enter any Midwifery Training School forwarding educational and health certificates. You would be appointed as a probationer with a right to receive full Midwifery training and receive £50 for the twelve months service, and at the end of the course four examinations set by the Nurses' Board must be passed to qualify for registration as a midwife.[55]

Mrs Fennell continued to pursue her application, and it is easy to speculate that this woman had spent some time making plans with her husband over how she could accomplish some time away from home to complete a midwifery course. Perhaps she planned to get a relative to look after her home and family during her absence. For it was clear that she would reap considerable benefits when she could practise as a registered midwife. Her next letter to the Board indicated that a family decision had been made to support her in her application to become a registered midwife. The information she received from the Board was not helpful to her particular circumstance, yet Mrs Fennell was still enthusiastic enough to try and get some useful information from the Nurses' Registration Board which would help her to achieve her aim:

> Thank you very much for answering my many questions but will you tell me the nearest approved training school as I am Desirous of taking the 12 months training and would it be necessary for me to fill in any application forms. You mentioned Health Certificates also Educational what did you mean by the Educational Certificate If I were examined by the Dr here in Penola would that be sufficient. Why I am asking the Nearest Training School that the board approves of I would like to be just as near home as possible on account of Family Thanking you once again for your Kindness
> I am yours Faithfully.[56]

[55]Correspondence Nurses' Registration Board, dated 26 January 1926, GRG 14/1/53, 1923.
[56]Ibid., dated 1 February 1926, GRG 14/1/53, 1923.

In the next letter the Board misled and confused Mrs Fennell over the possibility for her to undertake midwifery training. They fully understood that Mrs Fennell was referring to midwifery training and not general nursing training and wrote on 6 February 1926:

> In reply to your letter of the 1st inst. the nearest Training Hospitals to Penola are Mt Gambier and Millicent. Mt Gambier is a four years training school, and Millicent a part time training school. It is necessary to fill in the enclosed application form and return it to this office together with a health certificate, references and an education certificate equal to the Qualifying Certificate. If you do not hold the Qualifying Certificate, it will be necessary to sit for and education test during the first 12 months of your training. A certificate of health from your Doctor will be sufficient.[57]

This letter must have caused terrible confusion to Mrs Fennell when she received it. The Board was now saying that her training would now take four years to complete and not twelve months and then of course she still would not be a midwife although the letter did not make this clear. They had only two weeks before told her that Mt Gambier hospital was not a training school and now they were saying that it was. This letter answered none of Mrs Fennell's questions. She replied 12 February 1926:

> You will be weary of my frequent inquiries but I trust this will be the last. In the letter I received last night from you you state that Mt Gambier and Millicent are the nearest training hospitals. Can you explain what you mean by part time training school. In one of your letters you said that it would be necessary for me to attend one of these schools for 12 months before I could register as a Midwife as you know that is the training I require I could manage 12 months but I could not go for 4 years. Is it the Public Hospital you mean in Mt Gambier for I don't think they will take in any confinement cases in the Public Anyway you will understand this better than I. Or is it the private Hospitals you mean. You can let me know. Now about the Qualifying Well it is such a long time since I left school that I have lost the run of mine now. but I daresay I could study a little if I knew just what the examination would cover, and now about references I am a married woman and if I get a couple of written references from a couple of town folk to abilities and character will that be sufficient I trust I have made everything clear this time you see I have a family of fairly young girls at home and that is why I would like to be just as near as possible yet get the training for a midwifery in as short a time as possible I will work hard to get through so I will be very much obliged if you will do what you can for me I will be waiting to hear from you soon as possible for if I am able to go I have a few thing to fix up Once more thanking you.[58]

[57]Ibid., dated 6 February 1926, GRG 14/1/53, 1923.
[58]Ibid., dated 12 February 1926, GRG 14/1/53, 1923.

Finally on 16 February 1926 the Board wrote back to Mrs Fennel dashing any hopes she may have had to undergo midwifery training:

> Dear Madam,
> Referring to your letter of the 12th. inst., I have to advise you that Mt. Gambier Hospital and Thyne Memorial Hospital, Millicent are only Training Schools for general nurses, therefore, you would be unable to do midwifery training in either of these Hospitals. You will have to be prepared to take any vacancy which occurs in an approved Midwifery Training School. However, there is not vacancy at the present time, to offer you.[59]

There is no further correspondence to this file and there is no evidence in the registration book of the Nurses' Registration Board that Ethel Fennell ever did succeed in her ambition to become a registered midwife. However, Mrs Fennell did have another option and that was to practise illegally as a community midwife.

This episode clearly highlights how the women who were at the time considered by the community to be suitable as midwives, that is those who were mature and married with children, were excluded from the midwifery profession by the Nurses' Registration Board. Mrs Fennell was willing within her geographical boundaries and family boundaries to undertake the full twelve month training to become a midwife as laid down by the regulations of the Act. She herself saw a need for a registered midwife in her community. The Board was evasive in its information to Mrs Fennell, for it failed to fully inform her from the outset that there were no midwifery training schools in South East of South Australia. It failed to inform her until the final letter that even if she were eligible to become a candidate for training there were no vacancies in any training school in the State and most significantly it did not tell her that the likelihood of her being accepted into a training school, as a married woman with seven children and a sick husband, was virtually nil.

[59]Ibid., dated 16 February 1926, GRG 14/1/53, 1923.

Midwifery or nursing training was now for young single women and older married women were excluded unless they applied an extraordinary effort to undertake the legally recognised training. Women needed to be able to leave their home location to undergo either nurse or midwifery training. The Board actively encouraged young women to become general nurses before commencing midwifery training. This meant that at a minimum, it took three and a half years to complete nursing and midwifery training in major hospitals and five years in country or small private hospitals. Midwifery training could only occur within the hospital setting and there was no provision for training to be undertaken within the community as was suggested by Mrs Fennell.

Apart from private nursing homes, most pregnant women still delivered their babies within their homes and this was reflected throughout the State. Although there is no direct reference within the Act, the regulations or in the minutes of the Nurses' Registration Board, that nurses and midwives would have to reside on the premises of the hospital, in reality this was the case. There were no facilities available for a woman to provide for a family and undergo midwifery training at the same time. Despite the concessional clause within the Act which supported the continuation of the practice of the community midwife and despite the provisions of the Act allowing for the practice of the autonomous educated midwife, in reality only young women who had completed general nursing training could fulfil the requirements of the Nurses' Registration Board. The traditional midwife, a mature woman with life experience, was to be excluded from training. The training itself was conducted by medicine and therefore provided a medical focus to childbirth directly under the control of medicine within an institution, ensuring that the graduate had the skills of an obstetric nurse and not a midwife.

**Midwifery training and the country hospital**

After the implementation of the Nurses' Registration Act there was a sharp increase in the establishment of nurse and midwifery training schools in country hospitals. By 1923, SAHA's annual report reflected a gradual move by pregnant women in country districts to deliver their babies in hospital and, despite the difficulties in employing registered midwives, some country hospitals succeeded in implementing training schools for midwives. The SAHA was beginning to reap the benefit of lobbying for a Nurses' Registration Act. Hospitals which prior to the Act were unable to obtain recognition as a training school with ATNA were approved as training schools by the Nurses' Board. For example, Minlaton Hospital, founded in 1903, had been unsuccessful in obtaining recognition as a training school prior to the Act, established a training school for nurses and midwifery by 1922.[60] However some hospitals, such as Elliston Hospital, which did gain approval from the Board to establish a midwifery school had difficulty obtaining a duly qualified midwife like the Cummins Hospital and had to be content to be a nurse training school only.[61]

Nevertheless by 1925, nineteen hospitals were listed by SAHA as conducting midwifery training schools. All of them, apart from Port Augusta Hospital, established their training schools after the implementation of the Nurses' Registration Act. The following table shows that those country hospitals which opened earlier in the century tended to have the higher number of midwifery cases and clearly indicates the way in which the Act facilitated the move from home birthing to hospital birthing. The table also shows that no hospital provided maternity facilities in the South East of the State. The reason for this is not clear and may be due to the preference of the local doctors for home birthing or simply the lack of community demand for hospital facilities for childbirthing.

[60]Ibid., GRG 14/1/28, 1923.
[61]Ibid., GRG 14/1/25 1923.

**Table 6: South Australian country hospitals established as midwifery training schools by 1925**[62]

| Country Hospitals | Year Opened | Number of Maternity Cases as of Year ending 30 June 1923 | Year Training School Established |
|---|---|---|---|
| Barmera | 1922 | 47 | 1922 |
| Port Augusta | 1875 | 2 | 1910 |
| Angaston | 1920 | 58 | 1922 |
| Balaklava | 1920 | not available | 1922 |
| Blyth | 1911 | 78 | 1923 |
| Booleroo Centre | 1911 | 46 | 1922 |
| Cowell | 1911 | 63 | 1924 |
| Lameroo | 1910 | not available | 1922 |
| Mannum | 1921 | 56 | 1922 |
| Minlaton | 1903 | 46 | 1922 |
| Morgan | 1921 | not available | 1923 |
| Peterborough | 1922 | not available | 1923 |
| Pinnaroo | 1922 | not available | 1923 |
| Renmark | 1915 | 88 | 1921 |
| Tumby Bay | 1912 | 44 | 1923 |
| Waikerie | 1922 | 38 | 1923 |
| Yorketown | 1908 | 76 | 1923 |

**Attaining the standard of education for midwifery in the country**

It was in the country hospitals' midwifery training schools that women were most likely to undertake the 12 month direct entry midwifery course and not combine it with general nursing. Unlike the obstetric nurses who trained at the Queen's Home or McBride the direct entry country trained midwives were more likely to practise in the community on completion of their training and to be in competition to the local medical practitioner. However, country hospitals had great difficulties in providing the standard of training for midwives which was approved by the Nurses' Registration Board.

Booleroo Centre was one hospital which actively trained midwives but could not get their students through the final examinations. This led to a public confrontation between Dr T.G.

[62]SAHA Country Hospitals Report 1933, page 14.

Wilson the midwifery examiner to the Board and Dr J.A. Love of the Booleroo Centre. The following correspondence highlights the disparity between the needs of communities, the perceptions of what was suitable training by the general practitioners and the ideals for the future of obstetric nursing by the Nurses' Registration Board. The Board had previously corresponded with Dr Love, advising him that the course of lectures that he had provided for their three midwifery pupils was insufficient. Dr Love responded with the following:

> The Hospital Secretary handed me your wire re the attendance at lectures of Nurses Altmann, Phillips and Harvey. I wish to say that these 3 nurses have had a thorough training in midwifery and are in my opinion quite capable of passing an average test...The Regulations for training contain no reference to the number of lectures required for a midwife, so I took it for granted that 12 would be sufficient as in the case of Medical or Surgical Nursing. It is therefore not our fault that the number of lectures was less than required - in as much as the Hospital Assc. had not informed us of their requirements...Trusting that in these circumstances the nurses mentioned will not be debarred from sitting further exams.[63]

Dr Love undertook to ensure that all the requirements would be fulfilled and the three nurses subsequently were examined by Dr Wilson and Miss Sketheway[64] However all Dr Love's efforts were in vain and on 14 June the registrar of the Board wrote to him to say that Miss A.E. Altmann, Miss J.D. Harvey and Miss G. Phillips had failed the midwifery examination.[65] Dr Love promptly wrote to the Inspector General of Hospitals Dr Morris to explain that he was attempting to provide the Booleroo Centre district with 'decently trained midwives' as there were at least four untrained community midwives working within the area of his practice. He had earlier consulted the Act and found that he was powerless to prevent the community midwives practising as they lived some distance from his home. So he was endeavouring to replace them with midwives trained at the Booleroo Centre who would work in the community but under the supervision of a doctor.[66] He was incensed that his pupils were failed by Dr Wilson:

---

[63]Correspondence Nurses' Registration Board, dated 9 May 1923, GRG 14/1/16, 1923.
[64] Matron of the Queen's Home at the time and a midwifery examiner for the Nurses' Registration Board.
[65]Correspondence Nurses' Registration Board, dated 14 June 1923, GRG 14/1 Folio 16, 1923.
[66]Ibid., dated 18 June 1923, GRG 14/1/30, 1923, the Nurses' Registration Board received this letter on June 20th it had been sent to Dr Morris of the Inspector Chief of Hospitals and forwarded to the Board.

> I have just been advised that all the nurses whom I prepared for their recent midwifery exam. have been failed. As I coached 3 of the 5 examinees I think it is up to me to enter a very strong protest regarding the personell (sic) of the examiners and the conditions under which the exam was held. My trainees have no complaint about the theoretical test - the paper was a stiff one but they are confident that they answered it correctly and so am I. Now I have taken a keen personal interest in their training as I think is shown by the fact that I sent in 3/5 of the candidates and I can assure you that I would not have allowed them to sit had I not been satisfied that they were competent midwives. On the other hand they were examined by Dr. Wilson whom we all know to be a bitter opponent of country training and whose address to the A.T.N.A. a few days after the exam was a clear indication to me that he would not pass any of the country candidates if he could help it.

Miss Sketheway also did not escape Dr Love's scathing attack:

> Then Miss Sketheway who obviously took her cue from Dr Wilson gave them a practical test which they all considered quite within their capabilities but she told them that they were lowering the status of the nursing profession by training in the country and that they couldn't get the experience there. Now, sir, I trained at the Queen's Home and I can assure you that our nurses know a great deal more about midwifery than I did when I qualified. ...so I think it is grossly unfair for the matron of that institution to run down the work done in country hospitals of which she has no experience. She also told them that they were supposed to take cases without a doctor. [67]

The basis of this argument was not about Dr Love's ability to train women in midwifery, but Dr Wilson's belief that these women were being trained to practise within the community as independent midwives. Yet both men had the same goals. Dr Love was not training the women to practise as independent midwives, but to practise under the direct supervision of a medical practitioner:

> Now in all my lectures I have impressed on my girls that they must refuse to undertake a midwifery case without a doctor except in an emergency. I trained them to be able to do so - but I think all doctors are agreed that we would be extremely unwise to turn loose a number of young women to take our work from us at a lower rate of remuneration. This idea is I take it totally at variance with the objects of the training carried out under the state scheme and if that is the aim of the Queen's Home I think it should be countermoved (sic) by us medical men.

The issue became one of public interest in an editorial in the *Register* which was in response to 'a correspondent's' comments to an address given by Dr Wilson to ATNA in his role as president. It was in this address that Dr Love alleged Dr Wilson had shown his prejudice against country hospitals.[68] The editorial supported Dr Wilson and pointed out that his remarks

---

[67]Ibid., dated 18 June 1923, GRG 14/1/30, 1923.

[68] *The Register,* 'Country Hospitals and Midwives', 21 August 1923, Mortlock Library, South Australia see also Correspondence Nurses' Registration Board, GRG 14 /1/44, 1923.

were misunderstood and that his interests were only in public safety and that he had at no time was prejudiced against country hospitals:

> The importance of maintaining a high standard of training for registered midwives must be realized when it is remembered that a midwife is usually defined as a person able to undertake cases of labour without medical assistance. For these midwives will not necessarily practise in city or country hospitals where they would be under medical supervision. Once registered, they are legally qualified to conduct maternity cases anywhere in the State. The writer is careful to say that he is referring to midwives and not midwifery nurses. In demanding these safeguards for the public he is only following up the policy of the medical profession in Australia in recent years in their attempts to reduce maternal and early infantile mortality and morbidity.[69]

The inference was that even with proper education and registration the autonomous midwife was a danger to the community. It was only when she practised as an obstetric nurse that the community's safety could be guaranteed. What is left unsaid was that the 'real' danger was that the educated community midwife had the potential to take over the midwifery practice of the doctor. The editorial took up Dr Wilson's cause and credited him with a 'most proper desire' to protect mothers and infants from possible inefficient treatment. It also claimed that the agitation for a Nurses' Registration Bill was originally a quasi-political movement, not so much inspired with the idea of maintaining or improving the standard of nurses' training generally, but to make it easier for the smaller country hospitals to be recognised as whole or part time training schools, and so to get probationers.

In supporting Dr Wilson, the editorial drew the distinction between the midwife and the midwifery nurse, and concluded that the operation of the Act was of much benefit to the public, yet acknowledged the dilemma of providing the public with fully qualified midwives as opposed to obstetric nurses:

> Regarding midwifery, it is, as Dr. Wilson admits virtually impossible that the Queen's Home and the McBride Maternity Home shall train as many midwives as are required in this State. Thus it is essential that so far as is practicable, the country hospitals shall be deemed capable of affording theoretical and practical instruction in obstetrics...the Queen's Home and the McBride Home must always

[69]Ibid., 21 August 1923.

> be a superior training school for midwives, but this consideration should not militate against the acquirement of such a training in obstetrics in a country hospital as may qualify, a woman for the duties of a midwife.... As a general rule, even highly experienced midwives are unwilling to accept the responsibility of conducting cases of labour if a medical practitioner it [is] within call; but in out - of-the-way country places, midwives are occasionally compelled to perform such duties. It is therefore both desirable and necessary that medical practitioners shall do their part towards ensuring that efficient training in obstetrics shall be provided in the country hospitals.[70]

As a result of these many obstacles: the petty arguments over reciprocity with other States; the inability to get appropriately trained midwives to work in country areas; the exclusion of the older married woman from midwifery training schools; the criterion that the midwifery candidate should first be a registered nurse; and the inability of country hospitals to effectively train midwives in their newly established schools, the State was gradually depleted of trained midwives who would practise in the community. This facilitated the movement of childbirthing from the home to the hospital.

The Nurses' Registration Board's own inclination towards the training of obstetric nurses rather than midwives further impeded the provision of adequately trained midwives for the State. The one reason that both medicine and nursing used as justification for state registration was omitted from the legislation: - control of midwives by the creation of the obstetric nurse. Dr T.G. Wilson tried to rectify this omission but failed. The Queen's Home and McBride Hospital, by Dr Wilson's own admission, could not adequately supply the State with obstetric nurses trained under the provisions of the Act and if they could it was difficult then to get the nurses to go to the county areas to work. The solution was for country hospitals to train their own midwives but they could not wait the four to five years it took for the potential obstetric nurse to undergo the training as recommended by the Board. So country hospitals favoured the 12 month direct-entry midwifery training course. Nevertheless, once trained accordingly

[70]Ibid., 21 August 1923.

there was still the concern that these midwives would practise independently of medicine, because the Act provided for them to do so.

All these factors contributed to the continuing practice of the community midwife in the early years of the Nurses' Registration Act as there was no one to replace her. Some were registered under the concessional clause, but some were not. Nevertheless there was a movement from home birthing to hospital birthing. By excluding the community midwife from formal education and discouraging country centres from training direct-entry midwives, the Nurses' Registration Board was beginning to establish the obstetric nurse as the only legal midwife. By 1926 the eclipse of the community midwife in South Australia had begun.

# CHAPTER 9

## OUTSIDE THE LAW: THE EFFECT OF THE NURSES' REGISTRATION ACT ON COMMUNITY MIDWIVES: 1922 -1942

The implementation of the *Nurses' Registration Act of South Australia 1920* had a disastrous effect on the working lives of community midwives. Although the Act contained a concessional clause which allowed these women to register, they had to do so within twelve months of the commencement of the Act.[1] This provision expired on 2 May 1922. This clause was also included in the requirements for registration of general and mental nurses but it was in the practice of midwifery that it had the most devastating effect. Through the correspondence to the Nurses' Registration Board, this chapter will explore the effects of the Nurses' Registration Act upon the community midwives who were practising in South Australia.

### Community midwives in practice

By 2 May 1922, four hundred and four women had been registered as midwives under all of the provisions of the Act including those who had completed the training as required by the Act.[2] After May 1922 midwifery registrations dwindled to fewer than 10 per month with a surge in registration early in 1923 then tapering off to 5 per month in 1924. The increase in registration coincided with practising midwives registering under an extension of the conditional clause.[3]

---

[1] *The Nurses' Registration Act of South Australia 1920,* Part III, section 20, page 7-8.
[2] Minute book of the Nurses' Registration Board 1920 - 1926, minute dated 3 May 1922, Nurses' Registration Board of South Australia archives.
[3] Ibid., minutes dated from 27 July 1921 to 5 December 1923.

It is difficult to estimate with any accuracy the number of community midwives in practice in South Australia at the time of the implementation of the Nurses' Registration Act. However correspondence to the Nurses' Registration Board from 1921 to 1924 by community midwives requesting information on registration, or general inquiries from registered nurses about the legal practice of community midwives, or doctors from different communities complaining about unregistered midwives practising in their districts, indicated that in every district, both city and country, at least 750 women were practising as community midwives. Dr Helen Mayo for example, complained to the Board about six women in the Adelaide city area in 1923 and a Dr Arthur Watson named seven women practising as midwives in the Quorn and Hawker area of South Australia. Dr J. Goode mentioned five in Port Lincoln and Dr J. Love, wrote of two in Booleroo Centre district.[4] Since there was no provision for the training of midwives or childbirthing in hospital in the South Eastern district of South Australia at this time it must be speculated that there was a network of community midwives throughout that area. While this does not provide any definitive number of community midwives it can be estimated that there were at least 750 community midwives providing a network of services to women in South Australia.

**Too late to register**

In June 1922 one month after the concessional provision for registration had expired, the registrar of the Nurses' Registration Board, Mr C.E. Spiller brought to the notice of the Board 20 applicants for registration received after the expiration date (2 May 1922). The first letter came from Mrs L.A. Green, a community midwife who ran a nursing home in the Adelaide suburb of Brighton. Mrs Green had applied for registration and had received a letter saying that her application could not be accepted. She then asked the Board to reconsider her

[4]Correspondence of the Nurses' Registration Board, Folios GRG 14/1/30, 1922, 14/1/37, 1922, 14/1/27, 1923, 14/1/33, 1923, State Archives, South Australia.

application on the grounds that although she had not seen the advertised expiry date for registration she had nevertheless started the process for applying for registration before the expiry date arguing that it was only a 'technical' error. She also drew to the Board's attention:

> ...that I have conducted a Nursing Home in Brighton for 12 years and have never during that time had a case of puerperal septicmania[sic] in my home. It is the only one in Brighton and if I am not allowed to carry it on, it will cause a lot of inconvenience to people in the district as the nearest home is in Glenelg 3 miles distant as far as I know there is no application before the Local Board of Health for the licensing of another lying in home.
>
> I regret that through my ignorance I may have caused the Board any trouble, but I trust that under the circumstances they will favourably consider my case.[5]

Mrs Green, whose letter, dated two days after the expiration date, was the first of several women who had failed to see that they needed to register under the Act to continue to practise. Indeed, there was a lack of understanding by many members of the South Australian community about the implications of the Act, why the Act was implemented and what was required by midwives to continue to practise. Although the *Nurses' Registration Act of South Australia 1920,* was gazetted and published on 29 April 1921,[6] many community midwives did not realise that they had to register with the Nurses' Registration Board. The reasons for this were varied, some simply did not regularly take or read the paper, some thought they were already registered as they were licensed by the local council and some did not think that it applied to them:

> The reason I did not send my papers in before was because I was in Mt Gambier and I wrote to the Dr I have always been used to & did not get an answer and when I came down I found he was away on his holiday & he was absent longer than he expected hoping I am not too late
> I am yours respectively
> C.W. J. Sappiatzer.
> Millicent [7]

[5]Ibid., dated 4 May 1922, GRG 14/1 Folio 4/1922 and Minute book of the Nurses' Registration Board 1920-1926, minute dated 7 June 1922.
[6]*The South Australian Government Gazette*, dated 28 April 1921, page 939.
[7]Correspondence of the Nurses' Registration Board, dated 27 May 1922, GRG 14/1/15, 1922.

Some women were very experienced in their practice and had the support of local doctors and communities, some had undergone nursing and midwifery training many years before and could not understand why this was now not sufficient for registration:

> Owing to ill health and being out of the State I unfortunately missed my opportunity of registering as a nurse under the new Act. Would it be possible to make an exception under the circumstances and give me another chance for registration, as nursing is my means of livilihood [sic]. My experience of training as follows 14 months Adelaide Hospital, two years Home for Incurables, and for twelve years I have been nursing for Dr Lendon.
> Yours faithfully
> Violet M. Harris[8]

The Board, however, were powerless to register these women after the expiration date and sought advice from the Crown Solicitor as to whether an extension of the Act could be implemented.[9] In the meantime a circular letter was sent to all the women who had applied too late for registration:

> Dear Madam,
> Referring to your application for Registration as a midwife, I beg to advise that nothing further can be done until it is decided whether there will be an amendment of the Act. In the meantime your application will be filed, and should there be an Amendment you will be communicated with. I am therefore returning herewith fee of 10/6 which please acknowledge.
> C.E. Spiller, registrar[10]

[8]Ibid., dated 29 May 1922 GRG 14/1/15, 1922.
[9]Minute book of the Nurses' Registration Board 1920 - 1926, minute dated 7 June 1922.
[10]Correspondence of Nurses' Registration Board, dated 22 Aug 1922, GRG 14/1/15, 1922. This same letter was sent to most of the women who applied for registration too late in many cases handwritten on the bottom of the late application were the words 'Miss Mountford, the usual'. Miss Mountford being the secretary to Mr Spiller.

**'this is part of my living, and I have a big family...'**

Midwives who could not be registered faced considerable hardship. Their means of earning a living had been taken away from them. Most were mature women with family commitments and were unable to earn a living by other means, as the following letter from Mrs Sloan, a midwife in Port Pirie, graphically illustrates:

> Received your letter today also postal note for 10/6, I would like to ask you a few questions on the matter and that is, I'm very sorry that I was too late for acceptance as I didn't no [sic] the [application] had to be in before any particular date, Dear Sir, I would also like to state that I'm engaged up until October next and could I complete that term as this is part of my living and I have a big family none old enough to keep themselves, my Husband is a wharf labourer and for the past two years he hasn't hardly any work owing to the slackness of work here, I do hope and trust you will consider my case and let me know at your earliest date which I'll thank you for.
> I remain Your Truly
> Mrs Geo Sloan[11]

Since most community midwives had some form of previously acceptable credentials to practise and had respected standing within their communities, they could not understand why they could no longer continue to do so. Nor could the general community understand the changes. Although the State registration for nurses and midwives had been much discussed within the nursing and medical journals it had not been debated in the general community. So women who required the services of a midwife, continued to engage the local woman in whom they had a foundation of trust. Indeed, the Nurses' Registration Board throughout its administration showed a lack of consideration for the childbirthing woman. This view is supported by Wendy Selby who found that the importance of midwives to women, families and whole communities was not appreciated by government administration and this special relationship was not recorded in the statistics or government records.[12]

---

[11]Ibid., dated 22 June 1922, GRG 14/1/31, 1922.
[12]Wendy Selby, 'Motherhood in Labor's Queensland', *PhD Thesis* Griffith University, 1993, page 144.

Some community midwives sought assistance from other respected members of the community, such as town clerks and doctors, to assist their case for registration. Mrs E. R. Edwards of Parkside who had eight years experience in midwifery and had managed over 100 cases of midwifery sent in testimonials of her worthiness from Drs H.H.E. Russell and F.J. Chapple and enlisted the support of Mr F.C. Hahn who in turn referred the matter to Mr. John Gunn M.P. At the time of her application Mrs Edwards had a number of women ready for confinement who were relying on her. Her application was too late for registration because she did not see the notice nor was 'my attention drawn to the matter'.[13] Mr Gunn forwarded the following to the Nurses' Registration Board:

> May I be permitted to bring the following case under your notice. Nurse Edwards of No 1 Young Street Parkside, whom I understand is a very capable and qualified nurse in every way, having a considerable number of cases to her credit, owing to the passing of some new Act governing Nursing and which I understand required each one to register by a given date, Nurse Edwards not knowing anything about the matter naturally failed to comply with that Act at the time, but two days after she was informed of it, I believe she has done everything possible in connection with the matter since and is supported by several well known Doctors and other persons. She is under a very heavy penalty if she takes on nursing and is thereby deprived of following that profession which she is well qualified to follow. She has now to go through and learn that which she already knows besides being put to very considerable expense, If you can do anything in the matter on her behalf I am confident she will greatly appreciate it, because the woman was two days late in attending to whatever was

[13]Correspondence of Nurses' Registration Board, dated 10 June 1922, GRG 14/1/26, 1922.

> required of her, of which she knew nothing about, she is required to do 12 months training at the same time having over 100 cases to her credit, besides being supported by several well known Doctors and others.[14]

Mrs Edwards received the same reply as the other midwives.

**The rights of persons in practice at the implementation of the Act**

The evidence suggests that the Nurses' Registration Board was overwhelmed by the support for the community midwives. It had to defer to community pressure by seeking an amendment to the Act for an extension of time for community midwives to register. The Board argued that community midwives were 'unwittingly suffering hardship' as they could no longer practise as midwives and had lost their means of livelihood.[15] The amendment passed through Parliament and came into effect from 13 December 1922 to 13 March 1923. All the women who had applied to the Nurses' Registration Board after the previous expiration date were contacted by the Board to effect their registration. In the case of Mrs Green nine months had passed since she had applied for registration and it is reasonable to assume that during that time she and the other midwives had continued to practise, but outside the law. This action must also have been supported by the local doctors with whom these midwives worked. The evidence shows that some doctors at this time did take the opportunity to report unregistered midwives to the Board, but the rest were prepared to support the midwives. So midwifery care in South Australia, went on as usual.

[14]Ibid., dated 2 September 1922, GRG 14/1/26, 1922.
[15]Ibid., dated 21 November 1922, GRG 14/1/28, 1922.

**Mrs Morrison and Mrs Dorward**

Evidence suggests that the majority of community midwives were respected members of their local district and gained much support from local doctors. Yet, some doctors took the opportunity to report unregistered midwives to the Nurses' Registration Board in the hope of eliminating them from competitive practice in the district. On 10 June 1922, Mrs Morrison of Port Lincoln was informed by the Board through the town clerk, Mr A.E. Hassall, that she was not eligible to register as a midwife because she was too late. But she should obtain registration 'immediately' if she wished to continue practising as a midwife in Port Lincoln. [16] This was impossible because the expiration date of registration had passed. After a series of letters to the Board, Mrs Morrison with Mrs Dorward put the matter into the hands of a solicitor Mr Cecil Doudy. This issue eventually involved the whole community of Port Lincoln through the local newspaper.

At the same time a Dr R.A. Goode of Port Lincoln wrote to the Nurses' Registration Board complaining that several women including Mrs Morrison and Mrs Dorward were practising as midwives yet were unregistered as required by the new Act:

> Just a line concerning the unregistered midwives of the town, they are all still acting although none of them are registered. It is not right to allow them to go on unmolested like this. Both Mrs Danzic and Mrs Dorward still have their homes open and Mrs Morrison, Millard and Hawke are carrying on as visiting midwives.
> I reported these women before and apparently nothing has been done in the matter. Sister Prosser has now taken over Boston Hospital[17] on her own and is prepared to do visiting in the town as she keeps her hospital well staffed. In fairness to her as well as to us & the public generally I think some definite steps should be taken to prevent any further breaking of the law. How can we act if the authorities do not move on the matter. Will you please bring this before you Board at your earliest convenience. [18]

[16] Ibid., dated from 10 June 1922 to 27 February 1923, GRG 14/1/30, 1922.
[17] An interview with Mr Eric O'Connor a historian of Port Lincoln ascertained that the Boston Hospital was a private hospital in Bishop Street, Port Lincoln. Dr Goode was the only doctor in Port Lincoln at that time and was likely to have had an interest in the hospital.
[18] Ibid., dated 20 November 1922, GRG 14/1/37, 1922.

Although the Board sent warning letters to the midwives to inform them that they were required to be registered to continue to practise, it was reluctant to take the next step, legal action. It must be remembered that the Board itself had only been formed for one year and many of its processes and regulations were in its early stages. Dr Goode's letter clearly established that the community midwife had continued her practice unregistered. The midwives of Port Lincoln turned to others to assist them in maintaining their practices and on 21 November 1922 the local newspaper published an editorial which supported the midwives and condemned Dr Goode for his actions:

> An extraordinary position exists in Port Lincoln today. An advertisement appearing in the Adelaide newspapers only, notified nurses that the time for registration would expire on May 2nd, 1922. Through failure to see this advertisement the two ladies who for years have conducted the two maternity homes in Port Lincoln were a few days late in applying, and in consequence were debarred for registration... . Immediately it was discovered that these ladies had their means of living threatened, the gentlemen of Port Lincoln set to work to have the matter rectified. Their work has been made difficult by the determined opposition of one man, who is secretly endeavouring to close the two maternity homes.[19]

The article criticised the move of the town clerk who had written to the midwives on 10 June 1922 to inform them that they should have been registered by 2 May 1922. The article continued:

> Imagine being asked on June 7th [sic] to do something on or before May 2nd of the same year![20]

The Port Lincoln community was so incensed by the prospect of losing their midwives that a petition was sent to Mr James Grey Moseley the Member for Flinders, requesting that a short Nurses' Registration Amending Act be passed to enable those nurses to register who were eligible for registration on 2 May 1922:

> The petition stated apart from the fact that these nurses now find their means of living taken from them, the closing of these two maternity homes would entail serious hardships and expense to the workers of the Port Lincoln district, as well as to the settlers along the Minnipa and Kimba lines, whose wives for years have been coming to these homes, conducted by capable ladies, one of whom stated in her application, "During my long experience I have lost neither a mother nor a child." Through the kind offices of Mr J. G. Moseley M.P. the request was

[19] *West Coast Recorder,* dated 21 November 1922.
[20] Ibid., dated 21 November 1922.

> placed before the Chief Secretary on October 6th, and a promise was given that the matter would receive consideration. The residents of Port Lincoln and district in particular will be pleased to know that a Nurses' Registration Amending Act will be under consideration by Parliament this week.[21]

Eventually both Mrs Morrison and Mrs Dorward were registered as midwives on 27 February 1923 two weeks before the amendment to the Act was due to expire.[22] Dr Goode conceded to the registration of the midwives.[23]

**Mrs Barrey and Mrs Mildenhall**

The following two cases serve to illustrate many of the complex issues presented to the community in regard to the provision of midwifery care at the time of the implementation of the Nurses' Registration Act. They illustrate not only the hardship suffered by community midwives through loss of earnings but also their mental anxiety and loss of status. They also highlight the determination of the new professional doctors and nurses to set themselves up as the safe and right way to provide midwifery care and the lack of understanding of the purpose of the Act by the public at its highest level, the Government. The cases also provide rare insights into the day to day business arrangements of the community midwife.

Mrs Hannah Barrey was a community midwife of Bacon Street, Hindmarsh. She had originally applied for registration just after the 2 May 1992 expiration date. In her letter to the Board she stated that she had been a midwife in the Hindmarsh district for 45 years and that she worked with a group of nine doctors and included in her application testimonials from some of those doctors and from the town clerk of Hindmarsh, Mr T.J. Bishop, who certified that he had known Mrs Anna Barrey formerly Wing for over thirty six years, and that she had:

---

[21]Ibid., dated 21 November 1922.
[22]Correspondence of Nurses' Registration Board, dated 27 February 1923, GRG 14/1/30, 1922.

> ...always born a good character, being sober and respectable and has proved a good citizen of the Town.[24]

At the time Mrs Barrey was sent the same letter as the other midwives to say she was too late for registration, but was able to register on 8 February 1923 under the amendment to the Nurses' Registration Act.

In June 1923 four months after Mrs Barrey received her registration, the Nurses' Registration Board received a letter from Eunice Carr the President and Dr Helen Mayo the honorary medical officer of the School for Mothers' Institute and Baby Health Centre,[25] with a complaint about the practice of registered community midwives within the districts of Adelaide city and Hindmarsh. The Board asked for further details of the women concerned.[26] The School for Mothers responded:

> In accordance with your request, I would like you to lay before your Board the following facts.
> Midwives registered under the Act are at present in the habit of taking a number of midwifery cases, visiting them once or twice daily, after the confinement is over, and charging two or three guineas for their services. In the practice of one midwife we know of, nine cases were attended during October 1922, a total of £21 being paid for these cases. She may have attended more, but we know of these... One of them who lived in the house with her patient for two weeks (i.e. not a visiting midwife) sent the bill which follows

| | £ | s | d |
|---|---|---|---|
| 14 days in attendance | 6 | 6: | |
| Confinement | 1 | 1: | |
| Baby operation | | 10 | 6 |
| Pads | | | 1 |
| Tablets | | | 6 |
| Dispensary | | 5 | 6 |
| | 8 | 4 | 6[27] |

The letter went on to complain about the incompetence of the midwives and the dangers of the spread of puerperal sepsis:

---

[23]Ibid., dated 13 January 1923, GRG 14/1/37, 1922.
[24]Ibid., dated 6 June 1922, GRG 14/1/25, 1922.
[25]The Baby Welfare Centre under the name 'School for Mothers' was set up in Adelaide in September 1909 based on the British St Pancreas School for mothers and run on similar lines to the work of Dr Truby King. (For excellent critical analysis of Truby King, see Phillipa Mein Smith, 'Reformers, Mothers and Babies Aspects of Infant Survival Australia 1890 - 1945', *PhD Thesis,* Australian National University, 1990,). Dr Helen Mayo was Honorary Medical Officer of the centre from 1909.
[26]Minute book of the Nurses' Registration Board 1920 - 1926, minute dated 6 June 1923.
[27]Correspondence Nurses' Registration Board, dated 23 May 1923, GRG 14/1/27, 1923.

> Many of these women do not bother to put the baby to the breast, they leave the mother to make the struggle.
> They arrive morning or afternoon, as it suits them, to wash mother and baby, and they often do not attend more than once a day.
> In the practice of one midwife seventy nine cases of mastitis[28] followed within a period of about six months,
> It seems to us that midwives should not be allowed to attend more than a certain number of cases in the month.
> That puerperal sepsis or ophthalmia neonatorum[29] occurring in the practice of any one midwife, more than once or twice should either disqualify or call for explanation at least.
> That there should be some means of finding out which are the most incompetant [sic] and ignorant midwives and not granting them further license.[30]

This was the first complaint recorded within the minutes of the Nurses' Registration Board, about the practice of *registered* midwives. It placed the Board into the position for the first time to take legal action against allegations of incompetence by a duly registered midwife. In their response to the School for Mothers, the Board requested the names and addresses of the women who were the source of the complaint. At the same time the Board pointed out that although the regulations relating to the practice of midwives had been prepared and forwarded by the Board to the 'proper Authorities', they had not yet been made operative:[31]

> It is the intention of the Board to effectively deal with any case of malpractice in connection with midwifery brought under its notice and proved.[32]

The School for Mothers may well have had some foundation for complaint about the practice of these midwives based on the medical obstetric focus implemented through the Nurses' Registration Act. However, the response from the School for Mothers shows the tenuous foundation of the allegations of incompetence when their main reason for complaint related to fees and the amount of housework included. The sweeping claims of seventy nine cases of mastitis were not mentioned again. In regard to Mrs Barrey they appeared to have no personal knowledge of her, for her name was submitted as two people. The response also shows that they did feel unsure of their information and the reaction it would receive if

---

[28]Inflammation of the breast.
[29]An acute purulent discharge from the eyes of the baby in the first ten days after birth. Usually contracted from an infected vaginal discharge of the mother.
[30]Correspondence Nurses' Registration Board, dated 23 May 1923, GRG 14/1/ 27, 1923.
[31]Ibid., dated 23 May 1923, GRG 14/1/27, 1923.
[32]Ibid., dated 18 June 1923, GRG 14/1/27, 1923.

members of the community found they were reporting the popular local midwives to the Board:

> Should this information become public in any way or even the fact that information has been given become public, great harm might result to the School for Mothers' work.
> Mrs Ray of Gilles Street, City, was a midwife who had nine cases in October, nine in November and December and two weeks holiday in these months. She may have had more cases, we know of these. She does no washing nor does she do anything to the patient's room. She visits at any time in the day.
> Mrs Mildenhall fees £2:2:- a week. one visit daily, no washing or attention to room.
> Mrs Barry, Hindmarsh, £2: 10:- for ten days. One visit daily no doctor.
> Mrs. Wing or Barry (a very old woman) has a home in John Street, Hindmarsh, takes in patients and also visits, two guineas for ten days, one visit daily. Does not like having a doctor. If she has one it is under protest and she charges more.
> Mrs Thyer, 11 Liverpool Street, City, £3 without doctor or two guineas with, for ten days. Two visits daily for first three days. Does no washing or clearing up. Swabbed up three times in ten days and came

> at any time. Has a taxi on hire at reduced rates and charges the poor patients full rates.
> Mrs Smith, 233 Hutt Street, sent account as detailed in previous letter.
> Mrs Long, left baby's eye uncared for as previously recorded.
> Yours faithfully
> Eunice B Carr President
> Helen M Mayo Chief Honorary Medical Officer.[33]

The Board, because of the lack of specific charges of incompetence followed up only on whether or not the midwife was registered. They found that all of the midwives except Mrs Mildenhall and Mrs Wing/Barry were registered, although they acknowledged that they had a registered midwife by the name of Barrey. Nevertheless, they put the matter of both names into the hands of the police. The School for Mothers was informed of their actions against the two women not found on their register. They were also informed that the remaining women were registered midwives on the production of highly satisfactory medical testimonials and that as there were no specific charges and definite evidence provided by Eunice Carr and Helen Mayo then no action would be taken against them by the Board.[34] The police investigated the accusations in regard to Mrs Wing/Barry and visited Mrs Barrey in Bacon Street and her daughter-in-law Mrs Wing in John Street, Hindmarsh, resulting in the following report:

> SOUTH AUSTRALIAN POLICE
>
> POLICE REPORT
>
> Subject - Unregistered person acting as Midwives, or practising Midwifery.
>
> Woman Police Constable M.M. Wilcher 18th August 1923 reports having made enquires re the two women named in the enclosed report;
>
> Re Mrs Wing or Barry, John St, Hindmarsh
>
> This woman is Nurse Hannah Barrey, formerly Nurse Wing, residing at 35 Bacon St, Hindmarsh. She has a licensed lying-in home in Bacon St, licensed by the Hindmarsh Board of Health for two beds. Until two years ago she had a larger licensed lying-in home in John St, Hindmarsh. Since her marriage to Mr Barrey which took place two years ago, Nurse Barrey has taken occasional midwifery patients in at her Bacon St home, but she has a large outdoor practise. The Registration of Births records ... show this. Nurse Hannah Barrey was interviewed by the W.P. Constable on August 16th 1923. She stated that she

[33]Ibid., dated 18 June 1923, GRG 14/1/27, 1923.
[34]Minute book of the Nurses' Registration Board 1920 - 1926, minute dated, 1 August 1923.

> was a registered midwife under the Nurses Registration Act, and that she was the only Nurse Barrey or Wing practising in Hindmarsh to her knowledge. Her daughter-in-law, Mrs Wing lives in John St, Hindmarsh, but she is known to the Hindmarsh Police, and keeps men boarders, and from residents in the vicinity it was ascertained that she certainly did not do nursing. She was also interviewed, and stated that she never had done any nursing, and knew nothing about it.
>
> Mrs Hannah Barrey is an old woman, over seventy years, and is well known in the Hindmarsh district, most of her former patients still call her Nurse Wing. The Town Clerk of Hindmarsh states that she has been known as a Nurse for the past 40 years.
>
> The W.P. constable made numerous enquires in the Hindmarsh district, but no one appears to know any other woman practising midwifery under the name of Wing or Barry, other than Nurse Hannah Barrey.[35]

The Board wrote back to the School for Mothers:

> Referring to correspondence re practice of midwifery by certain persons, I am directed by the Nurses Registration Board to inform you that careful enquiry has been made into the matters referred to.
>
> In the case of Mrs. Wing (or Barry), it is found that this person is identical with the person duly registered as a midwife, her registration having been approved on highly satisfactory evidence from Medical Practitioners of her suitability for registration.[36]

The anxiety that Mrs Barrey would have endured from when she first was unable to obtain midwifery registration as she was too late, until being investigated by the police cannot be measured. She had gone from being a respected member of the Hindmarsh community recommended by local doctors and council to a person whose long time respected midwifery practice was called into question. She was considered to be operating illegally and had to suffer the indignities of being investigated by the police in her own home. Mrs Barrey died in 1924 two years after her registration and one year after being investigated by the police.[37]

**Who is this Act for?**

In the investigation of Mrs Mildenhall several issues were highlighted for the first time in the application of the provisions of the Nurses' Registration Act. First, it was made clear to the Board that if they were to protect the public and if they were to bring charges against

[35]Correspondence Nurses' Registration Board, dated 18 August 1923, GRG 14/1/41, 1923.
[36]Ibid., dated 26 September 1923, GRG 14/1/27, 1923, see testimonials for Mrs Barrey, dated 6 June 1922, GRG 14/1/25, 1922.

registered nurses and midwives accused of not complying with the regulations of the Act then there was a considerable cost to the Board. Second, it highlighted a point which was to elude the Board for many years. If a woman worked as an assistant to the doctor and did not profess to be a registered midwife was she contravening the provisions of the Act. Third, it emphasised the lack of understanding as to whom the Act was designed to protect.

The police found that Mrs Mary Mildenhall of Harriet Street, Adelaide was a widow, aged about 70 years, and an old age pensioner. She had been a community midwife for a number of years, and had nursed for various doctors. Mrs Mildenhall had continued to practise as a midwife and several women who had recently been confined by Mrs Mildenhall were interviewed. Part of the policewoman's report is included here as it shows that contrary to popular belief it was not just the poorer women of society who employed community midwives:

> Mrs Richard Hawke, wife of Police Constable Hawke, residing at 21 Harriet St, Adelaide was interviewed, and she stated that Nurse Mildenhall nursed her in May 1923, Dr Shepherd of Angas St Adelaide being also in attendance and that Nurse Mildenhall had also nursed her at her two previous confinements. Mrs Hawkes (sic) also stated that to her knowledge Nurse Mildenhall nursed Mrs Claude Latty, widow of the late Claude Latty, solicitor, residing Hurtle Sq, Adelaide about last March. The W.P. Constable did not call on Mrs Latty as her bereavement is so very recent, and also her baby is now very ill. Mrs Hawke stated that Nurse Mildenhall had been nursing for years and had attended cases with Drs Evans, Letcher, Pellew and Shepherd. The records at the Registrar General's Dept show that in Feb 1923 Nurse Mildenhall of Harriet St nursed Mrs James William Beale, at Ehemke's Lane, Adelaide. Mrs Beale was interviewed and she stated that this was correct, Dr Pellew being the Doctor in attendance.
> Another case on the records was Mrs Percival Herbert Dunkley, Curtis St North Adelaide, child born May 5th 1923 no Doctor in attendance, Nurse Mildenhall being the midwife.[38]

When interviewed by the police, Mrs Mary Mildenhall admitted that she had attended the confinements as indicated in the report but did it to 'oblige' old patients or friends. She

---

[37]Ibid., GRG 14/1/43, 1922.
[38]Ibid., dated 7 August 1923, GRG 14/1/41, 1923.

informed the policewoman that she had not registered because she was a pensioner and she thought that pensioners:

> ...were not allowed to earn anything over a few shillings now and again, but people came to her and begged her to nurse them again, and she did so under persuasion. She did not know that she was offending against the Nurses' Registration Act by taking these cases without being registered.[39]

However to continue with the prosecution of Mrs Mildenhall the Board needed funds for legal fees. This led to lengthy correspondence between the Board and the Attorney General's office to determine whether or not the Board was entitled to legal assistance from the government. The Board pointed out to the Attorney General that under the provisions of the Act all moneys received by the Board were to be paid to the Treasurer for the public uses of the State. This meant, the Board argued, that the Government should provide not only the funds for any legal action that the Board found necessary to take, but also provide legal advice through the Crown solicitor. The Attorney General's department responded that as the Nurses' Registration Board was not a Government department and since it was not under Government control it had to consult its own solicitor. Indeed, the Attorney General's department argued, if they were to give the Nurses' Registration Board the privilege of free advice then they would have to grant the same to other Boards such as the Dental and Pharmaceutical Boards.[40] But it is the Attorney General's note handwritten on the bottom of the Board's request for government funds for legal expenses which is the most revealing:

> VIZ:-
> As this Board is a Board constituted largely for the protection of the Members of the Medical profession it should levy from its members such fees as are necessary to meet its expenses, as is done by the Law Society.
> (Sgd.) H.N.B.
> Attorney - General[41]

The Board immediately pointed out to the Attorney General that it was appointed in the interests of the Public to protect it from the unqualified nurse and midwife and not to protect

[39]Ibid., dated 18 August 1923, GRG 14/1/41, 1923.
[40]Ibid., dated 15 November 1923, GRG 14/1/41, 1923.
[41]Ibid., dated 4 April 1924, GRG 14/1/41, 1923.

the medical profession.[42] However, this correspondence clearly showed that not only was there a perception at Government level that the Nurses' Registration Act was implemented for the benefit of the medical profession, but the Government condoned it. After five months the Attorney General decided that he did not consider that the Crown Law Officers should advise the Nurses' Registration Board or similar Boards.[43] So without the ability to consult the Crown Solicitors on legal matters the Board did not have the funds to pursue the prosecution of nurses and midwives and was now unlikely to prosecute, but to take a softer course of action and send warning letters.

**Women helping women**

The attempt to bring a legal case against Mrs Mildenhall raised the question as to whether a woman was entitled to assist another woman in childbirth providing she did not profess to be a registered midwife. The Nurses' Registration Act 1920, section 38 stated that:

> ...no person shall be entitled to take or use the name or title of registered midwife...or any name, title, addition or description implying that such person is a registered midwife, or is recognised by law as a registered midwife, unless such person is registered as a midwife.[44]

In her response, Mrs Mildenhall presented the Board with a long term problem when she stated:

> I beg to inform you I have received notice re - registration Act of nurses. In future, will attend cases with a doctor hoping that will be satisfactory.[45]

At this time the Board was still able to consult with the Crown Solicitor over this matter as it was during the period of the Attorney General's deliberation regarding the funding of legal fees:

> A person named M. Mildenhall, not being a registered midwife, was notified that she was subject to penalty under the provisions of the Nurses Registration Act, for practising midwifery. Mrs Mildenhall acknowledged receipt of this communication, and intimated, vide attached letter received 6/10/23, that in future she will attend cases with a Doctor.

---

[42]Ibid., dated 8 May 1924, GRG 14/1/41, 1923.
[43]Ibid., dated 4 April 1924, GRG 14/1/41, 1923.
[44]*Nurses' Registration Act of South Australia 1920*, Section 38 (1)
[45]Correspondence Nurses' Registration Board dated 6 October 1923, GRG 14/1/41, 1923.

> It is asked that the Crown Law Officers advise whether a person attending midwifery cases with a Doctor, is committing a breach of Section 37 of the Nurses Registration Act, 1920, which provides that no person who is not registered as a midwife, shall practise as a midwife or practise midwifery.[46]

This issue was not resolved at this time and Mrs Mildenhall was warned not to take on any more cases as she was not registered. However the issue of women not registered as midwives assisting women in childbirth persisted until the 1940s. Finally a ruling was given when in 1942 a woman in Clarendon wrote to the Board in response to being accused of 'holding out' to be a midwife:

> I am not a registered nurse. I am not registered as a midwife, neither is Mrs Mason. Mrs Mason only assists the Dr and Me when we require her. She does not wear a uniform of any kind. I wear a nurses uniform. I have to wear something, I cannot just go around in a dress. I have applied to the Children's Welfare Department for a licence but I cannot get a licence - I am not registered and I cannot get registered, I cannot get a registered nurse or midwife [in the district] I have been trying everywhere and so has Dr, but he cannot get one either. I do not know why I cannot get registered.[47]

The matter was referred to the Crown Solicitor for advice and in January 1943 he replied:

> Section 40 prohibits unregistered persons from holding themselves out as, or pretending to be, midwives. The mere act of nursing a woman during confinement, without any pretence of midwifery qualification, is not an offence.[48]

A case of 'holding out' was not found in this particular matter. In view of the Crown Solicitor's findings, Mrs Mildenhall twenty years earlier, could have continued to assist women during the childbirthing process providing a doctor was present, as could all the other women who were community midwives, who could not be registered. The Act had provided for women to obtain fees for the service as an assistant to women during childbirth and also had provided for the independent delivery of a baby in an emergency or in locations without a medical practitioner or registered midwife.

**Support for the community midwife from the local doctor.**

Not all doctors were intent upon reporting unregistered midwives. Indeed the evidence suggests that the majority of medical practitioners who practised within a community setting

[46]Ibid., dated 15 November 1923, GRG 14/1/41, 1923.
[47]Ibid., dated October 1942, GRG 14/1/31, 1942.
[48]Ibid., dated 12 January 1943, GRG 14/1/31, 1942.

supported the community midwife and had little understanding of the Nurses' Registration Act. So great was the support for community midwives by general practitioners, not only in South Australia but throughout Australia, that an edict came from the General Medical Council in England warning doctors that they would be erased from the medical register if they continued to support the community midwife. This was widely circulated to medical practitioners in Australia and a copy was sent to the South Australian Nurses' Registration Board:[49]

> ...certain qualified medical practitioners have, from time to time, by their countenance or assistance or by issuing certificates, notifications, or other documents of a kindred character, knowingly enabled uncertified women, on pretence that such women were under their direction, to attend Women in childbirth, contrary to law... any registered practitioner who is proved to have so offended will be liable to have his name erased from the Medical Register. [50]

Some doctors had worked with the same midwife for many years and were very comfortable with the complementary relationship. In some cases doctors disagreed with other doctors over the suitability of midwives to practise. In May 1923 Dr Arthur Watson wrote to the Board complaining of the incompetence of seven unregistered community midwives, including Mrs Joyce of Quorn.[51] A letter was sent to all of the midwives named by Dr Watson including Mrs Joyce who was informed that, since she was not registered action would be taken against her under the Nurses' Registration Act, if she continued to practise as a midwife. [52] Mrs Joyce had previously applied for registration and had been refused but as a result of Dr Watson's complaint she now renewed her application. The Board contacted Dr Watson to say that Dr Gibson of Toorak disagreed with his opinion of Mrs Joyce and that Dr Watson had also previously been happy with Mrs Joyce's services:

> Referring to your letter of the 28th May, last, I beg to inform you that in the case of Mrs. L.M. Joyce, I have since received a certificate from Dr. Gibson of

[49]Ibid., dated July 1921, GRG 14/1/6, 1923, see also *Australian Medical Journal* July 1921.
[50]Ibid., dated July 1921, GRG 14/1/6, 1923.
[51]Ibid., dated 28 May 1928 GRG 14/1/33, 1923.
[52]Ibid., dated 7 June 1923, GRG 14/1/33, 1923.

> Toorak dated July 2nd to the effect that "Mrs Joyce of Quorn has attended more than 20 cases of midwifery with me".
>
> I would also remind you that there is a certificate from yourself that she has attended at least 8 cases under your charge. In your letter of the 28th. May, Mrs Joyce's name is included in the list with the opinion - "that these people are incompetent, and would recommend that their applications for registration be not accepted." In view of the further testimony that I have received from Dr. Gibson and your medical certificate dated March 8th. 1923, that she is of good health and sound constitution, Mrs. Joyce's claim for registration must be recognised unless some specific proof of her not being suitable for registration is supplied.[53]

Dr Watson wrote back to the Board reiterating that it was still his opinion that she was incompetent, but Dr Gibson further responded that she was quite capable of undertaking the work. Mrs Joyce was given an oral examination by Dr A.E. Russell and passed for registration on the 23 November 1923.[54]

**'for I have ever so much more faith in her ability as a nurse'**

Many doctors too were confused about the Nurses' Registration Act in South Australia and simply did not understand that their word was no longer good enough for a midwife to obtain registration. Some doctors wrote in glowing terms about their local midwife. Dr Naylor, for example wrote to the Board as late as 1927 to request the registration of Mrs R.L. Knowles of Wudinna:

> Mrs R. L. Knowles has asked me to write to you with reference to her midwifery registration.
> She is a young widow about 30 years of age and has been of immense assistance to me at Penong last year and is at present nursing a confinement case for me at Wudinna.
> She is desirous of making a profession of midwifery so as to enable her to educate her children and provide for them and herself. To do so she realizes that she must be registered. As for her practical knowledge of nursing of all kinds of cases, and even of assisting with major operations, I can answer you that it is all that is to be desired. Particularly is she highly qualified in maternity cases. Last year she nursed 20 cases for me at Penong. Some were in a small temporary hospital, others in her own home, others in the patients own homes. All were looked after well in every sense of the word, and she assisted me well displaying thorough knowledge of aseptic technique. In each case I made it a practice to discuss prenatal care playing particular attention to the regular testing of the urine, and every other subject relative to midwifery.

[53]Ibid., dated 16th July 1923, GRG 14/1/33, 1923.
[54]Ibid., dated 7 September 1923, 12 October 1923, 18 October 1923, 12 November 1923. GRG 14/1/33, 1923.

> However her main training and experiences was obtained before she arrived at Penong namely at Gawler at her aunties Mrs Green's and her grandmother's Mrs Salter's Maternity Homes,(both these houses were registered) where she saw over 20 cases under Dr Tobin and other well known Gawler Drs... . She now desires to be registered, and I can honestly say that her registration would be a great thing for this district, for I have ever so much more faith in her ability as a nurse and her personality as a woman, than I have in any other trained and registered nurse on the West Coast with whom I have worked up to date.
> Her inclusion in the ranks of registered nurses would undoubtably raise their standard, and I have much pleasure in recommending the Nurses Registration Board to register her as a Maternity Nurse. [55]

In many cases like this the local doctor, as well as prominent local citizens, wrote to the board to affirm the community midwife's competence and value to the community. The letters continued to arrive at the Board for many years after the implementation of the Act. While most came from country areas of South Australia, some also came from the metropolitan area and showed that unregistered community midwives continued to practise successfully.

**'I have been practising for 35 years and have never lost a baby. That alone must speak for itself.'**

News of the need to register was largely spread by word of mouth. This led many community midwives not to hear about registration until after the closing date of the amendment to the Act. The following exchange between the Board and Mrs Ellen Smith of Eurala Private Hospital, Renmark, shows the deep-seated respect that this woman had within the community. She owned her private nursing home and had much to lose if she could not be registered under the provisions of the Act:

> I have seen Mr Dunstan today he told me to write to you to see if I can get a certificate for South Australia I have had thirty years experience. I have been in Renmark thirteen years I have a private Lying in Hospital which Mr Kykoslie opened for me. I have been thirteen years nursing in Renmark and never lost a baby. I am registered with the State Children's Department[56] also the District

[55] Correspondence Nurses' Registration Board, dated 25 May 1927, GRG 14/1/48, 1923.
[56]The children's department was originally a department of the Destitute Asylum and had the responsibility of the care of destitute, neglected and convicted children. In 1886 a State Children's Council was appointed, which took over this responsibility. In 1926 the Children's Council operated separately from the Destitute Board. The work of the department covered the supervision and care of all State children, the inspection of all

> Council of Renmark also hold thirty years certificate. As it is my living I feel justified in asking for the certificate. House is open for inspection at any time and the nurse from the State Children's Dept clears my books every three months.[57]
> Hopeing [sic] to hear from you soon
> Nurse Ellen Smith[58]

The Board wrote back on 23 April 1923 to say that she had applied too late the final date for registration being 13th March 1923, and they were returning her testimonials. On April 27th Nurse Smith wrote again to the Board:

> Thanking you for letter received I am forwarding by post today all my books and certificates for you to see. I did not know anything about the registering in March or I would have applied for it. I had full training in the Ballarat Hospital [where] I got my certificate from. The year I got it was in 1885. After Training one would hardly think it necessary to have another. Will you kindly forward books back after you have finished with them. Stamps enclosed[59]

Nurse Smith was compelled to write several times to the Nurses' Registration Board for the return of her books and documents. Eventually Mr Spiller secretary of the Board replied:

> In reply to you letter of the 16th. inst., I am returning under separate cover the books submitted by you for registration. I beg to inform you however, that same do not entitle you to registration, as I advised you in my letter of the 23rd April, that unless you were the holder of a certificate of training you had applied too late to become registered, the final date for uncertificated person being the 13th March 1923.
> I would point out that the Nurses Registration Act provides that no unregistered person shall practise midwifery.[60]

Nurse Smith did not correspond with the Board again until September 1923. It is fair to assume that she continued to run her nursing home during this period although she was acting illegally. In desperation she wrote again to be registered under the Act:

> Once again I am writing to you asking you if you will let me have that register. I have been practising for 35 years and have never lost a baby. That alone must speak for itself. I have a women wanting to come that has had five children here and would rather come here than the hospital. I am quite willing to pay for the register if I can get it and will you please put me under the ATNA as I am a

---

ex-nuptial children, the licensing of lying-in homes and foster mothers, together with the maintenance collections of maintenance orders. It was in the role of inspecting lying-in homes that registered nurses advised the midwives of their need to be registered. (information from *Nursing in South Australia: First Hundred Years*) For excellent information on children's welfare see Dickey B., *Rations, Residence, Resources: A History of Social Welfare in South Australia since 1836.*

[57] My punctuation.

[58] Correspondence Nurses' Registration Board, dated 18 April 1923, GRG 14/1/48,1923.

[59] Ibid., dated 27 April 1923, GRG 14/1/48,1923.

[60] Ibid., dated 30 May 1923, GRG 14/1/48,1923.

> trained nurse as my papers showed that I sent to you. Will you kindly let me know at your earliest.[61]

Once again the Board replied that they were unable to approve her application. This elicited a letter from the Reverend A.E. Francis, who wrote not only on the behalf of Mrs Smith but on the behalf of the community of Renmark. The Reverend Francis argued that Mrs Smith had discharged her duties as a midwife faithfully and that her record was unblemished. He urged the Board that not to register her would not only be a grave injustice in that it would deprive her of her living but it would also be a 'keenly felt loss' to the community of Renmark. [62] In the Board's response to the Reverend Francis they explained that the Act had been amended to allow for the registration of midwives that had missed the earlier closing date and that Mrs Smith's application had arrived after the final closing date and was therefore too late for registration. They also informed him that several experienced midwives equal to that of Mrs Smith had now been refused registration for they too had applied too late for registration and that nothing further could be done. Ellen Smith again tried in January 1924:

> Now that Act has been now amended. Midwifery [63]Act. I desire to apply to be re Registered. I have been a nurse for 35 years and never lost a case and out of the 35 years nursing I have been 14 years in Renmark last May 1923.
> I shall thank your Board to let my case be opened again before the Nurses Board at their next meeting. It was simply an oversight on my part that I was late to apply for re registration at the last sitting of your Board.
> I can refer you to Mr Dunstan as to my experience and reference.

On 17 January 1924 the Board wrote back informing her that since she did not hold a certificate she could not be registered. On March 31 Ellen Smith sent five shillings to the Board for fees to be registered under the new Act. The last letter from the Board on the 5th April 1924 in this correspondence they returned Ellen Smith's money and informed her that:

> Persons desirous of becoming registered have to do the prescribed course of training in an approved Training School, and pass the prescribed examinations qualifying for registration.[64]

---

[61]Ibid., dated 12 September 1923, GRG 14/1/48,1923.
[62]Ibid., dated 24 September 1923, GRG 14/1/48,1923.
[63]Her underline.

Despite Ellen Smith's standing in the local community and her previous training and record of safe service, she was unable to be registered. It must be assumed that she eventually lost her nursing home. This case highlights the fact that many of these women were not just community midwives who provided a service to make ends meet. They were also business women who, as the family breadwinners, faced the prospect of losing everything if they were unable to continue their practice.

**'Never lost a baby or mother'**

One course of argument that was common to most of the applicants, like Ellen Smith's, was of their competency. Many community midwives expressed this by the fact that they had never lost a baby or a mother. Mrs Susan Mary Martin of Red Hill wrote to the Board in 1925:

> Writing to you asking you that I wish to be registered through your gazette. I have been 16 years since I took up the midwifery work and I have never lost a patient and in all that time I never lost primicer [premature] birth babies and 1 still born baby. I have been nursing 16 years on the 11th April 1925 and always have had great success in all my work. The Dr gives me great praise and be always been pleased of the work I have done in my nursing a Sister asked me to have my name gazetted and she said I will be entitled to have the nurses brotch [brooch]. She was from the nurses club and said it was nothing but right that I should have my name gazetted as that it is a nurses duty to do so. Any particulars you want right [write] to Dr John Stewart Gladstone, Dr Platonov Red Hill, I nursed with Dr Platonov for 3 years. also Dr Sinclair and Dr Kendue Crystal Brook I have been register by the Dr and by the Council. Miss Penny comes up about once a quarter and looks through the Home.[65]

It would appear that many country areas were totally unaware of the requirement of registration and it was not until the nurse from the Children's Department went to inspect nursing homes in country areas that community midwives were informed of the need to register. It would also appear that in many instances the nurse from the Children's Department did not realise that these women could not be registered. Mrs Sharpe of Kingscote, Kangaroo Island, continued to maintain her nursing home unregistered with

---

[64]Ibid., dated, 18 April 1923, GRG 14/1/48,1923.

community support until 1926 when she had a visit from the Children's Department nurse, Sister Shaw, who informed her that she needed to register. Mrs Sharpe wrote to the Nurses' Registration Board for registration citing Dr Joy Tearne of Kingscote and Dr H Carr of American River as referees:

> I am the only midwife here in Kingscote and I have been carrying on this nursing for 16 years and have had over 80 cases, and never lost a case, all successful.

On the same day a letter of support for Mrs Sharpe was sent by the District Clerk of the Kingscote council as they had also been informed by Sister Shaw that she was 'acting improperly' by not being registered. The District Clerk made it quite clear that Sister Shaw expected Mrs Sharpe to be able to obtain her registration:

> Beyond the fact that Mrs Sharpe is not duly registered Sister Shaw states that she can see no reason why Mrs Sharpe should not continue her lying in house to the extent of several patients as she finds the house and all pertaining to be spotlessly clean and Mrs Sharpe quite conversant with and able to carry out the necessary duties.
> Mrs Sharpe reports that she has had eighty six successful midwifery cases under her care and could furnish you with recommendations from several doctors under whom she has worked.
> In view of the fact that this is an extensive district with a small population widely scattered and thus needing a lying in house for midwifery cases in a central position near the residence of the doctor and Mrs Sharpe being a person in whom the residents have every confidence my Council desire, if at this time it be possible that you would arrange to have Mrs Sharpe registered as a midwife and her house licensed. [66]

Dr Joy Tearne of Dauncey Street, Kingscote also wrote in support of Mrs Sharpe and verified Mrs Sharpe's claim of competence adding that she had nursed several maternity cases for her and that she, Dr Tearne, had 'always found her to be scrupulously clean and absolutely trustworthy. Her home is spotlessly clean and her patients are well looked after.'[67]

Some like Mrs Ada Smith of Whyalla asked their husbands to write on their behalf. Mr T. H. Smith wrote that his wife had been a midwife since 1876 and that she had undertaken 'many hundreds of cases' some with a doctor and many on her own. During all this time she

---

[65]Ibid., dated 23 February 1925, GRG 14/1/53, 1923.
[66]Ibid., dated 15 March 1926 GRG, 14/1/53, 1923.

did not lose a case. He stated that she did not register at the right time because he was in good health and working, implying that their circumstances had changed. He included three references.[68] Other women wrote themselves explaining how they never lost a case like Mrs E. Court of Beltana:

> Having received yours of the 22nd inst. which you have returned my references kindly allow me to inform you that I have been doing midwifery work for 13 years and never lost a single case and all whom I have attend was highly satisfied as you may have seen by the 5 references I forward you and I could get numerous others who would be only to (too) pleased to give their opinion as to my capabilities and cleanliness.
> I am the mother of 10 children and my husband died 2 years ago and since then I have had a hard struggle as I have 3 boys going to school at present and I have had to work all the time and had no chance of reading the newspapers therefore I did not know about the registration needed. The Constable in charge told me 12 months ago that he thought if I registered my home would be sufficient also Mr J Woods the local J.P. was of the same opinion therefore that as where I made the mistake and then I applied for help from the children's welfare and they sent me word that I was refused help now dear Sir I am the only person in the district who is willing to go to any of the out places to attend anyone in distress
> Trusting this may help your decision in favor of my licences being granted.[69]

Most of the letters included other letters from local dignitaries and a testimonial from the local doctor.[70] Mrs Harris of Tumby Bay also wrote on her own behalf and shows the difficulties some of the women may have had with writing. This letter was also accompanied by a letter of support from her local doctor, Dr Wibberley:

> I am riting to you hering from the laidy wich look at my Redgester that I have to be Redgested that the notice was in the paper if so it mite every week & I may not notice it for I never ardley read the paper I dont have that much time well I am verry sorry I have not been regestord I dont think it is my falt altegether I think the Dr that granted me the licens for the privet home should have told me well I have been nursing for 33 years & never lost a case not even a baby so I hold a verry good record. I hope you will [consider] me & let me be redgested Mrs Peney told me to rite to you if you want my infermation Dr Wibberly, is our Dr in this town. I can nurse with Dr ore with out if you stop me it will be verry hard after all my expence for comfort for my pachens I dont do much now my own daughter is married. I only get in help wen a pachent come in. Trusting you will grant me the licens & let me know were [where] I can rite to you will oblige[sic]
> M. A. Harris
> Nursing Home
> Tumby Bay[71]

---

[67]Ibid., dated 13 March 1926, GRG 14/1/53, 1923.
[68]Ibid., dated 26 Oct 1926, GRG 14/1/53, 1923.
[69]Ibid., dated 29 May 1928, GRG 14/1/53, 1923.
[70]Ibid., folio GRG 14/1/53, 1923.
[71]Ibid., dated 28th Feb 1930, GRG 14/1/53, 1923.

Dr Wibberley also wrote that Mrs Harris had been practising as a midwife for fifteen years in Tumby Bay and that he had only recently discovered that she was not a registered midwife. He recommended her to the Board as an 'efficient careful and cleanly' midwife and asked that she be registered on the basis of her practice prior to the implementation of the Nurses' Act.[72]

The Board did not register Mrs Sharpe, Mrs Martin, Nurse Ellen Smith, Mrs Ada Smith or Mrs Harris. Neither did they register 55 other women who wrote to the Board between 1923 and 1932 for registration.

**In death community midwives were also revealed**

The extent to which midwives continued to practise outside the law after the implementation of the Nurses' Registration Act can also be seen by the number of nurses' deaths that were reported to the board. It was a requirement *of The Nurses' Registration Act of South Australia 1920* Section 31, subsection 2 that the Registrar General of Births Deaths and Marriages reported the death of any person described on the death certificate as a nurse to the Nurses' Registration Board.[73] This allowed the registrar of the Board to amend the register accordingly. From August 1922 to Jan 1942 there were 180 deaths reported to the Board of nurses and midwives. Of these 87 were registered with the Board and 93 were not.[74] The description of the woman as nurse or midwife by the doctor on the death certificate quite clearly showed that in that district the woman was recognised as such, yet over half of the women thus described were not registered by the Nurses' Registration Board. It must be speculated that, until at least 1942, there remained a network of women, albeit diminishing,

[72]Ibid., dated 28th Feb 1930, GRG 14/1/53, 1923.
[73]Ibid., dated 11 August 1922, GRG 14/1 Folio 43/1922.
[74]Ibid., GRG 14/1/34, 1922, an example of the notification is as follows, 'I have to report that the death has been registered of the undermentioned who is described as a nurse Sophia Amelia Best, 56 years, Residence Mt Lofty, Single, died 17th August 1922.'

throughout South Australia who practised as community midwives and who had continued to work with the consent of their local communities and the local doctor.

The extent to which South Australian women relied on community midwives was not recognised by Government administration until the implementation of the Nurses' Registration Act threatened to put them out of practice. Community midwives defended their rights to earn a living in a legal occupation. For the first time their existence was revealed in numbers when they put their grievances in writing. Over 100 letters were received by the Nurses' Registration Board from 1921 to 1932[75] from midwives, which brought to light this network of working women in South Australia. However, once this period of stepping into public space was over, whether it was resolved successfully or unsuccessfully for the individual midwife, the community midwife once again stepped back into the private sphere to begin a new era of midwifery service to the communities of South Australia, this time outside the law.

[75]Ibid., GRG 14/1 1921 to 1924.

# CONCLUSION

This thesis has examined factors that led to the marginalisation of the community midwife in South Australia in the twentieth century. It was found that this demise was a slow process and that there was a resistance to this demise not only by the community midwife but also by the pregnant woman, the local medical practitioner and the community. It was also found that the marginalisation of the community midwife was the result of many factors. Of these, three were significant: the professionalisation of nursing and its relationship to medicine; the insidious but persuasive medical discourse on the dangers of childbirth in the light of medical knowledge; and the gradual changes in the responsibility for the childbirthing woman from the household to the hospital. But, ultimately, it was legislation for the registration of nurses and midwives in South Australia which proved the deciding factor in the eclipse of the community midwife.

The impact of the *Nurses' Registration Act of South Australia 1920* was felt in several ways. First it led to an increase in the establishment of maternity hospitals, initially in the country and then in the metropolitan districts. Secondly it contributed to a loss of community skills in health care, especially in the management of the childbirthing process. Women could no longer use the skills which they had previously acquired by experience, traditional practices and intuition. These skills had been determined as worthless by medical science and the Act legislated against their use. Thirdly the Nurses' Registration Act failed to provide the nursing profession with autonomy over its own profession and although nurses did not want autonomy in their practice they did want control over their professional matters.

This thesis has also challenged the popular notion that the medical profession was united in the elimination of the community midwife. Indeed, the campaign against the community midwife in South Australia came only from a small pocket of medical men who foresaw that a trained community midwife was a threat to their practice. This argument does not contradict the claim that medicine wished to have control over nursing and therefore midwifery, for there is clear evidence to show that medical men considered and promoted the premise that nursing and midwifery were and should be subordinate to medicine. This relationship also appeared to be well accepted and nurtured by nurses, reflecting the social position of women in the nineteenth and early twentieth centuries. But, this is not to say that women were entirely submissive, as this thesis has also produced evidence to show that other women (nurses) campaigned equally as strongly and perhaps in greater numbers than medical men to eliminate the community midwife whom they perceived to be a threat to their professional status.

**The effect of the professionalisation of nursing on midwifery**

Since the advent of Florence Nightingale's teachings in Australia there had been a move to make nursing an acceptable career for young unmarried women. Indeed one had to be unmarried, as nursing was seen more as a vocation for single women, like entering a convent. This perception transformed the nurse from the middle-aged home based woman who was married with children, to the young, single, childless, hospital based nurse.

This change in the marital status of the midwife and nurse was in keeping with the changes in marital status of a range of women's work at the time, such as teaching, nursing, and clerical work. Married women had previously worked in the home to contribute to the family income by teaching the children, or nursing the sick, or assisting in the family business. Marjorie

Theobald's[1]work on changes in the role of women in teaching, for example, demonstrates the similarities between the woman who taught children within the household or operated a dame school and the midwife who attended deliveries within the household or operated a nursing home. As the state increased its involvement in these aspects of family life married women began to be excluded from this work. Young single women in search of respectable careers which required formal education took over this work as an employee of the state or in a business external to the household. Married women now were 'kept' by the 'bread winner' to rear children and manage the home, and were no longer required to contribute to the economic viability of the household. This resulted in the loss of those skills previously possessed by married women and which had been part of the maintenance of the household in the private sphere. These skills were now transfered to the young unmarried women who operated in the public sphere. From now on, if a married woman's circumstances changed she went into the workforce outside the home as an unskilled worker.

As part of these changes nurses became part of the rise of the professional society as described by Harold Perkin.[2] Perkin's characterisation of the professional ideal - the ideal of service - befits the profession of nursing. That ideal gave nursing the opportunity to develop professional status, albeit fitting into the base of the health hierarchy with medicine at the pinnacle of the pyramid. It also meant that nursing through the emergence of the obstetric nurse gradually marginalised the community midwife. Through medicine, obstetric nurses were granted forms of knowledge about childbirth which was not possessed by the community midwives. Obstetric nurses now possessed the new secrets of childbirth.

---

[1]Marjorie R. Theobald, 'Women's Teaching Labour, The Family and the State in Nineteenth-Century Victoria', in R.J.W. Sellick, M.R. Theobald, (eds.), *Family School and State*, Allen and Unwin, Sydney, 1990.
[2]Harold Perkin, *The Rise of the Professional Society: England since 1880*, Routledge, London and New York, 1989.

The emergence of the trained midwife prior to the Nurses' Registration Act of 1920 was evidence of the developing recognition of formal training in midwifery. The use of this medical and scientific knowledge was seen by medicine, nursing and the public as an improvement to the quality of childbirthing and this knowledge was expected to be used by all members of the childbirthing team. However, it is also fair to surmise from the evidence that community midwives did want to gain this knowledge to enhance their practice. They did not practise in isolation. They were not averse to education. They could not get it.

With the implementation of the Nurses' Registration Act, a new legitimised midwifery service was created in South Australia in 1920. The community midwife and potential community midwife were barred from entry to the training required for this service. As a result the numbers of community midwives in practice began to decline. Those who were not barred from entry to the new midwifery service, the hospital based obstetric nurse, could not and would not replace the declining numbers of midwives in the community. This further led the child birthing woman to leave her household and her community to go to the hospital for her confinement. The inability of the obstetric nurse to practise within the community became a factor in the increase of maternity hospitals. While community midwives were still in practice, as for example in the South East of South Australia, there was no incentive for birthing in hospital, although hospitals had been established for general nursing. It was only when the legal arm of the Nurses' Registration Act reached these community midwives or when they disappeared by attrition that childbirthing women were forced to turn to the maternity hospital.

The trained midwife was the obvious replacement to the community midwife, to maintain childbirthing in its traditional environment, the home, and at the same time give the pregnant woman the advantage of the new medical knowledge in childbirthing. However, by the time

the Act was implemented, the distinction between those midwives in the community with formal training and those midwives who had received testimonials from their local doctors had become blurred. Many of the midwives who wrote to the Nurses' Registration Board and who could not be registered did have previous nursing and/or midwifery training like Miss G. Davis from Victoria who applied for the position at Cummins Hospital, or Mrs Ellen Smith who owned her own nursing home at Renmark. After the Act their previous training became worthless and these women were no longer considered eligible for a career in midwifery.

As the trained midwife's practice was in competition with the local medical practitioner, it was short lived. The trained midwife in independent practice could have emerged in strength following the implementation of the Nurses' Registration Act. But while the medical practitioner supported and indeed relied on the community midwife, the trained midwife was a serious competitor to him. She could, with her knowledge, operate without him in the community and take over his midwifery practice. Both medicine and nursing quickly moved to suppress this competitive midwifery practice through the regulations of the Nurses' Registration Board.

So in South Australia the community midwife was excluded from the nursing model of professionalisation. She was also excluded from the new knowledge of childbirthing through her failure to be eligible for the training. The trained midwife was also marginalised from her practice. The childbirthing woman, who had been privy to the traditional secrets of childbirth, as it was knowledge that belonged to all women, was also excluded from the new knowledge of childbirthing. Exclusion from this knowledge made it possible for medicine and therefore nursing to highlight the dangers of childbirthing and instil fear about the childbirthing process in the pregnant woman. Henceforth the only way a woman could be rescued from the dangers

of childbirth was to place herself in the power of the knowledge possessed by medical men in the hospital.

**The hospitalisation of childbirthing women and subsequent medicalisation of childbirth**

The reality of childbirthing in South Australia in 1920, was a complementary relationship between the community midwife and the general practitioner who cared for the childbirthing woman in the home. This thesis has established that it was an accepted practice from 1836 for the general practitioner to attend the confinement of South Australian women. The introduction of the Baby Bonus in 1912 to encourage women to have a doctor in attendance at birth, simply further committed the general practitioner to his role in childbirth in South Australia. So local general practitioners and community midwives cooperated to achieve a satisfactory outcome in the childbirthing process in this State. There is little evidence to support the premise that community midwives as a group were incompetent in South Australia. On the contrary there is much evidence in the form of letters and testimonials to the Nurses' Registration Board to show that childbirthing in the care of the community midwife was a relatively safe event for women in South Australia.

However, caution must be exercised in viewing the past with nostalgia and ignoring the reality of health and childbirthing of the nineteenth and early twentieth centuries. There is a risk of giving the impression that there was no danger in childbirth between 1836 and 1942 and that medical technology had not improved some of the outcomes of childbirthing. This is clearly not the case. One must be careful to place the interpretation of events in the context of the time. If measured by today's expectations of health services, childbirthing in South Australia in the nineteenth and early twentieth centuries would have been unhygienic and risky. Women and babies did die of birth related conditions in the nineteenth century such as infection, haemorrhage and prematurity, which have since been addressed by a better knowledge of

public health as well as medical science. Women and babies did die during childbirth, in the home and the hospital, in the early twentieth century as a result of the medical man's inexperienced intervention in the normal process of childbirth. But, caution must also be exercised in thinking that childbirthing outcomes today are superior to those of the nineteenth and early twentieth centuries, as there are different adverse outcomes in childbirthing today which can be directly related to the medicalisation of childbirth and medical intervention in childbirth.

So it can be surmised that the relationship of the community midwife with the general practitioner provided as safe an environment as could be expected for the childbirthing woman in South Australia in the nineteenth and early twentieth centuries. Both players in the relationship served to support and uphold current childbirthing ideals. It is important to point out that this thesis does not propose that the relationship between the general practitioner and the community midwife was one of equality, for this relationship must be placed within the context of the status of women and social hierarchies in the nineteenth and early twentieth centuries. But this thesis does support the view that the relationship was a complementary one and that it was recognised as such.

The Nurses' Registration Act also changed the role of the general practitioner. First it encouraged the transfer of his midwifery practice from the community to the hospital. Secondly this transfer allowed for the general practitioner's marginalisation from midwifery by the specialist obstetrician. Midwifery to the general practitioner was only a small part of his practice. He provided medical care for all aspects of the health for the community from the physical, psychological and social; from birth to death. But the hospitalisation of childbirth provided a place for the obstetrician's education and practise which enabled him to take over

midwifery and to develop this as a medical specialisation resulting in the medicalisation of childbirth. While this process has been slow in South Australia as, until the 1950s, childbirth generally remained the province of the general practitioner, the development of medical technology during and after the Second World War has been extensively utilised by the specialist obstetrician, bringing childbirth to a point today where it is virtually a surgical procedure rather than a natural event in a woman's reproductive life. So the specialist obstetrician today is the primary care giver in all aspects of the childbirthing process. He is able, with knowledge of medical science and technology, to manipulate the outcomes of childbirth and controls the management and location of childbirth with the assistance of the obstetric nurse.

**The effects of changes in the responsibility for childbirth**

This thesis has clearly shown that before the implementation of the Nurses' Registration Act in 1921 the responsibility of childbirth was within the household in South Australia. When the childbirthing woman had no household, that responsibility was transferred to another household or a surrogate household such as the employer or the local council. Only in dire circumstances was that responsibility transferred to the state, which during the nineteenth century had subtly changed from the crisis care of destitute childbirthing women to the care and moral rehabilitation of 'fallen' and 'unfortunate' women. For South Australian society, including government and medical persons still advocated private responsibility for childbirthing. This remained unchanged until the 1920s when country and metropolitan hospitals began to increase their provision for childbirthing.

This thesis has also established that there was a long-term bond between the midwife, the childbirthing woman and the community. There was loyalty within the community to the local

midwife and the change which was required to this relationship, was not comprehended by those affected. So not only did the *Nurses' Registration Act of South Australia 1920* place the community midwife outside the law but it altered the relationship between the childbirthing woman and her midwife. Yet there was a perception by community midwives, general practitioners and childbirthing women that the Act did not include them, it was for some other new and not yet recognised midwifery service. So after failing to gain registration for the new midwifery service they ignored the regulations of the Act and as a result there was a resistance to the provisions of the Act.

Other historians of midwifery have not only failed to account for the long term resistance, at a community level, to the transfer of midwifery care from the household to the state, but they have also supported the view that childbirthing was improved with hospital care. Lewis,[3] Thane,[4] de Vries,[5] Durdin[6] and Linn[7] have argued that improvement in health care and childbirthing in Australia and South Australia came with the increased hospitalisation of the population. Conversely, Mein Smith,[8] Selby[9] and Willis[10] have found that improvement in health care and childbirthing did not necessarily correspond with the provision of midwifery care in hospital or new medical knowledge and intervention.

---

[3]Milton Lewis, 'Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939', *PhD Thesis*, Australian National University, 1976.
[4]Claudia Thame, 'Health and the State: The Development of Collective Responsibility for Health Care in the First Half of the 20th Century', *PhD Thesis*, Australian National University, 1974.
[5]G.D. de Vries, 'The Conditions of Childbirth in Adelaide', *BA (Hons),* Faculty of Arts, in the School of History, University of Adelaide, 1963.
[6]Joan Durdin, *They Became Nurses: A history of nursing in South Australia in 1836 - 1980,* Allen and Unwin, Sydney, 1991.
[7]Rob Linn, *Frail Flesh and Blood: The health of south Australians since earliest times*, published by the Queen Elizabeth Hospital Research Foundation Inc., Adelaide, 1993.
[8]Philippa Mein-Smith, 'Reformers, Mothers and Babies: Aspects of Infant Survival, Australia 1890 - 1945', *PhD Thesis*, Australian National University, 1990.
[9]Wendy Selby, 'Motherhood in Labor's Queensland', *PhD Thesis*, Griffith University, 1993.
[10]Evan Willis, 'The Division of Labour in Health Care', *PhD Thesis*, University of Adelaide, 1981.

This is not to say that from the 1920s childbirthing became a state responsibility in South Australia. Childbirthing at this time was in the transitional phase of the slow movement from the household to the hospital, and denotes a change from childbirthing in an intimate and private environment to an environment which was open to public observation. This thesis has not sought to address the question of why women capitulated and embraced hospital birthing but it has found that several country communities were motivated to establish community hospitals after the First World War. These country hospitals did provide a place for women living in isolated areas, often with very poor facilities, to deliver their babies where midwifery or medical assistance was assured. Evidence of the gradual involvement of the state in childbirthing is shown in the government subsidy for country hospitals.

It was with this intention to assist women in socially isolated households, that Lady Tennyson founded the Queen's Home in 1902. Lady Tennyson also saw the Queen's Home as a respectable home in which respectable fee paying women could deliver their babies attended by the very best medical and nursing care. However, South Australian society was not ready for this change at this time. The medical profession still advocated that the Queen's Home become a facility for unmarried mothers and therefore a charitable institution for those in need of rehabilitation and moral salvation. Other childbirthing women were still the responsibility of the household.

So this thesis is a history of contradictions; while there was a gradual embracing of hospital birthing, there was also resistance within the community to the new secrets of childbirthing. This was a significant factor in the extended practice of the community midwife outside the law. Women did not flock to hospitals to deliver their babies. They had to be coerced and persuaded. General practitioners did not embrace the new obstetric nurses, they continued to

work with and support the community midwife for some time after the implementation of the Nurses' Registration Act. The evidence shows that whilst a midwifery service was still provided within the community, childbirthing women and their doctors used it. It was only when this service ceased to exist that women were impelled to use hospital services.

The demise of the community midwife was a result of many influences. It has been shown that, within the provisions of the Act, it was not illegal for women to assist women in childbirth providing they did not claim to be offering a midwifery service, nor was it illegal for them to receive payment for this assistance. Many of the women who were community midwives could have continued their practice unregistered. But the problem was that society was following a pathway of increased intervention in all facets of the household by the state. The private and the public were becoming increasingly dependent upon each other and the welfare state was emerging. Government intervention legitimised and consolidated this social change and added permanency to the change. Community midwives stepped into the public space briefly to voice their grievances about the loss of their occupations, but the health care practices in operation at the time were ceasing to exist. It could be argued that the eclipse of the community midwife was inevitable.

**Implications for the future**

This study of the community midwife and her practice in South Australia during the nineteenth and early twentieth centuries has implications for the directions of childbirthing and midwifery over the next twenty years. Childbirthing is a social, yet intimate event managed today by medicine in an unsociable and exposed environment.

Nursing never achieved the same professional status as medicine. Throughout the twentieth century nursing has remained subordinate to medicine and is viewed widely by the public as the necessary assistant to medicine in all areas of health care including midwifery. The Nurses' Registration Board remained under the control of medicine until the revision of the Nurses' Registration Act in 1984 when positions on the Board were changed to include seven nurses two medical practitioners and two lay persons.[11] The Nurses' Registration Board has continued to maintain control over midwifery through its requirements for registration within South Australia. Midwives are now educated through university in South Australia but the curriculum and requirement for registration is subject to Nurses' Board approval. Although today the obstetric nurse is referred to as a midwife their practice is still that of an obstetric nurse. Since 1920 there has never been a specified position for a registered midwife on the Nurses' Registration Board of South Australia, although there has been one for a psychiatric nurse[12]and a mental deficiency nurse. Midwifery has remained until today a sub-branch of nursing and subordinate to it.

Currently in South Australia the government, supported by the obstetrician, is seeking to further control and legislate childbirth by declaring that the county hospitals established in the early twentieth century are now not safe for childbirthing.[13] Obstetricians are tightening their control over the provision of midwifery care by not only bringing women into their place of

---

[11] *The Nurses Registration Act of South Australia 1984* section V1, the Board now comprises;
A general nurse nominated by the S.A. Health Commission,
A psychiatric nurse nominated by the Psychiatric Nurses' Association,
A mental deficiency nurse nominated by the Mental Deficiency Nurses' Association,
Four nurses one of whom shall be an enrolled nurse, (as opposed to a registered nurse)
A medical practitioner nominated by the AMA,
A medical practitioner nominated by the College of Psychiatrists,
A lay person nominated by the SA Hospitals Association, and
A person who is neither a nurse nor a doctor nominated by the SA Health Commission.

[12] Mental nurse.

[13] See *The Advertiser*, 16 August 1993, *The Advertiser,* Thursday 30 March 1995, and midwives response *The Advertiser*, Saturday 15 April 1995.

work, the hospital, but by bringing them to their area of practice, the city. The use of medical discourse to effect this further control is still evident today as obstetrician Professor Alistair MacLennan warned in 1993 that women would have to deliver their babies at home with the 'standards of the last century'[14] if they did not come into the metropolitan area for childbirthing. In 1995 he further warned that:

> Australians might have to deliver their own babies with lay midwives, uninsured and untrained.[15]

Midwives who wish to have a voice in the provision of midwifery care must be aware of their history in order to effect change and to respond with confidence to medical discourse. Popular notions of past midwives are not a basis for argument for future independent midwives. Currently there is a new Nurses' Act before Parliament in South Australia which makes provision only for a single register of nurses.[16] The midwife of the future will be a general nurse whose registration will indicate that they have completed a course in midwifery. A midwife will then be a nurse who works in a childbirthing ward of a hospital.

Midwives will to need support massive changes to their status and role and assert their political objectives in order to have more say in the provision of midwifery care. Midwives will need to actively support changes in society that will allow women choice in their childbirthing. History can provide midwives with the strategies to effect these changes from an awareness of the factors which have led to their present position in the health care hierarchy. Yet the pathway for midwives to reclaim their territory within the provision of midwifery care is likely be as long as the pathway that lost it.

---

[14] *The Advertiser*, 16 August 1993.
[15] *The Advertiser,* Thursday 30 March 1995,
[16] Information from the Nurses' Board of South Australia.

# BIBLIOGRAPHY

## PRIMARY SOURCES

### Archival Material


Adelaide Hospital Annual Report, 1889, Royal Adelaide Hospital Archives.

Australasian Trained Nurses' Association Council Minutes vol. 1, 1905 - 1922, Australian Nursing Federation, South Australian Branch archives, Adelaide.

Australasian Trained Nurses' Association (ATNA), South Australian Branch, Register of Members, Annual Report 1915-1916, Australian Nursing Federation, South Australian Branch archives, Adelaide.

Australasian Trained Nurses' Association, Register of Members, Rules, printed by Websdale, Shoosmith, Sydney, 1916, Australian Nursing Federation, South Australian Branch archives, Adelaide.

Correspondence, The Nurses Registration Board of South Australia, State Archives, South Australia, GRG 14/1,1921-1942, Adelaide.

Correspondence-in-book, ATNA S.A. Branch 1905, Ref. E139/1/1, Australian Nursing Federation, South Australian Branch archives, Adelaide.

Destitute Asylum Record Book of Officers and Servants, State Archives, South Australia, GRG 28/24, Adelaide.

Durdin Joan, interview transcript of Mrs Muriel Pearce and Miss Constance Watt, 1984, Mortlock Library of South Australia, Adelaide.

*Herald* (England ), newspaper cutting dated April 5th 1836, Mortlock Library South Australia, BRG 42/121/1, Adelaide, page unnumbered.

Letters from the Destitute Asylum 1858 - 1860, State Archives, South Australia, GRG 28/30, Adelaide.

Letterbook Destitute Asylum July 1876 - July 1879, State Archives, South Australia, GRG 28/31/1, Adelaide.

Minute Book of the Australasian Trained Nurses' Association, South Australian Branch Council, 1905 - 1922, Australian Nursing Federation, South Australian Branch archives, Adelaide.

Minute Book of the Destitute Board 12 March 1849 - 11 November 1853, State Archives, South Australia, GRG 28/1/1, Adelaide.

Minute Book of the Destitute Board 7 January 1875 - 6 July 1876, State Archives GRG 28/1/1, Adelaide.

Minute book of the Nurses' Registration Board of South Australia 1920 - 1926, Nurses Board of South Australia archives, East Terrace, Adelaide.

Minute Book of Nurses' Board of South Australia, 1978, Nurses Board of South Australia archives, East Terrace, Adelaide.

*Ordinance No. 17 of the Province of South Australia*, 3 September 1844, State Archives, South Australia, Adelaide.

Queen's Home Minute Books 1902 - 1920, Queen Victoria Hospital Archives, Adelaide.

Queen's Home Minute Book of the Medical Board 1902 - 1920, held in the Queen Victoria Hospital Archives, Adelaide.

*South Australian Government Gazette* 1844 - 1845, 1920 - 1921, State Archives, South Australia, Adelaide.

South Australian Female Refuge Journal, Mortlock Library, South Australia, 1881 - 1882, Ref D6398L, Adelaide.

South Australian Hospitals Association, Country Hospitals Reports, 1923 -1933, Mortlock Library South Australia, uncatalogued, Adelaide.
South Australian Hospitals Association Annual Reports 1919 - 1979, Mortlock Library, South Australia, uncatalogued, Adelaide.
South Australian Parliamentary Debates 1855 - 1921, State Archives, South Australia, Adelaide.
South Australian Hospital's Association Minute Book 1919 - 1936, Hospitals and Health Association Inc., 59 Fullarton Road, Kent Town , private collection.
*The Nurses' Registration Act of South Australia 1920*, George V Regis A.D. 1920, State Archives, South Australia, Adelaide.
*The Nurses' Act of South Australia 1984,* The Nurses' Board of South Australia archives, Adelaide.
Woodforde Dr John, Diary, Mortlock Library South Australia, PRG 502 1/2.

**Reports**

Australian College of Midwives Incorporated (ACMI), *Report and Recommendations from the Joint Birth Consultative Committee*, 1992.
*Community Development: The Process and the People*, Raysmith H., Einfield S., A Report to the Australian Government Social Welfare Commission, Published by the Social Welfare Commission as a Discussion Paper, Canberra, November 1975.
*Health Committee Second Report: Maternity Services,* Vol 1, House of Commons, Her Majesty's Stationary Office (HMSU) P.O Box 276, London, March 1992.
Hynes K.J., *South Australian Hospitals Association Annual Reports 1919 -1979*, 1979.
*Midwifery and Neonatal Nursing Education Future and Rationalisation of Courses*, South Australian Health Commission, Adelaide,1992.
*Midwifery Working Party Report: A Discussion Paper*, South Australian Health Commission, Adelaide,19 November 1990.
South Australian Health Commission, *Statement on the Role of the Midwife*, Adelaide, 1991.
*Royal Commission on Public Charities,* Second Report, New South Wales Government Printing Service, Sydney, 1898.

**Books**

Brown L, de Crespigny B., Harris M., Thomas K.K., Watson P.N., *A Book of South Australia: Women in the First Hundred Years*, Published for the Women's Centenary Council of South Australia, Rigby, Adelaide, 1936.
Bull John Wrathall, *Early Experiences of Life in South Australia,* (2nd edition), E.S. Wigg & Son, Adelaide, South Australia and Sampson Low, Marston, Searle & Rivington, Fleet Street, London, 1884.
Hasluck Alexandra, (ed.), *Audrey Tennyson's Vice Regal Days: The Australian letters of Audrey Lady Tennyson to her mother Zacyntha Boyle, 1899 - 1903,* National Library of Australia, 1978.
Hodder Edwin, *The Founding of South Australia, As recorded in the Journals of Mr Robert Gouger, First Colonial Secretary,* Sampson Low, Marston, & Company, London, 1898.
Hodge Chas R., *Encounter Bay, The Miniature Naples of Australia: A Short History of the Romantic South Coast of South Australia,* printed at the Advertiser Office, Adelaide, undated.
Hurst Lily M., (ed), Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837 -1937*, Vardon & Sons, Adelaide, 1938.

Marland H., Kloosterman G.J., van Lieburg M.J., *"Mother and Child Were Saved": The memoirs (1693-1740) of the Frisian midwife Catharina Schrader,* translated and annotated by Hilary Marsland, Rodopi, Amsterdam, 1984.

Nightingale Florence, *Introductory Notes on Lying -In Institutions: together with, A Proposal for Organising and Institution for Training Midwives and Midwifery Nurses.* Longmans, Green and Co. London, 1871.

Sterne Lawrence*, The Life and Opinions of Tristram Shandy, Gentleman,* Volume 1 of, *The Works of Laurence Sterne,* W. Strahan, J. Rivington and Sons, London, 1780.

Thomas Evan Kyffin, (ed.), *The Diary and Letters of Mary Thomas (1836 -1866) Being a Record of the Early Days of South Australia,* W.K. Thomas & Co Grenfell Street 1925, facsimile printing of third edition, Adelaide, 1983.

**Articles**

Allen R.M., "Infantile Mortality Under One Year Victoria 1881-1927", *The Medical Journal of Australia,* 2 June 1928.

Allen R.M., "The Future of Obstetrics", *The Medical Journal of Australia*, 25 June 1927.

Bates Daisy, "Our Pioneer Women and our Natives", in Brown L, de Crespigny B., Harris M., Thomas K.K., Watson P.N., (eds.) *A Book of South Australia: Women in the First Hundred Years*, published for the Women's Centenary Council of South Australia, Rigby , Adelaide, 1936.

Cleghorn Thomas "The Writings of Charles Dickens" *North British Review,* 3 May 1845.

Forster John, "First Year of Martin Chuzzlewit", in *The Life of Charles Dickens*, Chapman and Hall, London, vol. II, 1873.

Forster John, "Chuzzlewit Disappointments and Christmas Carol", in *The Life of Charles Dickens,* Chapman and Hall, London, vol. II ,1873.

Hone Frank S. "Review of the Present Position of Infantile Mortality" The Medical Journal of Australia, Sydney: Saturday May 2 1925, No. 18.

Lendon Dr A.A., Address delivered at the first annual meeting of the South Australian Branch of the ATNA, *The Australasian Nurses' Journal*, 15 March 1906.

Lewes George Henry, "Dickens in Relationship to Criticism.", *The Fortnightly Review*, 11, 1872.

Loane Miss, "Only Manner", *The Australasian Nurses' Journal,* 15 February 1906.

Morris E. Sydney, "An Essay on the Causes and Prevention of Maternal Morbidity and Mortality", *The Medical Journal of Australia*, Saturday Sept 12th 1925 No 11.

McNeill Rebecca H., "The Ideal Nurse", *The Australasian Nurses' Journal*, 15 June 1910.

Oliphant Margaret "Charles Dickens" *Blackwood's Edinburgh Magazine*, June 1871.

Purdy J.S., "Maternal Mortality", *The Australasian Nurses' Journal*, December 1920.

Scott Miss Rose, "The Cultivation of Sympathy" *The Australasian Nurses' Journal*, 16 November 1908 and continued in 15 December 1908 issue.

Superintendent, "Etiquette and Ethics: Hints for special duty nurses." *The Australasian Nurses' Journal,* 15 May 1909.

Tooley Sarah, *The History of Nursing in the British Empire,* London S.H. Boufield & Co, 1906, in *The Australasian Nurses' Journal,* review of her book, 15 August 1907.

Way E.W., "President's Address, Section of Midwifery and Diseases of Women', *Intercolonial Medical Congress of Australasia, Transactions of the Fourth Session held in Dunedin, New Zealand*, February 1896.

Wood C.J., "State Registration of Nurses in the Australian Colonies", *The Australasian Nurses' Journal*, 15 June 1909.

**Newspapers and Periodicals**

*The Adelaide Observer,* 1880 - 1924.
*The Advertiser*, 1992 - 1995.
*The Australasian Medical Gazette,* 1881 - 1909.
*The Australasian Nurses' Journal,* 1903 - 1924.
*The Medical Journal of Australia,* 1920 - 1940.
*The Register,* 1862 - 1930.
*West Coast Recorder,* Port Lincoln, 1920 - 1924

## SECONDARY SOURCES

**Books**

Abercrombie N., Hill S., Turner B.S., *The Penguin Dictionary of Sociology*, Penguin, Harmondsworth, 1986.
Ackroyd Peter, *Dickens*, Sinclair - Stevenson, London, 1990.
Adcock Winifred, Bayliss Ursula, Butler Marietta Sr., Hayes Pamela, Woolston Hazel, Sparrow Patricia, *With Courage and Devotion: A History of Midwifery in New South Wales,* Anvil Press, Wamberal, New South Wales, 1984.
Arendt Hannah, *The Human Condition*, University of Chicago Press, Chicago, 1958.
Arms Suzanne, *Immaculate Deception*: *A New Look at Women and Childbirth*, Bantam, New York, 1975.
Auerbach Nina, *Women and Demon: The Life of a Victorian Myth*, Harvard University Press, Cambridge Mass., 1982.
Baldock Cora V., Cass Bettina, (eds.) *Women, Social Welfare and the State in Australia*, Allen and Unwin, Sydney, 1983.
Barickman Richard, MacDonald Susan, Stark Myra, *Corrupt Relations: Dickens, Thackeray, Trollope, Collins, and the Victorian Sexual System*, Columbia University Press, New York, 1982.
Barker Paul, (ed), *Founders of the Welfare State*, Heinemann Educational Books, London,1984.
Berkeley Sir Comyns, *Pictorial Midwifery: An Atlas of Midwifery for Pupil Midwives,* (4th edition) Bailliere, Tindall and Cox, London, 1946.
Bessant Judith, Bessant Bob, *The Growth of a Profession in Victoria 1930s - 1980s*, La Trobe University Press, Bundoora, 1991.
Brown Stephanie, Lumley Judith, Small Rhonda, Astbury Jill, *missing Voices, The Experience of Motherhood,* Oxford University Press, Melbourne, 1994.
Carr E.H., *What is History?* Pelican Books, Harmondsworth, 1964.
Carter F.M., *Psycho-Social Nursing*, Macmillan, New York, 1981.
Cazamian, Louis, *The Social Novel in England 1830-1850: Dickens, Disraeli, Mrs Gaskell, Kingsley*, translated by Marin Fido, Routledge & Kegan Paul, London, 1973.
Clarke Patricia, Spender Dale, (eds.) *Life Lines: Australian women's letters and diaries, 1788-1840*, Allen & Unwin, Sydney, 1992.
Collins Philip, (ed.), *Charles Dickens: The Public Readings,* Clarendon Press, Oxford, 1975.
Cox F., Erlich J.L., Rothman J., Tropman J.E., (eds.), *Strategies of Community Organization*, F.E. Peacock Publishers, Illinios, 1979.
Cowell Betty, Wainwright David, *Behind the Blue Door: The History of the Royal College of Midwives 1881 -1981,* Bailliere Tindal, London, 1981.
Cruse Amy, *The Victorians and Their Reading*, Houghton Mifflin, Boston, 1935.

Davidoff Leonore, Hall Catherine, *Family Fortunes, Men and Women of the English Middle Class, 1780-1850,* The University of Chicago Press, Chicago, 1978.
Dean Mitchel, *Critical and Effective Histories: Foucalt's Methods and Historical Sociology*, Routledge, London, 1994.
Deloughery Grace L., *History and Trends of Professional Nursing,* (8th edition), C.V. Mosby, St Louis, 1977.
Dent, H.C., *The Life and Characters of Charles Dickens,* Odhams Press, London, 1933.
Dickens Charles, *Martin Chuzzlewit*, Collins, London, undated publication.
Dickenson Mary, *An Unsentimental Union: The NSW Nurses Association 1931-1992*, Hale & Iremonger, Sydney, 1993.
Dickey Brian, *No Charity There: A Short History of Social Welfare in Australia*, Thomas Nelson, Melbourne,1980.
Dickey Brian, *Rations, Residence, Resources: A History of Social Welfare in South Australia Since 1836,* Wakefield Press, Netley, 1986.
Dick-Read Grantley, *Childbirth Without Fear: The Principles and Practice of Natural Childbirth*, (3rd edition), William Heinemann Medical Books, London, 1958.
Dolan Josephine A., *Nursing in Society: a historical perspective*, W.B. Saunders, Philadelphia, 1973.
Donahue, M. Patricia, *Nursing: the Finest Art*, C.V. Mosby, St Louis, 1985.
Donley Joan, *Save the Midwife*, New Women's Press, Auckland, 1986.
Donnison Jean, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*, Heinemann, London, 1977.
Dox I., Milloni B.J., Eisner G.M., *Melloni's Illustrated Medical Dictionary*, Williams & Wilkins, Baltimore, 1979.
Durdin Joan, *They Became Nurses: A history of nursing in South Australia 1836 - 1980,* Allen & Unwin, Sydney, 1991.
Eccles Audrey, *Obstetrics and Gynaecology in Tudor and Stuart England,* Croom Helm, London, 1982.
Ehrenreich B., English D., *Witches Midwives and Nurses: A History of Women Healers,* The Feminist Press, New York, 1973.
Feiling Keith, *A History of England*, Macmillan, London, 1966.
Fenstermaker John J., *Charles Dickens, 1940 - 1975: An Analytical Subject Index to the Periodical Criticism of the Novels and Christmas Books*, G.K. Hall, Boston, 1979.
Forbes Ian L., *The Queen Victoria Hospital Rose Park, South Australia 1901 - 1987*, published by the Queen Victoria Hospital, Adelaide, 1988.
Forster Frank M.C., *Progress in Obstetrics and Gynaecology in Australia*, John Sands, Sydney, 1967.
Foucault Michael, *The Birth of the Clinic*, Tavistock, London, 1973.
Fraenkel G.D., Wilde D.H., *The Medical Board of South Australia 1844 - 1994*, published by the Medical Board of South Australia, St Peters, 1994.
Gibbs R.M. *A History of South Australia*, Balara Books, Adelaide, 1969
Hagger Jennifer, *Australian Colonial Medicine*, Rigby, Adelaide, 1979.
Harbage Alfred B., *A Kind of Power: The Shakespeare - Dickens Analogy*, American Philosophical Society, Philadelphia, 1975.
Haseloff W.J., *Inasmuch: The Memorial Hospital Story*, National Library of Australia, Canberra, 1976.
Haskell Arnold L. *The Australians: The Anglo-Saxondom of the Southern Hemisphere: An Historical Sketch*, Adam & Charles Black, London, 1943.
Hirst J.B., *Adelaide and the Country 1970 - 1917: Their Social and Political Relationship*, Melbourne University Press, Carlton, 1973.

Howe Elkins Valmai, *Rights of the Pregnant Parent,* Hedges & Bell, Maryborough, 1978.
Irving Hilda, *In Florrie's Footsteps: Adventures of a trainee nurse at the Royal Adelaide Hospital 1938 - 1941,* Gillingham Printers, Adelaide, 1985.
Jellett Henry, *A Short Practice of Midwifery for Nurses*, J. & A. Churchill, London, 1945.
Jones Helen, *In Her Own Name: A History of Women in South Australia*, Wakefield Press, Adelaide, 1986.
Keesing Nancy, (ed.) *The White Chrysanthemum: Changing Images of Australian Motherhood*, Angus & Robertson, Sydney, 1977.
Kennedy Richard, *Australian Welfare History: Critical Essays*, MacMillan Company of Australia, Melbourne, 1982.
Kingston Beverley, *My Wife, My Daughter and Poor Mary Ann*, Thomas Nelson (Australia), Melbourne, 1975.
Lasch C., *Haven in a Heartless World: the family besieged.* Basic Books, New York, 1978.
Leavitt Judith Walzer, (ed.), *Women and Health in America: Historical Readings*, The University of Wisconsin Press, Madison, 1984.
Lindridge Edwin F, M.D., *A Handbook of Nursing*,The Genesee Press, New York, undated publication.
Linn Rob, *Frail Flesh & Blood: The health of South Australians since earliest times*, published by the Queen Elizabeth Hospital Research Foundation Inc., Adelaide, 1993.
Linn Rob, *Angels of Mercy: District Nursing in South Australia 1894 - 1994*, Royal district Nursing Society of South Australia Inc., Adelaide,1993.
Lougy Robert E., (ed.), *Martin Chuzzlewit: An Annotated Bibliography,* Garland Publishing, New York and London, 1990.
Lumley Judith, Astbury Jill, *Birth Rites Birth Rights: Childbirth Alternatives for Australian Parents*, Thomas Nelson, Melbourne, 1980.
MacIntyre Stuart, *The Oxford History of Australia, Volume 4, 1901 - 1942: The Succeeding Age*, Oxford University Press, Melbourne, 1986.
Marland H., (ed.) *The Art of Midwifery: Early Modern Midwives in Europe*, Routledge, London, 1993.
Matthews Jill Julius, *Good and Mad Women: The Historical Construction of Femininity in Twentieth-Century Australia*, Allen & Unwin, Sydney, 1984.
McCoppin Brigid, Gardner Heather, *Tradition & Reality: Nursing and Politics in Australia*, Churchill Livingstone, Melbourne, 1994.
McGann Susan, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing*, 1880-1930, Scutari Press, London, 1992.
Mein Smith Phillipa, *Maternity in Dispute, New Zealand 1920 - 1939,* V.R. Ward Government Printer, Wellington, 1986.
Merchant Carolyn, *The death of nature: women, ecology and scientific revolution,* Harper & Row, San Francisco, 1980.
Miller B.F., Keane C.B., *Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, (2nd edition),W.B. Saunders, Philadelphia, 1978.
Muller-Volmer K., (ed.), *Hermeneutic Reader*, Basil Blackwell, Oxford, 1986.
Moscucci Ornella, *The Science of Woman: Gynaecology and Gender in England, 1800-1929,* Cambridge University Press, Cambridge, 1990.
Nurses Board of South Australia, *Midwifery Lectures*, printed by the Nurses Board of South Australia, Adelaide, 1947.
Nurses Board of South Australia, *Curriculum and Guidelines for the Training of Midwives in South Australia,* Adelaide, July 1981.
Oakley A., *The Captured Womb: A History of Medical Care of Pregnant Women*, Basil Blackwell, Oxford, 1984.

Ogden Frances N., *The First Hundred Years Mount Gambier Hospital 1869 to 1969,* A.B. James, Government Printer, Adelaide, 1969.
Perlman R., Gurin A., *Community Organization and Social Planning*, Wiley & Sons, New York, 1972.
Pensabene T.S., *The Rise of the Medical Practitioner in Victoria,* research monograph 2, The Australian National University, Canberra, 1980.
Perkin Harold, *The Rise of Professional Society: England Since 1880*, Routledge, London and New York, 1989.
Prout Denton, Freely Fred, *Petticoat Pioneers: Australia's Colonial Women*, Rigby, Adelaide, 1977.
Ray William, (ed.), *Jubilee of The Medical School 1885-1935: The University of Adelaide*, The Hassell Press, Adelaide, 1935.
Reiger Kerreen M., *The disenchantment of the home: Modernising the Australian family 1881-1940* , Oxford University Press, Melbourne, 1985.
Rennison G.A., *We Live among Strangers: A sociology of the welfare state,* Melbourne University Press, Carlton, 1970.
Richards Eric, (ed.), *Poor Australian Immigrants in the Nineteenth Century: Visible Immigrants: Two*, Australian National University, Canberra, 1991.
Robinson Nancy, *Change on Change*, Stock Journal Publishers for Investigator Press, Adelaide, 1971.
Rosenberg Charles E., (ed.) *Florence Nightingale on Hospital Reform*, Garland Publishing, New York and London, 1989.
Saunders Kay, Evans Raymond, *Gender Relations in Australia: Domination and Negotiation*, Harcourt Brace Jovanovich Group (Australia), Sydney, 1992.
Savage Wendy, *A Savage Enquiry: Who Controls Childbirth?*,Virago Press, London, 1986.
Shaw Sir William Fletcher, *Twenty-Five Years: The Story of the Royal College of Obstetricians and Gynaecologists 1929-1954,* J & A Churchill, London, 1954.
Shephard Elsie, *The Midwives of Rosewood and other birth stories,* Pioneer Women's Hut, Glenroy, 1989.
Shephard Elsie, *The Midwives of Tumbarumba,* Pioneer Women's Hut, Glenroy, 1990.
Shore W. Teignmouth, *Dickens,* George Bell & Sons, London, 1904.
Showstack Sassoon Anne, (ed.), *Women and the State: The shifting boundaries of public and private*, Unwin, London, 1987.
Slater Michael, (ed.), *Dickens 1970: Centenary Essays*, Stein & Day, New York, 1970.
Smith Babette, *A Cargo of Women: Susannah Watson & the Convicts of the Princess Royal,* (2nd edition) Pan Macmillan, Sydney, 1992.
South Australian Branch of the Australian Medical Association, *AMA in South Australia 1879 - 1979: A Centenary History 1979,* National Library of Australia, Canberra, 1979.
South Australian Medical Women's Society, *The Hands of a Woman: Stories of South Australian Medical Women and the Society*, Wakefield Press, Adelaide, 1994.
Summers Anne, *Damned Whores and God's Police: The Colonisation of Women in Australia,* Penguin Books, Ringwood, 1975.
Summers Annette, *Wartime Problems: The South Australian Nurses Registration Board During the Second World War, 1939-1945*, monograph 2, published by The Nurses Board of South Australia, Adelaide, 1993.
Tanner, J.M., *A history of the study of human growth*, Cambridge University Press, Cambridge, 1981.
Thoroughgood Anne, Bradley Ellen, Hucker Wendy, *Memories of My Mother: Recollections of everyday life of rural women in the Tumbarumba district 1850-1950*, Pioneer Women's Hut, Glenroy, 1990.

Towler Jean, Bramall Joan, *Midwives in History and Society,* Croom Helm, London, New York, 1986.
Trembath Richard, Hellier Donna, *All Care and Responsibility: A History of Nursing in Victoria 1850 -1934*, The Florence Nightingale Committee, Victorian Branch, Melbourne, 1987.
Ulrich Laurel T., *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785 - 1812*, Vintage Books, Random House, New York, 1990.
Webb Christine (ed.), *Feminist Practice in Women's Health Care*, John Wiley & Sons, Chichester, 1986.
Weedon Chris, *Feminist Practice & Poststructuralist Theory*, Blackwell, Oxford, 1992.
Western Australian Branch of the National Midwives Association of Australia, *History of Midwifery Practice in Australia and Western Pacific Regions,* prepared by Western Australian Branch of the National Midwives Association of Australia for the 20th Congress International Confederation of Midwives, Sydney, 1984.
White David, *A New Beginning, Nurse Training and Registration Policy 1920 - 1938: The role of the Nurses Registration Board of South Australia*, monograph 1, published by the Nurses Board of South Australia, Adelaide, 1993.
Willis E., *Medical Dominance: The division of labour in Australian health care,* Allen & Unwin, Sydney, 1989.
Woodruff Philip, *Two Million South Australians*, Peacock Publications, Adelaide, 1984.

**Articles**

Adams Constance, "American Nurse-Midwifery 1987: A project of the Research and Statistics Committee", *American College of Nurse-Midwives*, Washington, 1987.
Allen Walter, "Charles Dickens", in *Six Great Novelists*, London Hamish Hamilton 1955.
Anderson Margaret, "Good Strong Girls: Colonial Women and Work", in Saunders Kay, Evans Raymond, *Gender Relations in Australia: Domination and Negotiation*, Harcourt Brace Jovanovich Group, Sydney, 1992.
Ashley Jo Ann, "Power in Structured Misogyny: Implication for the Politics of Care", *Advanced Nursing Science,* 1980.
Association of Radical Midwives, "Education and the Midwife", *Report on the Third Annual Conference 1983*, Nottingham, June 1983.
Association of Radical Midwives, "The Role of the Midwife", *Report on the First Annual Conference 1981*, Nottingham, June 1981.
Association of Radical Midwives, "Choices in Childbirth", *Association of Radical Midwives Information Sheet*, April 1982.
Barclay L., "Overview of History of Midwifery", *Journal Australian College of Midwives Incorporated,* Vol 2. No 4. 1990.
Basch Francoise, "Charles Dickens' Anti Woman", in *Relative Creatures: Victorian Women in Society and the Novel, 1837 - 1867*, translated by Anthony Rudolf, Schocken Books, New York, 1974.
Bennett C. Shearman R., "Maternity services in New South Wales - childbirth moves toward the 21st Century", *The Medical Journal of Australia* Vol. 150, 19 June 1989.
Bligh Sir Edward. "A Defence of Mrs Gamp" *Dickensian,* 48, 1951/52.
Bunting Sheila, Campbell Jacqueline, "Feminism and nursing: Historical perspective", *Advanced Nursing Science,* Aspen Publishers. 1990.
Bush Douglas, "A Note on Dickens' Humor", in Rathburn Robert C., and Steinmann Martin Jr., (eds.), *From Jane Austen to Joseph Conrad,* University of Minnesota Press, Minneapolis, 1958.

Campbell Jacquelyn, Bunting Sheila, "Voices and paradigms: Perspectives on critical and feminist theory in nursing", *Advanced Nursing Science*, March 1991.
Cardwell Margaret Ed. "Introduction", in *Martin Chuzzlewit*, Oxford University Press, New York, 1982.
Child A., "The Homebirth Debate", *The Medical Journal of Australia* Vol. 153, 3/17 December, 1990.
Chinn Peggy, Wheeler Charlene, "Feminism and Nursing", *Nursing Outlook,* Vol 33, No. 2, March/April 1985.
Clayborough Arthur, "Dickens: A Circle of Stage Fire." in *The Grotesque in English Literature*, Clarendon Press, Oxford, 1965.
Conboy Margaret, "The Midwives Association of South Australia", W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International Confederation of Midwives, Sydney, 1984.
Crotty Maria, Ramsay Andrew, Smart Rosemary, Chan Annabelle, "Planned Homebirths in South Australia 1976 - 1987", *The Medical Journal of Australia*, Vol 153, 3/17 December 1990.
Dark Sidney, "Martin Chuzzlewit", in *Charles Dickens*, T.C. and E.C. Jack, London, 1919.
Dyson, A.E., "Martin Chuzzlewit: Howls the Sublime", in *The Inimitable Dickens: A Reading of the Novels,* Macmillan, London, 1970.
Evans S., Hunter A., "Wisewoman or Witch: The Herbal Tradition", *The Health Sharing Reader: Women Speak About Health,* compiled by Health Sharing Women, Pandora Press, Unwin Hyman, 1990.
Ganz Margaret, "The Vulnerable Ego: Dickens's Humor In Decline", in *Dickens Studies Annual,* vol 1, 1970.
Garrison A., "Tasmania", in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984.
Gissing George, "Martin Chuzzlewit", in *Critical Studies of the Works of Charles Dickens,* introduction by Temple Scott, Haskell House, New York, 1965.
Hagell Elizabeth, "Nursing Knowledge: Women's Knowledge. A Sociological Perspective", *Journal of Advanced Nursing,* 1989, vol 14.
Haines Robin, "Shovelling out Paupers? Parish-Assisted Emigration From England to Australia 1834-1847", in *Poor Australian Immigrants in the Nineteenth Century*, (ed.) Eric Richards, published by Division of Historical Studies and Centre for Immigration and Multicultural Studies, Research School of Social Science, Australian National University, 1991.
Hardy Barbara, "Dickens's Storytellers", *Dickensian*, 69, 1973.
Harrison Frederic, "Charles Dickens", in *Studies in Early Victorian Literature*, Edward Arnold, London, 1895.
Hayes P., Bayliss U., "New South Wales: The Convict Era 1788 - 1850", in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International Confederation of Midwives, Sydney, 1984.
Irwin Michael, "Gesture and Clothes and Accoutrements", in *Picturing: Description and Illusion in the Nineteenth-Century Novel*, George Allen and Unwin, London, 1979.
Johnstone Megan Jane, "The Pyrrhic Victory of State Registration", in *Nursing and the Injustices of the Law,* Harcourt Brace and Co., Marrickville NSW, Australia, 1994.
Kalisch, Beatrice J., Kalisch Philip A., "An Analysis of the Impact of Authorship on the Image of the Nurse Presented in Novels", *Research in Nursing and Health*, vol. 6, 1983.

Kauffman, Linda "The Madam and the Midwife: Reba Rivers and Sairey Gamp", *Mississippi Quarterly*, vol. 30, 1977.
Keenan P., Joske P., Denny R., "Western Australia", in W. McDonald, J.A. Davis, (eds.), *History of Midwifery Practice in Australia and Western Pacific Regions.* Monograph for the 20th Congress International confederation of Midwives, Sydney, 1984.
Kennedy, Veronica M.S. "Mrs Gamp as the Great Mother: A Dickensian Use of the Archetype", *The Victorian Newsletter*, New York, no. 41, Spring 1972, pages 1-5.
Manheim Leonard F., "Floras and Doras: The Women in Dickens' Novels", *Texas Studies in Literature and Language,* University of Texas press, Austin, vol. 7, 1965.
Matthews Jill, 1986, "Feminist History", *Labour History,* no. 50, May 1986.
McCool W.F., McCool S.J., "Feminism and Nurse-Midwifery: Historical Overview and Current Issues", *Journal of Nurse-Midwifery,* vol 34, no 6, November/December 1989, pages 323.
McDonnell A.C., "Australian Midwifery Reflections in the Final Decade of the Century", *Journal Australian College of Midwives Incorporated*, vol 4, no 2, September 1991.
Murphy-Lawless Jo, "The Obstetric View of Feminine Identity: A Nineteenth Century Case History of the Use of Forceps on Unmarried Women in Ireland", in Todd A., Fisher S., (eds.), *Gender and Discourse: The Power of Talk,* Ablex, New Jersey, 1988.
Obituary, "Dr James Alexander Greer Hamilton", *The Medical Journal of Australia*, 12 December 1925.
Obituary, "Dr Alfred Austin Lendon", *The Medical Journal of Australia*, 26 October 1935.
Obituary, "Dr Harry Swift", *The Medical Journal of Australia*, 27 November 1937.
Obituary, "Dr Thomas George Wilson", *The Medical Journal of Australia,* 28 June 1958.
Olive H.T. "Sarah Gamp -- Was She a Sober Nurse?" *Dickensian* 30, 1934.
Peters Margaret, "Australian Midwifery; Opportunities and Challenges in the Next Decade", *Journal Australian College of Midwives Incorporated,* December 1991.
Pratten Belinda, "Power Politics and Pregnancy", *Health Rights*, London, 1990.
Savage Oliver D., "Mrs Gamp Again", *Dickensian* 33, 1936.
Robertson Beth M., "Old Traditions and New Technologies: An Oral History of Childbirth Experiences in South Australia from 1900 - 1940", *Oral History Association of Australia*, no. 14, 1992.
Slater Michael, "Sketches by Bos to Martin Chuzzlewit", in *Dickens and Women*, J.M. Dent, London, 1983.
Smithers David Waldron, "Martin Chuzzlewit (1844)", in *Dickens' Doctors,* Oxford Pergamon Press, 1979.
Stockton Frank R., "Charles Dickens' in *1911 Anniversary Edition of the works of Charles Dickens*, P.F. Collier and Son, New York, 1911.
Summerling P., "The Darker Side of Motherhood: Abortion and Infanticide in South Australia 1870-1910", *Journal of the Historical Society of South Australia,* no. 13, 1985.
Sullivan Deborah A., Beeman Ruth, "Four Years' Experience with Home Birth by Licensed Midwives in Arizona", *American Journal of Public Health*, June 1983, vol 73, no. 6.
Swindells Julia, "Representational Realities in Dickens", in *Victorian Writing and Working Women: The Other Side of Silence*, Polity Press, Cambridge, 1985.
Theobald Marjorie R., "Women's Teaching Labour, The Family and the State in Nineteenth-Century Victoria", in Sellick R.J.W., Theobald M., (eds.) *Family School and State*, Allan and Unwin, Sydney, 1990.
Theobald Marjorie R., "The 'everyday world' of women who taught", *The History of Education Review*, Vol. 19, No. 2, 1990.

Thomas George, "The Idea of a Community", a review of, *Sex, Economy, Freedom and Community: Eight Essays,* by Berry Wendell, Pantheon, 1993, in *Quadrant* November 1994.
Thompson Janice L., "Hermeneutic Inquiry", in Moody E., (ed.) *Advancing Nursing Science Through Research*, vol. 2, 1990.
Turnaturi Gabriella, "Between public and private: the birth of the professional housewife and female consumer", in Showstack Sassoon Anne, (ed.), *Women and the State: The shifting boundaries of public and private*, Unwin, London, 1987.
Ward, Edward T., "Gamps", *Dickensian* 24, 1927.
Wearing Michael, "Medical dominance and the Division of Labour in the Health Professions", in Grbich C. (ed.), *Health in Australia: Sociological Concepts and Issues*, Prentice Hall, Sydney, 1996.
Weitz Rose, Sullivan Deborah A., "Licensed Lay Midwifery in Arizona", *Journal of Nurse-Midwifery,* vol 29, no. 1, Jan/Feb 1984.
Woollen C.J., "Some Thoughts on Dickens's Women", *Dickensian* 36. 1940.
Van Inwagen Peter, "Creatures of Fiction" *American Philosophical Quarterly*, no. 14 1977.
Yankauer Alfred, "The Valley of the Shadow of Birth", *American Journal of Public Health*, vol 73, no. 6, June 1983.

**Theses**

Beames MaryAn, "The Social Process of Obstetric Care", *BA (Hons) thesis*, School of Social Sciences, The Flinders University of South Australia, Adelaide, 1977.
de Vries G.D., "The Conditions of Childbirth in Adelaide", *BA (Hons) thesis*, Faculty of Arts, School of History, University of Adelaide, Adelaide, 1963.
Egan Bryan, "Nobler Than Missionaries: Australian Medical Culture c. 1880 - 1930", *PhD thesis*, Monash University, Melbourne, 1988.
Mein-Smith P., "Reformers, Mothers and Babies: Aspects of Infant Survival, Australia 1890 - 1945", *PhD thesis*, Australian National University, Canberra, 1990.
Lewis Milton, "Populate or Perish: Aspects of Infant and Maternal Health in Sydney, 1870 - 1939", *PhD thesis,* Australian National University, Canberra,1976.
Rose Louise, "Whose Babies? Maternity and Infancy Reformed - Newcastle 1900 - 1940", *Master of Letters thesis*, University of New England, Armadale,1988.
Selby Wendy, "Motherhood in Labor's Queensland", *PhD thesis*, Griffith University, Brisbane,1993.
Thame C., "Health and the State: The Development of Collective Responsibility for Health Care in the First Half of the 20th Century", *PhD thesis*, Australian National University, Canberra, 1974.
Willis Evan, "The Division of Labour in Health Care", *PhD Thesis,* University of Adelaide, Adelaide, 1981.

**Unpublished papers**

Byrne A.D., "Recollections and Anecdotes Concerning Early Days of the R.C.O.G. in South Australia", Tusmore,1975.
Grimshaw Pat, "Changing Attitudes to Children, Childbirth and Sexuality in Australia", History Department, University of Melbourne, Melbourne, undated.
Newby Liza "The Politics of Women's Health", paper for the 6th Biennial Conference of the Australian College of Midwives, Darwin, 21-23 June 1989.
Sims Eric, "The Queen's Home", paper for 75th anniversary of the founding of the Queen's Home, Adelaide, 24 May 1977.

Sullivan Deborah A., Weitz Rose, “Obstacles to the Practice of Licensed Lay Midwifery”, Sociology Department and Women’s Studies Programme, Arizona State University, undated.

Waddington Beth, “Examination of the Evolution of the Role and Training of Midwives”, B. Ed. paper South Australian College of Advanced Education Salisbury Campus, Adelaide, 1984.