

NURSING HISTORY

Midwifery in Australia

A different start: midwifery in South Australia 1836-1920

Annette Summers PhD, MEdSt, BN, DipAppSci, FACMI, FRCNA, Head of School of Nursing and Midwifery, Associate Professor of Midwifery, University of South Australia, Adelaide, Australia.

It is the popular belief of many midwives and nurses in Australia that midwives of the nineteenth and early twentieth century in this country practised completely independently of medicine, resorting to medical assistance only if the labour and delivery did not progress normally. There is also the opinion that only affluent childbirthing women had a medical man in attendance at the delivery and poorer women had a midwife. Indeed, much of the Australian historical literature supports these notions. However, evidence suggests that in South Australia this was not the case and that generally midwives practiced in collaboration with medical men. Apart from some exceptions, both midwives and medical men attended the deliveries of most childbirthing women from all strata of society. This paper will explore the provision of midwifery care in the early days of settlement in South Australia and show how the relationship between the community midwife and the general practitioner developed. In doing so, this paper will establish that the normal place of delivery in nineteenth-century South Australia was in the home with both a doctor and midwife in attendance as part of normal community life.

While Eastern Australia was colonised by convict settlement, South Australia was colonised by the British in 1836 under very different circumstances. 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 families' mainly from the new English middle class.¹ Wakefield proposed that the land in this new colony should be sold at a fixed price, thus ensuring that the colonist with money to invest would settle in South Australia. The money raised from the land sales could then be used to import immigrant labourers and their families

to work the land, therefore excluding the need for convict labour.² The plan as to attract 'respectable families' who were discouraged from emigrating to colonies predominately populated by convicts.³ These more 'affluent' middle-class settlers expected different midwifery care from that provided to the convict settlers.

For the convict colonist in the eastern states, midwifery care in the early years of colonisation was very much a matter of accepting what (if anything) was available. Although there was little expert midwifery care available in early South Australia, there was an expectation that there would be some provision of midwifery care. It was this expectation that allowed the medical man to be present at most early South Australian confinements and set a pattern in this state for medical attendance at deliveries for all South Australians in the future.

The term 'community' today is now largely without specific meaning. At the very least 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.⁴ 'Community' is referred to, in this paper, 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 local group had of each other, and by the location of the community.⁵ The community midwife, who was also referred to as a nurse or midwifery nurse, was a woman who was called upon to care another woman during her labour and childbirth or 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 relied on her work to support her family.

SETTLEMENT OF S.AUSTRALIA

On the 29 July 1836 at midday, a barque, the Duke of York, 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.⁶ Editorials in English newspapers advertising the benefits of emigrating to South Australia made it clear that the foundation settlers were to be families with the means to purchase land. According to the *Herald* on 5 April 1836, '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'.

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 no provision appeared to have been made for the care of women during childbirth.

Dr John Woodforde⁸ a ship's surgeon,⁹ was the first to describe midwifery practice in South Australia indicating that the medical man, at that time, attended most confinements in the new colony. On the 7 November 1836 he recorded: '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 [the name of the ship on which

they arrived]. 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.'¹⁰

In this statement Woodforde revealed that, as the only doctor available, he was willing to attend the confinement of a labourer's wife. He did not mention payment and may have considered it part of his duty as ship's surgeon. Although Woodforde did not mention other women in attendance it was common for women to be with women during labour and it is likely that another female immigrant who had personal experience in childbirth would have been with Mrs Hoare during her labour and after childbirth.

This readiness of women to be with women during confinement is further emphasised in the diary of Mary Thomas¹¹ who along with her family were amongst the first group of settlers to arrive 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.'¹²

In her diary Mary Thomas establishes herself not only willing to be a midwife but also a nurse as was expected of married women at this time. She recorded 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'.¹³

Woodforde who qualified as a Licentiate of the Society of Apothecaries in 1832,¹⁴ and the other medical men, who came to South Australia as ships' surgeons, may not have any formal education in midwifery. Although the popularity of man-midwives was increasing at this time in England it had a low status within the medical profession.¹⁵ Nevertheless from the entries in his diary Woodforde clearly saw childbirth as part of his medical responsibility in the new colony.

Even in the first days of white settlement of South Australia there is clear evidence of the medical men being involved in most of the confinements in the new colony. The first white child born in the colony was the son of Mr Robert Gouger, the first Colonial Secretary to South Australia. 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,¹⁶ 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.'¹⁷

The doctor referred to by Robert Gouger was probably Dr Wright who was appointed as the surgeon ashore at the Holdfast Bay station in November 1836. Woodforde mentioned 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.'¹⁸

As early as October 1836 Woodforde told of the births of two children on Kangaroo Island, a small island off the coast of South Australia.¹⁹ He also recorded the birth of the first female child²⁰ in the new colony. Again he did not refer to any midwife, or comment on the involvement of other women. However, it was due to the delivery of Mrs Finnis that 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 Finnis gave me three sov. [sovereigns] for attendance of Mrs Finnis 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.'²¹

Woodforde further extolled the benefits of this newfound specialty for his medical practice when he made this last available entry in his diary: '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.'²²

These comments indicate that medical men sought to take advantage of the profitability of midwifery cases. On 29 January 1837, 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, a medical man attended every delivery.

DEVELOPMENT OF THE COMMUNITY MIDWIFE AND THE GENERAL PRACTITIONER

The provision of care during childbirth did not undergo any radical change from 1836 until the last decade of the nineteenth century in South Australia. Confinements were expected to take place in the home, but as the settler population of South Australia increased, so did the number of midwives. Midwives were often women who were left to support their families by the death, illness or desertion of their spouses. So as communities developed in South Australia one or two women within them began to specialise in midwifery, their suitability based on their own experiences in childbirth.²³ In her study of nursing in South Australia, Joan Durdin, argues that whilst most mothers were confined in their own homes, some midwives set up rooms within their own homes for confinements. Some even deliberately purchased appropriate accommodation for the purpose of establishing a nursing home.²⁴

Until the foundation in 1902 of the Queens Home, the first maternity hospital in South Australia, there was no formal training for midwives in South Australia. However, it was common for the local doctor to give community midwives certificates attesting their ability as a midwife.²⁵ South Australian midwives were held in high regard by the doctors within their local district and very few community midwives operated without the endorsement of the local doctor.²⁶

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. However, letters to the Nurses' Registration Board of South Australia 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. Nancy Robinson also indicates in her history of the northern highlands of South Australia 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 child-birthing period.²⁷ 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. Once they had proven their ability as midwives, they continued in response to the demand from the local community. Robinson further argues that a close liaison existed between midwife and doctor. She relates the story of a woman in Jamestown in country South Australia who began her labour when the usual midwife, Mrs Haese, was away in Adelaide. When the local doctor was called, he gave the childbirthing woman an injection to stop the labour and telephoned the midwife to return straight away and then settled down to await her return.²⁸

TRAINED NURSES AS MIDWIVES

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.²⁹ Since neither of these hospitals provided specific training in midwifery, a new type of midwife emerged, one who did have formal training in nursing but not in midwifery. Helena Abbott was one of the first nurses to train at the Adelaide Children's Hospital in 1889 and was one of these midwives.³⁰ After her marriage in 1895, as Helena Watt she moved to Yongala in South Australia with her husband. Her daughters Mrs Muriel Pearce and Miss Constance Watt, reflected on her work there, and testified to the close relationship between doctor and midwives at this time: '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 [in midwifery] in a hospital with a certain number of beds. He had trained her personally.'³¹

Dr Llewellyn Davey confirms this close working relationship between the midwife and the medical man in South Australia when recounting the incident of his own birth in 1889. His father drove his horse and trap a

considerable distance to collect the midwife for the labour, then again for the doctor when the birth was imminent.³²

THE GOVERNMENT VIEW

Although it was common in South Australia for medical men to attend confinements along with the midwife, the official view was that medical men were unnecessary and should attend confinements only when complications arose. In 1860 Richard Smales, a doctor of Noarlunga in South Australia, sent a letter to the Destitute Asylum, an institution set up for needy and destitute persons in South Australia, requesting payment for his attendance at the confinement of Mrs Thompson. Mrs Thompson was receiving rations from the Destitute Board. However, the Board refused to pay the account and replied to 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.'³³

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 (presumably in order 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 in South Australia.³⁴

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, a notable South Australian woman of the early twentieth century, wrote: 'Those pioneer 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.'³⁵ Bates also suggested that Aboriginal women assisted in the confinements of white women when no European midwife or medical man was available: '... 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.'³⁶ 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 idealised reflection on women in South Australia. But nevertheless in isolated country areas both Aboriginal and white women assisted each other in childbirth.

However, generally the evidence suggests that the women did not normally deliver without both the doctor and the midwife present. This is further illustrated in the memories of Elizabeth Knight, a midwife in the Mount Gambier district of South Australia in the last half of the nineteenth century. She recalled the first delivery she conducted on her own without the doctor, and the reader is left with the impression that this was different from usual: 'The first midwifery patient she attended alone, was a woman living on the outskirts of the town, who was taken ill³⁷ 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.'³⁸

Elizabeth Knight told how she went to live in Mount Gambier, a small town in the South East of South Australia, in 1866, at the age of 22, married with one child. Her husband had secured a position as wardsman in the hospital and she was employed as a nurse.³⁹ It is unlikely that this was the Mount Gambier Hospital, which was not founded until 1869;⁴⁰ more likely it was a private hospital, possibly owned by the local doctor. Elizabeth Knight became well known in the district as a community midwife after her husband's death. Mrs Knight began her 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. Often she delivered the children of two or three generations of the same family. Mrs Knight claimed that she had not lost any mothers, but that a few premature infants had died.⁴¹ Indicating that she provided a service in midwifery that was as safe as could be expected in the context of the time.

Elizabeth Knight's tale is similar to many midwives' stories in South Australia in the last century and the first two decades of the twentieth century. It illustrates the importance of these women to communities in caring for childbirthing women across generations. It was accepted practice for midwives to co-operate with the local doctor, and to manage confinements independently if required. Mrs Knight was typical in being a widow who undertook midwifery as a livelihood after the death of her spouse.

COMMUNITY MIDWIVES INTO THE TWENTIETH CENTURY

Community midwives continued to provide a service to the childbirthing women of South Australia until at least the 1930s in much the same manner as they did throughout 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, community midwives began writing to the newly established Nurses' Registration Board requesting registration.⁴² These letters reveal the extent to which the midwives worked with the local doctors and also contain information about their reasons for beginning midwifery in the first place. Many letters carried a reference from the local doctor with whom the midwife worked. Other letters came from eminent community leaders 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 from women who wanted to be registered by the Board: '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.'⁴³

Other midwives like Mrs F Poulton of Brompton, a suburb of Adelaide in South Australia, 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: 'At 17 years of age I was in my mother's (Mrs Turner) Maternity Home at 67 Franklin street Adelaide and left after seven 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.'⁴⁴

The letter from Mrs Ann Haldane of Port Pirie, a town north of Adelaide, reveals the third reason for women becoming 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 unforeseen 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 [sic] respectfully.¹⁴⁵

CONCLUSION

So the provision of midwifery care in South Australia from 1836 until the first two decades of the twentieth century remained in the community. It was different to most other societies of the time where medical engagement in midwifery was increasing but not yet completely accepted. There is sufficient evidence to show that from the foundation of South Australia as a British colony, both medical men and community midwives managed the childbirthing process of British and European settlers. This established a pattern of midwifery care that still exists today in South Australia. 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 were generally women who

had personal experience in childbirth, and although did not have formal institutional training, they often 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 called to confinements only 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 that they were in the minority. So while the presence of the medical men was not considered essential by the government, 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 take responsibility for the woman throughout the labour or ante partum period but merely attended the actual delivery. He did not specialise in midwifery, but saw it as part of his whole practice of medicine within the community. The midwife and general practitioner worked in a mutually supportive relationship, with the midwife under certain circumstances working independently of the medical man but the medical man never working independently of the midwife.

NOTES

1. Gibbs RM. *A History of South Australia*. Adelaide, Balara Books. 1969. Pp21. 22.
2. Ibid, p22.
3. Ibid.
4. Abercrombie N, Hill S, Turner BS. *The Penguin Dictionary of Sociology*. Harmondsworth, Penguin. 1986.
6. Bull JW. *Early Experiences of Life in South Australia*. Second edition. Adelaide, ES Wigg & Son. 1884. p7. 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.
7. Newspaper cutting from the *Herald* (England), Mortlock Library South Australia. BRG 42/121/1, dated 5 April 1836, page unnumbered.
8. Dr John Woodforde's Diary, Mortlock Library, South Australia, PRG 5021/2
9. 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 I kinda thought it was obvious I was dressing

up my opinions with a lot of other nonsense - I mean, you don't *really* think I'm a cult leader do you?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 R. Shovelling out paupers? Parish-assisted emigration from England to Australia 1834-1847. In Richards E (ed). *Poor Australian Immigrants in the Nineteenth Century*. Canberra, Division of Historical Studies and Centre for Immigration and Multicultural Studies, Research School of Social Science, Australian National University. 1991. p49).

10. Woodforde Diary, dated 7 November 1836, p38.
11. Thomas EK (ed). *The Diary and Letters of Mary Thomas (1836-1866), being a record of the early days of South Australia*. Facsimile printing of third edition. Adelaide, WK Thomas & Co. 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.
12. Ibid., 'Reminiscences', p73.
13. Ibid., 'The First Days of the Voyage', pp5-6, dated 5 July 1836.
14. 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 Fraenkel GJ, Wilde DH. *The Medical Board of South Australia 1844-1994*, published by the Medical Board of South Australia, 1994, p40.
15. Donnison J. *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*. London, Heinemann. 1977. p56.
16. Mrs Gouger 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 possible that her confinement bore some relationship to her illness and death. Woodforde recorded the death of Mrs Gouger on Friday 17 March 1837. It would seem that the unfortunate Mrs Gouger could also have been the first death as a result of childbirth in the new colony.
17. Hodder E. *The Founding of South Australia, as recorded in the Journals of Mr Robert Gouger, First Colonial Secretary*. London, Sampson Low, Marston, & Company. 1898. p204.
18. Dr Woodforde's Diary, dated 5 November 1836, p32.
20. Fanny Lipson Finnis was born 2 January 1837 and christened in Trinity Church on 31 July 1837. The Rev CB Howard put a note on her birth certificate saying she was the first girl born in South Australia. In Brown L, de Crespigny B, Harris M, Thomas KK, Watson PN (eds). *A Book of South Australia: Women in the First Hundred Years*. Adelaide, Rigby Ltd for the Women's Centenary Council of South Australia. 1936. p48.
21. Dr Woodforde's Diary, dated Monday, 23 January 1837.
22. Ibid., dated Tuesday, 11 April 1837. John Woodforde was appointed 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, p2; The Medical Board of South Australia, p40).
23. Willis E. The Division of Labour in Health Care. PhD thesis. Adelaide, University of Adelaide. 1981, p190; Durdin J. They Became Nurses: A History of Nursing in South Australia 1836-1980. Sydney, Allen & Unwin. 1991. p19.
24. Durdin, op. cit., pp19-20.
25. Ibid., p19.
26. For further evidence of this see Summers A. 'For I have so much more faith in her as a nurse': *The Eclipse of the Community Midwife in South Australia 1836-1942*. PhD thesis. Flinders University of Australia, 1995
27. Robinson N. *Change on Change*. Adelaide, Stock Journal Publishers, for Investigator Press. 1971. p213.
28. Ibid., p215.
29. Hurst LM (ed). Chairman South Australian Trained Nurses' Centenary Committee, *Nursing in South Australia: First Hundred Years 1837-1937*. Adelaide, Vardon & Sons. 1938. p29, p69.
30. Ibid., p88.
31. Joan Durdin, interviewer, unpublished interview transcript of Mrs Muriel Pearce and Miss Constance Watt, 1984. The date of her midwifery practice is not recorded. However, Helena Watt finished her nurse training in 1890, aged 22. She became a charge nurse in 1891 and continued nursing at the Children's Hospital until marrying in 1895. Copies of these interviews are now lodged with the Mortlock Library of S. Australia.
32. Durdin, op. cit., p19, quoted from 'The First 150 Years of Midwifery in South Australia', a paper given by Llewellyn Davey for the Midwives Association Conference, Adelaide, 1986.
33. 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.
34. See Summers, op. cit.
35. Bates D. Our pioneer women and our natives. In Brown et al, op. cit., p93.
36. Ibid., p93.
37. 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, it is interesting to speculate if the following word, 'emergency', 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.
38. Hurst, op. cit., p325.
39. Ibid., p325.
40. Ibid., p227.
41. Ibid., p325.
42. 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.
43. 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.
44. Ibid., GRG 14/1, Folio 53, letter from Mrs F Poulton of Brompton, dated 17 July 1924.
45. Ibid., GRG 14/1, Folio 53. Letter from Mrs Ann Haldane of Port Pirie, dated 21 Sept 1925.