ABSTRACT

In Québec, between 1914 and 1939, women were portrayed as keepers of the hearth, roles established since the mid-19th century, and further reinforced in the early 20th century when the Western World was threatened with drops in population, high infant mortality and the general ill-health of society. French Canadian physicians were one of the self-proclaimed leaders and experts who maintained they possessed all the knowledge to cure society's ills. Their attention fell principally on the elimination of infant mortality on the one hand, and the promotion of multiple births on the other. To succeed, physicians maintained that while they held the knowledge, women and mothers were ultimately responsible for applying it. Training for motherhood began as early as childhood and would continue until maturity. Medical prescriptions for francophone mothers relied heavily on religion and patriotism to convince them that quality motherhood was necessary if the French Canadian "race" were to survive in an increasing changing landscape.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Historiographical Notes

How often have we heard in the past few decades that a woman's menstrual cycle and the hormonal imbalance it often engenders makes her an inadequate candidate for certain professions and positions of leadership. We have heard this argument in cases of women as political leaders, women in the military and women as executives in large corporations. Such attitudes toward women and their bodies have persisted for years, and women have had to contend with them and defy them.

Many historians, in Canada, Europe and the U.S., have attempted to study how these attitudes about women and their roles originated. While these historians have studied this process in different geographical areas, there is nonetheless a common thread in the social and cultural values of the Western world, which have provided a basis of similarity in searching for answers. There is no simple explanation, and often the solution lies in a broader cultural and social framework than a simple look at medical practices. The development of obstetrics and gynaecology has often been criticized because women were excluded from their practice and in the process were relegated to what is believed to be an inferior position in society. In this respect, feminist historians, who through their studies of women's experiences, attempt to bring to light gender inequalities which fueled the feminist

movement, believe that women were purposely treated in a discriminatory fashion by the rising male physicians. Other historians have attempted to look at the medical field and medical treatment from a different perspective, no less feminist, implying that the treatment of women by rising obstetricians and gynaecologists were either welcomed by female patients or an unintentional consequence in the process of professionalization. The existing literature can be broadly divided into two categories; a history of occupations approach, looking at the professionalization of medicine, gynaecology and obstetrics in particular, and how this affected women, and a history based on the female patient's perspective.

Looking at the professionalization of medicine, certain historians have focused on the decline of the midwife and the treatment of pregnant women as male obstetricians gained more status. Jean Donnison in Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights[1] published in 1977, looks at the development of obstetrics in relation to the decline of the midwife. She attributes the rise of the specialty of obstetrics to the invention of the forceps. The training in its use was limited to male attendants, thus excluding midwives, and to further establish their dominance, she claims that male-midwives

> exaggerated the dangers of childbirth and frightened women into believing that extraordinary measures, and therefore male attendance, were more generally necessary than they actually were.[2]

To further consolidate their position against midwives' competition, physicians began denigrating the midwife, blaming her for childbirth complications and promoting the image of the ignorant filthy midwife, while propounding the idea that child and maternal mortalities decreased since the advent of male attendants.

Childbirth in America[5] published in 1977, asked the following questions: how did the view of birth as a recurring illness take place in the U.S., and how did birth change from a social event in the home surrounded by family and friends, to an impersonal one in the hospital with the specialist and birthing equipment? The authors believe that social events shaped the transformation of birth. In the 18th century, there emerged changes in perceptions of birth by women which might have reflected new views about Nature and God. People began believing they could interfere with the laws of Nature, shape them to their needs. The authors conclude, therefore, that in certain respects doctors were asked by women to intervene in difficult cases. Cultural attitudes about women affected doctors as well as others in society, but doctors used them to gain the status they needed,

> the doctors' strategy, therefore, was to tell women that safe delivery was such a deeply imperiled event that they needed doctors' constant advice in order to make it a planned and conscious success. At the same time, the doctors endlessly reiterated that each woman's individual and social fulfillment turned basically upon becoming a mother.[6]

This is not to say, according to the authors, that female patients had no power. Certainly before the 20th century, those who consulted specialists were of a certain class and could easily refuse to consult with them if they chose, thus the physicians had to earn their trust. The authors declare that women only turned to male physicians and attendants due to growing urbanization and also a growing isolation, having been uprooted from their family and female networks. The whole shift to hospitals, which took place in the interwar period, particularly in the countries of the Western world, namely Great Britain, Canada and the U.S., occurred for several reasons. Medical technology and facilities improved during this

period providing a safer, sterilized environment for birthing women, as for other suffering patients needing medical and surgical attention. Doctors thought hospitals were more efficient, more convenient and this new efficacy provided an opportunity to upgrade their specialty, by promoting scientific advances and perfecting skills. Having birth in the hospital provided a more adequate way of teaching medical students about the birth process and intervention techniques.

In her 1983 article "What Birth Has Done for Doctors: A Historical View", Dorothy Wertz adopts the perspective that "birth contributed greatly to the professionalization of medicine (...) and to the institutionalization of medical treatment in hospitals."[7] There were two developments which contributed to the rise of obstetrics and gave opportunity to claim midwifery as a science. The French measurement of the pelvis in birth and the English innovation of the forceps were the important changes. Wertz questions the motive behind midwives not using the forceps, since male doctors did so on a regular basis. She asserts that in the U.S. there were no laws preventing midwives from using instruments in childbirth.[8] Basically, her explanations rely on the fact that midwives did not have the institutional support in the U.S. that doctors had. In addition, tradition implied that women had to use their hands and natural methods in childbirth and midwives who considered instruments as harmful to the women they helped, thus refused to use them.

William Ray Arney's Power and the Profession of Obstetrics[9], published in 1982, looks at how the profession seized childbirth and staked it as its own. Despite the absence of the female experience as a factor in the development of obstetrics, Arney's analysis of the profession offers a perspective often ignored by feminist historians, like Ann Douglas Wood.

Arney claims the profession went through two major transformations. In the 18th and 19th centuries, childbirth was defined as pathological, or in other words, the idea that the body was always requiring intervention to ensure safety. In the 20th century, the idea that the health of the mother and baby before and after birth was relevant, emerged as the principal medical belief. Arney uses the term "fetal ecology" to describe the nature of this change.[10] Consequently, the role of the obstetricians expanded beyond the actual birth to include surveillance and monitoring of the fetus. The author does not maintain the view that technology, such as the forceps, had the power to change institutions, it had to be associated with a reconceptualization of birth. Obstetricians, therefore, created their profession based on the treatment of birth as pathological. They had to develop ways to foresee potential problems. To achieve this, obstetricians had to put order and discipline in the birthing process. Constant surveillance and monitoring became the norm in the early 20th century in the U.S., as birth in the hospital was heavily encouraged. Whether normal or abnormal, all births had to be observed and monitored.

The sociological study "Ob/gyn on the Rise: The Evolution of Professional Ideology in the Twentieth Century"[11] published in 1986 by Pamela Summey and Marsha Hurst, looks at what members of the profession thought of each other, and the development of their professional skills in gynaecology and obstetrics from 1920 to the present. Even within the profession, there was not always agreement about the methods and instruments used in childbirth. Conservatives accused radicals of too much intervention. Most often the debate raged around the high rate of maternal mortality, one group blaming the other. The eventual success of the interventionists, relied on the pathology of birth and the increasing wish of

and procedures would be used. This was so until the 20th century, or until birth shifted to the hospitals. The hospital did not allow other attendants or family members within the birthing room, weakening the female network.

The view that physicians intentionally ousted midwives from the field of birth is analyzed further by Janet Carlisle Bogdan in her 1987 dissertation The Transformation of Childbirth in America 1650-1900[13], where she basically argues that doctors in the United States saw midwifery as a business, and in order to succeed, eliminated the competition of midwives by monopolizing certain methods, such as drugs and forceps, and forced birthing women to accept these interventions. She continues by claiming that to maintain and promote their image of superiority, physicians pushed the idea that childbirth was dangerous and that only their new procedures could make birth safe.

Contrary to Bogdan's assertions that midwives were railroaded by self-seeking male physicians, Charlotte Borst contends that such a consequence was not intentional. In her dissertation Catching Babies: The Change From Midwife to Physician-attended Childbirth in Wisconsin, 1870-1930[14], submitted to the University of Wisconsin-Madison in 1989, she "focuses on the role of gender, class, and ethnicity in shaping the change from traditional to professional birth attendants."[15] Her explanation for this shift to physician-attended births, and hence the rise of modern obstetrics, was that whereas male physicians had strategies to professionalize, midwives did not. She contends that the "artisanal skills" of midwives were no longer valued by those who started to prefer "professionalized science".[16]

One important factor in the development of obstetrics as a specialty was the transition from home births to hospital births, where physicians could exert better control

over the process. While Canadian works on this topic are rare, two deal with this aspect, which occurred mainly at the beginning of the 20th century. Jo Oppenheimer in "Childbirth in Ontario: The Transition from Home to Hospital in the Early Twentieth Century"[17] and Veronica Strong-Boag and Kathryn McPherson in "The Confinement of Women: Childbirth and Hospitalization in Vancouver, 1919-1939"[18], both published in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries of 1990, look at this transition. Oppenheimer explains that three steps were needed to make birth in the hospital a standard practice. The first step was the emergence of the maternity hospitals and dispensaries. The second step was making the status of midwifery illegal, thus increasing birthing women's dependence on the trained male physician. The third step, which she claims was more subtle and happened over several years, was an increasing awareness of health and a demand for better medical services by society. This step she associated with the public health and childsaving movements of the turn of the century. All these factors contributed to make hospitals the sole environment for birthing women and established obstetrics as an important and indispensable specialty. The second article reflects this point of view by describing how childbirth in Vancouver was institutionalized. Strong-Boag and McPherson claim that the transition was helped along by physicians who propounded the image that they were the experts and knew best, and since childbirth was inherently dangerous, the best place to ensure a safe delivery was the hospital.

Ornella Moscucci, in The Science of Woman: Gynaecology and Gender in England, 1800-1929[19] published in 1990, looks at the rise of gynaecology and obstetrics as professions. A growing concern for the population in terms of its usefulness for growing

industry, in other words, its use for increased productivity, and the doctors' concern for an alleged fall in population, enabled male physicians to specialize in obstetrics and gynaecology to focus their attention on women and children. Moscucci is one of the few historians that looks at obstetrics and gynaecology as growing specialties within medicine. The problems of organization and structure, therefore, figured prominently in her discussion. Keeping this perspective in mind, most strategies used by obstetricians could be considered, less as a means for social control, than a way to gain recognition within the profession of medicine. Obstetrics faced several difficulties with licensing and the quality of teaching, since it could not resolve in the 18th century whether midwifery was physic, surgery or medicine. The redefinition of birth was thus a way to define obstetrics as a profession. The rise of women's hospitals and dispensaries was also important for the profession. Moscucci studies two hospitals in London, England, and concludes that in founding these hospitals medical practitioners followed a pattern of reputation building, to gain experience and social visibility. She disagreed with many feminist historians concerning the treatment of patients and concluded that often the gender of the practitioner was irrelevant to the treatment.

Some historians, many of whom were feminists, also studied the medical profession from the female patient's perspective, hence focusing on medical attitudes toward women. Looking at the treatment of women in medical terms, Carroll Smith-Rosenberg, in her 1973 article "The Female Animal: Medical and Biological Views of Women and Her Role in Nineteenth-Century America" stated that " biological and medical views serve as a sampling device suggesting and illuminating patterns of social continuity, change, and tension."[20]

Smith-Rosenberg claims that men felt threatened by social and economic changes of the 19th century and these fears affected women in several ways. Men, with the help of male physicians, used medical and biological prescriptions about marriage and motherhood to maintain the status quo. She observes, therefore, that women became prisoners of their reproductive systems as they attempted to enter higher education, to gain more control of their bodies and birth through contraception and abortion. In her 1974 article "Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America"[21] Smith-Rosenberg describes each stage of womanhood and how each stage, except childhood, was seen as potentially sickening. Domestic work, therefore, was recommended to women, because it was seen as an appropriate female physical activity to fully develop maternal organs.

While Victorian society considered doctors' advice to women as scientific, feminist historians, like Ann Douglas Wood, in "The Fashionable Diseases: Women's Complaints and Their Treatment in Nineteenth-Century America"[22] published in 1974, condemned those doctors for being quite the opposite, even ignorant. She portrays female patients as tortured victims and claims that surgical procedures used in the 19th century were entirely reflections of cultural beliefs, rather than scientific or medical knowledge. According to Wood, the gender of the practitioner determined the quality of treatment the patients received. Responding to Wood's radical assertions, Regina Morantz-Sanchez in "The Lady and Her Physician"[23] published in 1974 and later elaborated in her 1984 article "Professionalism, Feminism and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics"[24], claims that male physicians were not intentionally hostile with their female patients as shown in the treatments used. Morantz-Sanchez asserts that therapeutics in

general must be analyzed. She uses Weir Mitchell's rest cure as an example, a form of treatment Wood claims was purposefully used on women by male doctors to exert domination and control. Morantz-Sanchez points out that this treatment was originally conceived for soldiers after the Civil War. In fact, many female physicians used the same treatment as their male counterparts, and female doctors also further expounded separate spheres for women by propounding their delicacy and sidestepping the issue of female intelligence.

From a feminist perspective, the sociologists Barbara Ehrenreich and Deirdre English in Complaints and Disorders: The Sexual Politics of Sickness[25] and For Her Own Good: 150 Years of Experts' Advice to Women[26] published in 1973 and 1979 respectively, look at medicine and its role in the treatment of women. The first cites, "medicine's prime contribution to sexist ideology has been to describe women as sick, and as potentially sickening to men."[27] On this theory rests all beliefs that women were physically and mentally incapable of a whole range of activity. The authors mention that "the doctors' view of women as innately sick did not, of course, make them sick, or delicate, or idle. But it did provide a powerful rationale against allowing women to act in any other way."[28] The definition of woman's nature lay entirely on her reproductive organs. Her physiology, and psychology, were extensions of the ovaries and uterus and depended on them. Her role was thus defined by it, and in turn forbade her from doing anything which could threaten not only her reproductive organs but doctors' financial interests in keeping a regular female clientele.

Ehrenreich and English do contend, however, that Victorian women may have used their sickly image to their advantage for two major reasons: to avoid sexual relations and

pregnancy, and to gain some attention and power with their family relations. The scientific rhetoric of the 19th century which promoted science and scientific methods was proposed and accepted to solve all problems in various fields of society, such as management, administration, even housekeeping. The authors state that, consequently, the `experts" advice to women were not only welcomed by gullible women but by intelligent, even feminist women, and even promoted by them.

In The Horror of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America[29] published in 1976, C.J. Barker-Benfield contends that male doctors, fearing women would usurp their place in the market-place if allowed to continue their education and take on professional careers, treated their female patients in a discriminating manner. He also claims, however, that this reflected a more general fear of changes occurring in the United States after the Civil War, due to increasing immigration and the presence of new cultures.

At the other end of the spectrum, Edward Shorter's book A History of Women's Bodies[30] published in 1982, deals briefly with the experience of childbirth revealing his anti-feminist position. While he admitts that women in the past were victimized based on their physiology, he disputes certain points firmly maintained by feminist historians concerning the decline of midwives, the rise of the obstetricians and the treatment of their patients. His first area of dispute was the claim by feminists that birth, before the advent of the man-midwife, was seen as a natural process in which midwives did not interfere. He contends that birth as a natural process was a myth. On the contrary, people did not view it as such and did not abstain from intervention because of it. In fact women were faced with meddlesome

have the edge on safety, since most surgical procedures, such as the Cesarean section were performed there, and these women often demanded such interventions. He argues that the increasing intervention in hospitals reflected a changing attitude in obstetrics which he calls the 'discovery of the fetus'. Doctors wanted to ensure deliveries of healthy babies, not exert social control over their patients.

In a more historically sweeping study, Yvonne Knibiehler and Catherine Fouquet in La femme et les médecins: Analyse historique[34] published in 1983, look at medicine's perception of women from the ancient times to the present. They claim that particular medical attitudes toward women began at the end of the Middle-Ages enabled by the dissection of the female body. The visualization of the reproductive organs seemed to confirm to these early scientists the image of women as portrayed in their religious beliefs. It is not until the end of the 18th century, the authors claim, that women were governed by what they call "l'empire de l'utérus".[35] They observe that in the early 20th century women's roles as mothers, medically speaking, was somewhat shattered by, amongst other things, the theory of evolution. By this time, however, different social and economic factors upstaged physiological reasons, such as infant mortality, to urge women to devote themselves to motherhood.

Taking a close look at antenatal or prenatal care for pregnant women, Ann Oakley in her 1984 book The Captured Womb: A History of the Medical Care of Pregnant Women[36] states that "antenatal care is both an examplar and a facilitator of the wider social control of women..."[37]. The concept of antenatal care did not exist in the 18th and 19th centuries. By the 20th century medical men then systematized the daily experiences of pregnant women

and transformed them into "technical-medical knowledge."[38] Oakley also attempts to paint a global picture of the treatment of women by analyzing the relationships between civil authorities, obstetricians and midwives. One of her most fascinating conclusions describes how doctors eventually perceived themselves as `potters' and the fetus as the material to mould and work with. As a consequence, women became containers of fetuses.[39]

Looking at medical attitudes toward women in culture and fiction, Diane Price in Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940[40], published in 1988, agrees with Smith-Rosenberg about how medical attitudes and prescriptions followed and mirrored cultural ones. She also claims, like Ehrenreich and English, that ill women of the 19th and early 20th centuries took the opportunity offered them by their illnesses to rest from daily chores and responsibilities. They also used the courage and piety they exhibited in the face of illness to demonstrate to friends and family that they possessed the all-important virtue of Christian womanhood. The image of the invalid woman was the subject of fiction for both male and female authors,

> the invalid figure was firmly established in American fiction during the 1840s, by women writers who were trying to maintain their hold on domestic power in the face of increasing threats from the emerging medical profession which defined women as invalids, and by male writers who found `enabling fictions' in medical ideology which allowed them to reconcile an espoused theory of individuality, freedom and equality with sexist views of women.[41]

Elaine Showalter presented her 1987 work The Female Malady: Women, Madness and English Culture, 1830-1980 as a "feminist history of psychiatry and a cultural history of madness as a female malady."[42] She observes how insanity and its symptoms were identified with femininity. She not only looks at the medical knowledge which associated women with

madness, but the overall cultural framework exhibited in literature, film, law and other fields which supported and propounded this idea. In her study, Showalter illustrates how medicine and medical attitudes did not exist in a vacuum and were reflected in or by society in general.

One of the Canadian authorities on the subject of medical attitudes toward women, Wendy Mitchinson in The Nature of Their Bodies: Women and Their Doctors in Victorian Canada[43] of 1991 which included her research published in countless articles since 1979 mostly focuses on the association of every illness with the female reproductive system and how this idea expanded to further dictate women's role in Canadian society. She also demonstrates that physicians in the process of professionalization used this rhetoric to expand their influence in areas of home and family. All women's illnesses were blamed on their reproductive system and women's psychological health was especially targeted.

In the newly established public health movement of the late 19th and early 20th centuries, women were especially targeted. As Martha Verbrugge explains in Able-bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston[44], published in 1988, the belief in women's inherent weakness and propensity to sickness made them natural targets of health concerns. In addition, women's responsibilities as guardians of the hearth and for the propagation of the race helped shape health reform. Verbrugge looks at how the view of women in public health shaped temperance, abolition and search for moral purity. Looking at how attitudes toward women affected their ability or inability to perform physical activities, Patricia Vertinsky in The Eternally Wounded Woman: Women, Doctors and Exercise in the Late Nineteenth-Century[45] of 1990, illustrates how the male medical discourse attributed limited energy to the female body, the majority of which was used for

the reproductive organs. The idea of menstrual disability was scientifically supported by male doctors and was believed to render women virtual invalids. As Vertinsky explains, not all physical activity was forbidden. The issue was what kind would be permitted. 'Natural' exercises, such as walking, and any type of domestic work, like sewing, brooming, etc., were seen as promoting and maintaining women's vitality. She does point out, however, that male and female medical discourse did not differ all that much from each other, because female physicians also prescribed the role of nurturing motherhood. As late as the early 20th century, authorities used a eugenics-type of argument to convince women to maintain their maternal duties, since it was commonly believed in the white middle-class circles that

> the demise of the race was predicted if women continued to neglect their familial duties, overexert themselves in unnatural domains or lead sedentary urban lives which induced physical debility.[46]

The idea of moral motherhood propounded by the late 19th and early 20th centuries, Catherine Scholten suggests, began much earlier. In Childbearing in American Society: 1650-1850[47] published in 1985, Scholten claims that the increasing importance attributed to motherhood in the 19th century actually increased women's opportunities, power and influence within the family. However, while the role of mothers might have expanded women's opportunities in education, it did restrict the nature of the education received. Scholten also contends that the development of obstetrics and new birth methods actually represented a "new social appreciation of women"[48] rejecting the idea that women had to suffer in birth. By the 20th century, motherhood was perceived more as a mission, emphasizing the importance of childrearing. As Scholten states,

> ultimately, the new ideals of motherhood and new assumptions about women affected childrearing practices as well. Sentimental reverence

Lewis concludes that while medical prescriptions were determined by beliefs about sexual differences, these prescriptions were not imposed on women, but negotiated.[52]

In a most recent Canadian study, Katherine Arnup in her 1994 book Education of Mothers: Advice for Mothers in Twentieth Century Canada[53], accuses the radical feminist historians of according too much importance to biology as the determining factor relegating women to the sole role of mother in the eyes of society. She stresses that in reality, a "social organization" which includes changes in technology, fertility patterns, family size, marriage patterns and ideas about motherhood, plays a big part in explaining how childrearing practices became "woman-centred".[54] She also points out, interestingly, that historians must make a distinction between the experiences of and the institution of motherhood when analyzing motherhood ideologies.

Whether feminist or not, historians have fundamentally agreed that medical attitudes toward women were sexist and based on a faulty understanding of the female body. However, conclusions about why such attitudes existed and how they affected women differ. Some radical feminists have claimed that male physicians consciously demonstrated sexist attitudes as a way to subjugate women. Other historians have asserted that male practitioners reacted out of fear for their livelihoods and a basic fear for the society in which they lived. Yet others have claimed that this treatment of women was actually an unconscious reaction and consequence in the process of professionalization.

Here, the analysis of the existing literature has followed two basic themes: an approach based on the professionalization of gynecology and obstetrics and an approach

Women in the medical discourse of Québec between 1914 and 1939 were portrayed as keepers of the hearth. The responsibility of producing and raising offspring was laid, as it had for decades even centuries, at the women's feet. The medical profession in Québec not only expounded the virtues of motherhood, but if motherhood was not pursued vigilantly by women for whatever reason, women were to blame and this threatened the future of French Canadian society. Therefore, the medical profession propounded the ideals of motherhood by giving advice and lifestyle prescriptions to women in the medical discourse. This paper will look at the French Canadian medical discourse in Québec between 1914 and 1939, and will demonstrate how medical attitudes toward women focused on the wish of physicians to preserve and propagate the French Canadian "race" in North America. This wish in the francophone medical literature was translated into medical and lifestyle prescriptions for women with emphasis on motherhood `training'.

Endnotes: Chapter 1

1. Jean Donnison, Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights (London; Heinemann, 1977)

2. Ibid, 29.

3. Jane B. Donegan, Women and Men-Midwives: Medicine, Morality, and Misogyny in Early America (Connecticut; Greenwood Press, 1978) 4.

4.Ibid, 4.

5.Richard W. Wertz and Dorothy C. Wertz, Lying-In: A History of Childbirth in America (New York; The Free Press, 1977)

6. Ibid, 93.

7. Dorothy Wertz, "What Birth Has Done for Doctors: A Historical View," Women and Health 8, 1 (1983 Spring): 7.

8.Ibid, 13.

9. William Ray Arney, Power and the Profession of Obstetrics (Chicago; University of Chicago Press, 1982)

10. Ibid, 99.

11. Pamela S. Summey and Marsha Hurst, "Ob/gyn on the Rise: The Evolution of Professional Ideology in the Twentieth Century." Part One, Women and Health 2 ,1 (Spring 1986): 133; Part Two, 11 ,2 (Summer 1986): 103-122.

12. Judith Walzer Leavitt, Brought to Bed: Childbearing in America, 1750 to 1950 (New York; Oxford University Press, 1986)

13. Janet Carlisle Bogdan, The Transformation of Childbirth in America 1650-1900 (Michigan; U.M.I., 1987)

14. Charlotte Borst, Catching Babies: The Change From Midwife to Physician-attended Childbirth in Wisconsin, 1870-1930 (Michigan; U.M.I., 1989)

15. Ibid, viii.

16.Ibid, 34.

17. Jo Oppenheimer, "Childbirth in Ontario: The Transition from Home to Hospital in the Early Twentieth Century," in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries. Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (New York; Routledge, 1990) 51-74.

18. Veronica Strong-Boag and Kathryn McPherson, "The Confinement of Women: Childbirth and Hospitalization in Vancouver, 1919-1939," in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (New York; Routledge, 1990) 75-107.

19. Ornella Moscucci, The Science of Woman: Gynaecology and Gender in England, 1800-1929 (Cambridge; Camdridge Univesity Press, 1990)

20. Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Women and Her Role in Nineteenth-Century America," Journal of American History 60 (sept 73): 333.

21. Caroll Smith-Rosenberg, "Puberty to Menopause: the Cycle of Femininity in Nineteenth-Century America," in Clio's Consciousness Raised Mary S. Hartman and Lois W. Banner eds. (N.Y.; Harper and Row, 1974) 23-37.

22. Ann Douglas Wood, " The Fashionalbe Diseases: Women's Complaints and Their Treatment in Nineteenth-Century America," in Clio's Consciousness Raised Mary S. Hartman and Lois W. Banner eds. (N.Y.; Harper and Row, 1974) 1-22.

23. Regina Morantz, "The Lady and Her Physician," in Clio's Consciousness Raised Mary S. Hartman and Lois W. Banner eds. (N.Y.; Harper and Row, 1974) 38-53.

24. Regina Morantz & Sue Zschoche, "Professionalism, Feminism and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics," in Women and Health in America Judith Walzer Leavitt ed. (Wisconsin; Wisconsin University Press, 1984) 406-421.

25. Barbara Ehrenreich and Deirdre English, Complaints and Disorders: The Sexual Politics of Sickness (N.Y.; Feminist Press, 1973)

26. _____, For Her Own Good: 150 Years of the Experts' Advice to Women (N.Y.; Anhor Press, Doubleday, 1979)

27. Barbara Ehrenreich and Deirdre English. Complaints and Disorders: The Sexual Politics of Sickness, 5.

28. Ibid, 22.

29. C.J. Barker-Benfield, The Horrors of the Half-Known Life: Male Attitudes Toward

48. Ibid, 38.

49. Ibid, 51.

50. Andrée Lévesque, "Mères ou malades: les Québecoises de l'entre-deux-guerres vues par les médecins," Revue d'histoire amérique française 38 ,1 (été 84): 23-37.

51. Jane Lewis, "'Montherhood Issues' in the Late Nineteenth and Twentieth Centuries," in Delivering Motherhood: Maternal Ideologies and Practices in 19th and 20th Centuries Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (New York; Routledge, 1990) 1-19.

52. Ibid, 2.

53. Katherine Arnup, Education for Motherhood: Advice for Mothers in Twentieth Century Canada (Toronto; University of Toronto Press, 1994)

54. Ibid, 5.

CHAPTER 2

THE DOCTOR IS IN

> "C'était comme une tradition de se marier et d'avoir des enfants. Nous avions été éduquées pour cela et rester célibataire n'était pas souhaitable."
>
> Janine Filiatrault Valois
> 75 ans
> Montréal

In the second half of the 19th century, in Québec, as in other areas of North America, industrialization created a new reality. Massive immigration as well as rural-urban migration expanded a class of people living in poverty, working at new unskilled jobs in new industries and congesting the cities. In the early 20th century, congestion in the cities urged authorities to focus their attention more vigorously on public health. Infectious diseases were constant threats, especially in cities like Montreal, where adequate housing and infrastructure could not keep up with the arrival of thousands every year. Compounded was the general state of poverty of the constantly growing working-class, whether immigrants or rural Quebekers migrating to the big city. Difficult living conditions were harsh realities for many men and women. At the same time, roles for men and women became increasingly defined. The "cult of womanhood", or the "cult of domesticity", terms coined in the 1970s feminist literature to describe a social phenomenon which began in the latter half of the 19th century when authorities clearly stated that women belonged at home as wives and mothers[1], provides us

with a good understanding of what was expected of women even as late as the first half of the 20th century. Many studies have shown that women have worked in and outside the home in various ways to help support their families.[2] However, the attitudes governing the separate spheres theory, that which aimed at relegating women to the private sphere or the home, permeated all levels of life.

The Great War of 1914 further changed the population landscape. Many men of working age joined the fighting, leaving boys, old men and women the responsibility of managing the daily economic duties. As had been demonstrated countless times by other historians, women, especially single women, in times of war took on many of the men's tasks and responsibilities, working in greater numbers outside of the home, to provide for their families. Once the war was over, and the men returned, there was a conscious attempt by leaders to urge women to return to the home and resume their domestic duties. The medical discourse emanating from francophone physicians in the province of Québec reflected this desire for one major reason. French Canadian* physicians, not unlike their anglophone colleagues, recognized the dangers of poverty, infectious diseases and harsh living conditions existing in the cities, especially when these dangers affected the well-being of children, the future of their community. Their solution to these problems was to emphasize women's responsibilities in the home to ensure the survival of their children.

In the interwar period in North America, eugenist arguments were often used to promote procreation amongst certain races. Scientists, moralists and theologians often

---

*The term "French Canadian" will be used to describe francophones in the province of Québec, since the term "Québecois" was not in common use until the 1960s with the Quiet Revolution.

discussed the validity of using eugenics to control births. Eugenics was based on the principle that a progressive society had to prevent the future degeneration of its members and safeguard the purity of the "race" by controlling the quality of births. Two practical methods were conceived to achieve this purpose: encouragement of pre-marital medical examinations for couples to detect any congenital health problems and the sterilization of the undesirables, which would preclude people with deficiencies and handicaps from procreating.[3] Of course, as was often argued by moralists, eugenics was not a valid method of improving society for two major reasons: eugenicists believed that the only way to defend the race was to monitor births, and they also maintained that degeneration was hereditary, whereas others argued that environment also played a major role.[4] Moreover, eugenics, as defined above, was rejected by Catholics as a rule because of its threat to the sanctity of life in any form.

Upon reviewing some Québec moralists' opinions about eugenics, we discover that in addition to hindering `bad births', this definition of eugenics also included the idea that `good' births should strongly be encouraged. The second approach seemed an unnecessary one to moralists and Catholic authorities since it was widely believed that procreation was a natural and innate quality to men and women. Mr. Edouard Jordan, in a tract published in 1934 entitled Eugénisme et stérilisation, concluded that those men and women whose health was deemed excellent by society's standards would unconsciously bear many children, therefore, there would not be any need for encouragement to perform this human and God given duty.[5] As the francophone medical discourse reveals, however, this belief was certainly not widely held by physicians. In fact, physicians tried hard to convince Québec society that procreation should be innate to all men and women. While most francophone doctors cannot be

identified as eugenist, probably due to their Catholic background which in essence forbade any birth prevention methods, their discourse about promoting desirable birth and their position on pre-marital examinations to prevent undesirable births did have a eugenist tilt.

Québec moralists and theologians, while against eugenics in principle, saw in it certain ideas which they could accept. As the Abbé Viollet, general secretary of the Christian Marriage Association in 1934, stated,

> L'eugénisme se préoccupe donc de rechercher les principes d'hygiène grâce à l'application desquels l'enfant viendra au monde dans des conditions qui lui permettront de mieux résister aux éléments d'intoxication ou d'affaiblissement qu'il rencontrera au cours de son existence et sera plus capable, dans l'avenir, d'apporter à la race et à la société humaine l'appui d'une riche et puissante personnalité.[6]

While it remains vague, this definition was accepted by both the religious and medical communities for its softer nature. Certainly, as the francophone medical discourse of the 1920s and 30s reveals, physicians were proponents of favoring the best conditions for procreation, which primarily included the health of women and their ability to raise healthy, in fact perfect, children. As Jane Lewis states, these physicians could be referred to, as "environmental eugenicists",[7] for whom improving the quality of birth and childrearing was as, if not more important, than the actual limiting of births. Moreover, the fear that a francophone based society in a predominantly anglophone North America was under constant threat, urged many authorities in Québec in the 1920s and 30s to use procreation as a way to maintain a majority of French Canadians. As one of the two founding cultures of the country, French Canadians feared that their population would become overshadowed by

Association and the American Medical Association. Based on the Annuaire Médical of 1940 and the Canadian Medical Directory, most physicians cited in the francophone medical journals had graduated from the French language universities in Québec, *Université de Laval*, *Université de Montréal* and *Université de Sherbrooke*. Most were also practising in city centres of Montreal and Québec City. Moreover, the most vocal physcians also held important positions in Québec society. Dr. Léon Gérin-Lajoie was at one time a member of *La Société Médicale de Montréal*, the oldest such association in Montreal for francophones, and vice-president of the Québec Division of the Canadian Medical Association. Dr. Gauvreau was at one time Registrar for the Provincial Medical Board, and Dr. Bonnier was Recorder of Vital Statistics for the Canadian Board of Health. Dr. Hector Palardy and Dr. Charles-Henri Dumais were at one time inspectors for the Provincial Bureau of Public Health. In addition to their responsibilities as inspectors these physicians had an important role as diffusers of information. From July 1922 to June 1923, Dr. Palardy alone gave a total of 90 lectures and conferences on public health with special emphasis on female hygiene and infant mortality, distributed over 1295 pieces of printed matter and had 30 articles published in newspapers and journals.[11]

It is impossible to verify the exact practices and opinions of all physicians. A small number of physicians voiced their opinions regularly in the pages of the medical journals, an indication that their opinions may have been representative. The medical discourse found in textbooks and official periodicals was primarily aimed at a professional audience. It can be safely assumed that other medical practitioners stayed abreast of their colleagues' opinions and scientific findings. The medical discourse on women, therefore, would have easily

reached the eyes and ears of many physicians across the province. Without contest, such discourse was either accepted or totally ignored.

Since women, even middle-class women, were not likely to read professional medical journals, prescriptions emphasized in journals' pages were for medical eyes only. Physicians reiterated amongst themselves their views and attitudes toward women and in turn put them into practice through their direct contact with their female patients. It is difficult to determine who the women discussed in the francophone medical journals were, since no group or class were specifically identified. The assumption was that a poorer class of women was targeted because they did not have the luxury to consider birth and childrearing without the encumbrances of poverty and difficult living conditions as elite and middle-class women did. Moreover, more privileged women had the money to consult with physicians regularly, therefore, medical prescriptions were easily promulgated. Poorer women did not have the resources or often the time to consult with physicians unless in cases of emergency.[12] In reality, medical prescriptions were aimed at all women, more specifically those who did not conform to the ideal of womanhood and motherhood so often expounded. And this non-conformity in women transcended class. While it appeared easier to dispense expert advice to elite and middle-class women through their regular medical consultations, francophone physicians seemed concerned in their desire to reach all women, especially the less privileged with whom they had little direct contact.

One of the ways to reach the poor and working-class women, and particularly mothers, was through the *Gouttes de Lait* founded usually with the collaboration of local parish priests and physicians. The *Gouttes de Lait* were first established as milk depots to

distribute quality milk to working-class mothers, especially in the summer months, when cases of diarrhaea amongst children were numerous. By the 1920s, the *Gouttes de Lait* had become a place where medical examinations of infants were also performed and where mothers were taught the basics of hygiene.[13] Dr. Joseph Gauvreau, in his 1935 book L'Oeuvre des gouttes de lait paroissiales, congratulated these dispensaries for their efforts in educating women in their maternal responsibilities. In an attempt to emphasize the need for the *Gouttes de Lait*, he recounted how Montreal by 1910 had clearly reached a state of crisis. Industry had created an environment of poverty. Families ruptured because of economic need. According to Dr. Gauvreau, feminism, which he believed dictated that women were equal to men in all things, urged women to go to work outside of the home seeking more liberty. This, he believed, engendered harsh consequences for the family, namely abortions and the blatant use of contraception, all methods to curb procreation.[14] Therefore, the *Gouttes de Lait*, which he strongly promoted, were a way of helping the impoverished areas of the city by supplying quality milk to improve the children's diet and also by giving back to French Canadians what they had lost, namely morals and values, this to revitalize a sense of familial responsibility in the face of materialism, poor living conditions, feminism and various social ills.[15]

Dr. Gauvreau's assertions were reflective of most French Canadian physicians in Québec at the time. As Dr. Charles-Henri Dumais stated, the francophone physician saw as his mission the teaching of health matters, the banishment of prejudice and superstition, and the promotion of scientific solutions to prevent death and illness.[16] According to Gauvreau, the French Canadian doctor also possessed a strong Catholic doctrine. This, coupled with his

scientific training made the French Canadian doctor the perfect candidate to fulfill the mission of educating and 'saving' his people, an attitude akin to the clergy's protectiveness of its 'flock'.[17] Moreover, the French Canadian physician was imbued with a sense of superiority with respect to his North American colleagues. More specifically, he was different from his Anglo-Saxon counterpart because,

> il est intelligent, vif et individualiste (...) Il prétend, lui aussi, appartenir à une race supérieure; celle qui occupa la première, notre territoire (...)[18]

This sense of superiority physicians fueled as a way to gain recognition as a profession. This attitude further helped French Canadian physicians portray themselves as the elite, the leaders and the experts of health, and contributed to the desire of these physicians of having their expert discourse heard by those who were incapable of providing adequate care, especially in childrearing.

All areas of women's health were referred to in the medical literature, which embraced both procreation and patriotism. General medicine, gynaecology and obstetrics, which dealt with women directly, were the most vocal about women's health, followed closely by public health and pediatrics, because of the dire state of children's health due to infectious diseases and inadequate living conditions. But keeping in mind the mission physicians laid on themselves, physical health was not their only concern. Like priests, physicians believed that they also should look after the moral wellbeing of citizens.

Dr. Baudoin, in his 1928 book Mission sociale de l'hygiène, wrote that part of the mission of hygiene, a branch of medicine closely related to public health, was not only to prevent illnesses in individuals, but also to attempt to cure all social ills, such as delinquency,

prostitution, and even alcoholism. These problems, Baudoin claimed, were social ones and had their root in mental illness and weakness and were totally preventable. As he stated, citing an American doctor on the issue,

> un nombre élevé (de 30 à 75 pour cent selon les auteurs) des criminels,des prostituées, des filles-mères, des délinquents, des vagabonds, des mendiants professionnels, des incapables, sont des faibles d'esprits.[19]

In his statement, Baudoin clearly lumped young unwed mothers with criminals and prostitutes, reinforcing the belief that these young women be put aside on the the fringes of society and ostracized. In other words, people in these unfortunate situations were "des arriérés et les anormaux mentaux."[20] Therefore, Baudoin felt it was up to physicians like himself to correct society's ills. Physicians believed that the solution lay in properly caring for children. As a consequence, teaching women their proper roles and duties in Québec society became an important element in the accomplishment of this mission. A woman properly taught to be a good mother would produce many children and raise them as good law-abiding citizens.[21] Women were too weak of mind and easily misguided, and who but them, the physicians and the experts in health, to best advise, educate and properly train them in their future duties as mothers. To physicians, all women were essentially identical. Women's physical nature dictated their destiny: motherhood.

Medical historians have argued that physicians in the late 19th century would consciously demonstrate a sense of superiority in all matters as a way to establish the medical profession in a position of power. Such strategies as the treatment of women in birth for example, were used for career building.[22] In Québec, this trend was especially apparent with

automatically disqualified her, and other generations of women, from performing hard and heavy tasks traditionally viewed as men's work, and also prevented her from "soutenir l'effort continu du cerveau. Volonté, attention, mémoire sont faibles et discontinues; il ne saurait y avoir de grandes oratrices, ni de conductrices du peuple."[28] This belief was consistent with those which curtailed women's seeking the vote, entering politics or any other area of the public sphere.

In fact, women were plagued with countless problems due to their sex. According to Dr. Albert Jobin, in a 1925 article, ovarian deficiency was a common problem for women and easily identifiable. A tall or small frame, and obesity or thinness, could be signs of deficiency. A light mustache, a hot temper, pink and red cheeks, breathlessness, a propensity to gossip and frequent and easy laughter were also signs to watch for in women with potential ovarian deficiency.[29] Based on Dr. Jobin's statement, we may assume that more than half of women could be diagnosed with ovarian deficiency if they displayed any of these signs, and certainly if such beliefs were prevalent women would be in need of constant expert care and advice throughout their lives.

Women were also plagued with psychological problems for most of their lives. According to the above-mentioned physicians, pregnant women often suffered from an excess of appetite and kleptomania which they defined as nervous and intellectual disorders. In 1920, one doctor claimed that the menopausal woman suffered from erotic deliriums, terrifying hallucinations and demonstrated episodes of obscene acts and language. Even when all functions appeared to be normal, such as in a woman with a normal menstrual cycle, there were psychiatric problems leading to nervousness, insomnia, sexual exaltation,

the desire for physical activity, depression, apathy, and these could lead to hysteria, hallucinations, obsessive impulses, eroticism and sexual perversions, theft, arson, murder, suicide and robbery.[30] It is interesting to note that a desire for physical activity was considered a symptom of grave psychiatric disorder. Women were creatures of sickness and temptations, commonly referred to as `les filles d'Eve' by physicians as a reminder that Woman was responsible for the fall of Man from the Garden of Eden.[31] This attitude further invested physicians with an almost religious or Catholic mission.

Catholicism in Québec was the mainstay of French Canadian society. However, Catholic traditions and reality often clashed. Tradition dictated that the nuclear family was the centre of society, the husband being the breadwinner and the wife, homemaker and mother. Women who did not conform to tradition, working women for example, were particularly under attack by clergy and physicians. Dr. Palardy, in 1922, explained why women working outside of the home were morally reprehensible,

> c'est un malheur aussi que le travail des femmes. Leur place n'est ni dans les manufactures ni dans la plupart des ateliers, ni dans les bureaux ou même les magasins (..) La véritable place de la femme est au foyer. Mariée ou jeune fille, seule une urgente nécessité devrait l'en faire sortir. Bien des malheurs moraux, bien des désunions dans les familles, bien des santés précocement ruinées seraient épargnés, si l'on tenait compte de ces règles inspirées du simple bon sens, de la loi naturelle et aussi de l'hygiène bien comprise. (...) Il s'agit d'une vérité morale, sociale et scientifique. Si la tendance contemporaine lui est contraire, il faut le déplorer; car cette situation est la source de maux incalculables.[32]

According to Palardy, only urgent necessity could compel a woman and mother to leave her family on a daily basis to work. And if we look closely at his words, working women were in essence responsible for their families' ill-health, immoral behaviour and family dysfunction.

The question is what did physicians consider to be urgent necessity? Basically, a woman could not devote herself to the health of her children and family if she occupied her time with other concerns. According to physicians such as Dr. Palardy, these `concerns' had dire consequences on the development of the family. While the number of working women was constantly increasing Table 2.1 demonstrates how only slightly the numbers of working women had increased between 1921 and 1931. By 1921, 17.3% of women and girls between the ages of 10 and 49 were working outside of the home in the province of Québec.[33] And by 1931 that percentage for girls and women ages 10 to 44 had only increased to 17.5%.[34] Table 2.2 clearly shows that the majority of women working in 1931 were single, namely 86% of the female wage-earning population. Most probably, these single women were still living with their own parents, until they would have their own homes to manage, likely at the dawn of marriage.

Some French Canadian physicians felt, however, that working women, even if unmarried were going against the divine plan: motherhood. Its promotion involved three important steps; marriage, desire for pregnancy and the raising of children. Marriage should be desired for the simple reason that it was God's wish when he created Eve for Adam, and furthermore "c'est faire acte de bon citoyen que de se marier. (...) La patrie, maintenant plus que jamais, a besoin de tous ses enfants."[35] It was perceived that women who remained single and working were purposefully delaying motherhood out of selfishness. Research reveals, however, that working women, particularly young single women had to work to contribute to the family economy with low-wage employment.[36] In Québec, in 1931, half of all single working women were employed in service occupations, and almost half of those in

Table 2.1

Total of female wage-earners according to age for the province of Québec for 1921 and 1931.

Age	1921	total female wage-earners 1931
Total female population (10-49)	711,694 (10-44)	814,553
10-15	5,903	4,042
16-17	13,306	14,397
18-19	17,587	22,988
20-24	34,649	49,545
25-34	29,760	37,457
(35-49)	21,908 (35-44)	14,795
Total	123,113	143,224

Source: Census. Canada. 1921 and 1931. I: xvii ,188; III: 65, 252.

Table 2.2

Gainfully occupied women classified by age and conjugal condition for the Province of Québec for 1931

Age	Single	Married	Widowed & Divorced	Total Female Population
10-17	20,301	31	4	
18-19	24,997	182	15	
20-24	54,888	1,441	155	
25-34	42,370	4,619	1,539	
35-44	16,148	3,693	3,790	
45-54	8,224	2,380	4,003	
55-64	4,324	1,062	3,223	
65-69	1,201	246	1,147	
70+	1,231	133	1,057	
All Ages	173,684	13,787	14,933	1,427,131
	12%	0.97%	1.05%	100%

Source: Census. Canada. 1931. III.

service were employed as domestics.[37] The economic crisis of the 1930s further contributed to the need of women to seek employment where they could. Those women who did have families at home had to earn a wage to support themselves and the children. Faced with these economic realties, it would not be inconceivable that single women would delay marriage and children until they were assured of a minimum of security. Despite delays in child bearing, the province of Québec's total number of births was by far the highest in the country, representing 35.38% of all Canadian births in 1921 and 34.39% in 1931.[38] But generally, the rate of fertility in Québec was on the decrease from 161 per 1000 women aged 15 to 49 in 1911, to 155 in 1921 and 116 in 1931.[39] Therefore, French Canadian physicians promoted marriage and family to stop this slide, and what they believed was a degeneration of society. Hence, celibacy, while not physically harmful, was not recommended for one reason,

> quoiqu'il en soit du célibat, au point de vue médical, il faut reconnaître que celui-ci porte un préjudice énorme à l'accroissement de la population (...) Au Canada, et plus particulièrement dans la province de Québec, le célibat n'est pas encore passé à l'état épidémique. Heureusement! Marions-nous donc par crainte si ce n'est par devoir social.[40]

Social necessity, and barring that, fear, should compel couples to marry, and consequently bear children. Such a statement did not acknowledge even the existence of love as the primary element for marriage.

Physicians, as well as political leaders, believed that the strength of a nation lay in numbers. In the Québec of the 1920s, immigration was not a desired way to increase population for French Canadian physicians. As Dr. Baudoin stated in 1928,

> pour nous, Canadiens français, qui ne cherchons guère à nous assimiler les différents groupes qui viennent du dehors, nous n'avons qu'un seul moyen d'augmenter notre effectif, de nous donner cette

> valeur du nombre, condition même de notre progrès incessant, c'est l'augmentation naturelle de la population.[41]

While most francophone physicians had argued that the birth rate amongst French Canadians was still strong and the highest in the country, their fears lay in the future and the unknown. They knew that their society was not immune to the changes occurring in the big cities all across North America.

French Canadian doctors, therefore, strongly promoted marriage to their patients and in their writings. Moreover, many lay people supported by the medical community also took up the responsibility of encouraging marriage and procreation. Laypeople, such as Pauline Fréchette-Handfield, in 1922, with the support of doctors and the Catholic Church in Québec, related to society, and young girls in particular, the benefits of marriage and motherhood. In her book entitled L'Art d'être une bonne mère, Fréchette-Handfield dedicated her contribution to her daughter stating, "puisse cet humble recueil contribuer à diminuer la mortalité infantile et favoriser le développement de la natalité."[42] Authorities were not only worried about the birth rate drastically decreasing in the province, the high infant mortality rate was also a grave concern.

While the establishment of the *Gouttes de Lait* and the various dispensaries around the province were attempting to teach new mothers how to tend their young, children were dying every day of what doctors claimed were preventable diseases. In 1926, deaths of infants under one year in Canada represented 22% of all deaths. While the Québec population represented 1/4 of the Canadian population, infant deaths in Québec for the same

year represented 49% of all Canadian infant deaths, these accounted for 31% of all deaths in Québec.[43]

Many authorities, therefore, believed there were only two ways to counteract this effect, one was to increase births, and the other to provide the best care to children. Ultimately, these responsibilities were laid at the women's feet because of their traditional roles in society as mothers and nurturers. The price for motherhood, however, was high and ignored except by the very few. Difficulties in birth, possibly leading to maternal mortality was a fear that many women faced. As Dr. Donatien Marion stated in 1928,

> nous n'arrêterons cette funèbre procession que le jour où les femmes saisiront l'importance d'une surveillance attentive durant leur grossesse, et que les médecins comprendront mieux la gravité de leurs devoirs professionnels. On estime encore trop peu la valeur d'une mère.[44]

In Canada, in 1926 the rate of maternal mortality due to pregnancy was 5.7 per 1000[45] while in Québec for the same year the rate was 5.1 and did not really decrease until the late 1930s.[46] Most maternal deaths were caused by various infections and puerperal fevers that with careful monitoring and hygiene could have been prevented. Certainly, the Department of Health of Canada felt that the maternal mortality rate was too high. In an age when physicians boasted about the quality of the hospital, their new expert methods and technologies and overall safety, unnecessary deaths were unacceptable.[47]

In this respect, the health of mothers was important, not only to help them through the act of birth itself, but to ensure the possibilities of future births. Therefore, women were targeted and blamed if they did not bear enough children and if too many infants died. As Dr. J.F. Delisle stated in 1924, infant mortality was caused by

> l'ignorance de la mère, l'aiffaiblissement des parents et en particulier de la jeune mère, qui, sans préparation, passe de l'atelier, de la manufacture, d'un labeur pénible, à l'état du mariage.[48]

In other words, he blamed young women for not preparing themselves for marriage and motherhood and more subtly for using such precious time to work outside of the home. Consequently, the medical profession promoted home, family and education for motherhood to French Canadian girls and young women for the purpose of marriage and reproduction.

For French Canadian physicians, Catholicism played an important role in explaining their attitudes, since they believed that priests and religious authorities could use their influence to further emphasize the goal of procreation. In Québec, a nationalistic argument was used to promote motherhood. Francophone physicians and authorities wished to preserve French Canada, since war, poverty, and harsh living conditions, all contributed to threaten society as a whole during this period. Child welfare was growing in importance in North America at this time. For francophone physicians, child welfare was the way to preserve the French Canadian "race". However, while they maintained that they had the knowledge to accomplish this, full responsibility lay with French Canadian women, single, married, young and old. A girl was never too young to start learning about her future, and this socialization conducted by the medical community began in girlhood.

Endnotes: Chapter 2

1. See Ramsay Cook & Wendy Mitchinson, The Proper Sphere: Woman's Place in Canadian Society (Toronto; Oxford University Press, 1976) intro.

2. See Bettina Bradbury, "Pigs, Cows and Boarders: Non-Wage Forms of Survival Among Montreal Families, 1861-91," Labour/ Le Travail 14 (1984): 9-46.

3. M. Edouard Jordan, Eugénisme et stérilisation (Montréal; L'Ecole Sociale Populaire, 1934) 4.

4. Ibid

5. Ibid, 24.

6. Abbé Viollet, "Leur valeur morale," Eugénisme et stérilisation (Montréal; L'Ecole Sociale Populaire, 1934) 14.

7. Jane Lewis, "'Motherhood Issues' in Late Nineteenth and Twentieth Centuries" in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (New York; Routledge, 1990) 6.

8. See Katherine Arnup, Education for Motherhood: Advice for Mothers in Twentieth Century Canada (Toronto; University of Toronto Press, 1994) 22.

[9] Dr. J.W. Bonnier, "Le mariage et son influence salutaire sur la santé." La Clinique 11, 8 (Nov. 1920):163.; Dr. Joseph Gauvreau, La mortalité infantile (Montreal; L'Ecole sociale populaire, 1923) 1.

10. Collège des Médecins et Chirurgiens de la province de Québec, Annuaire médical (Montréal; Quality Press Ltd., 1940) 5.

11. Province of Québec. First Report of the Provincial Bureau of Public Health. **Sessional Papers 1922-1923**. 62: 66.

12. See Denyse Baillargeon, "Care of Mothers and Infants in Montreal between the Wars: The Visiting Nurses of Metropolitan Life, Les Gouttes de Lait, and Assistance Maternelle," in Caring and Curing Dianne Dodd and Deborah Gorham eds. (Ottawa; University of Ottawa Press, 1994) 163-181.

13. Ibid.

14. Dr. Joseph Gauvreau, L'Oeuvre des gouttes de lait paroissiales (Montreal; L'Oeuvre des

Tracts, 1935) 5.

15. Ibid, 2-6.

16. Dr. Chs-Henri Dumais, "Mortalité Infantile: L'aide des médecins," Bulletin Sanitaire 24, 4, (1924).

17. Dr. Joseph Gauvreau, Les médecins au Canada français (Montreal; G. Ducharme, 1933)

18. Jean Paquin, Le Collège des Médecins et Chirurgiens de la province de Québec 1847-1947. (Montréal; Thérien Frères Ltd., 1947) 64.

19. Dr. Joseph-Albert Baudoin, La mission sociale de l'hygiène (Montréal; L'Ecole sociale populaire, 1928) 24.

20. Ibid.

[21] Prof. Raoul Masson, "Le concours des gouttes de lait à Montreal: Allocution," UMC 45, 11 (Nov. 1916): 591.

22. See Ornella Moscucci's The Science of Woman: Gynaecology and Gender in England, 1800-1929 (Cambridge; Cambridge University Press, 1990) for an analysis of gender as a tool for professionalization. And William Arney's Power and the Profession of Obstetrics (Chicago; University of Chicago Press, 1982) for a history of medical specialism in obstetrics. Both authors show that the attitudes physicians may have had toward women were more about professionalization within medicine rather than a gender issue.

23. See Hélène Laforce, "The Different Stages of the Elimination of Midwives in Québec," in Delivering Motherhood: Maternal Ideologies and Practices in 19th and 20th Centuries Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (London and New York: Routledge, 1990) 36-50.

24. Dr. Joseph Gauvreau, "Les charlatans et leurs réclames," UMC 50 (1921): 23.

25. Editorial, "Intérêts professionnels," UMC 50 (sept. 1921): 352.

26. Annuaire Médical, 5.

27. Editorial, "Origine et conséquence de l'émotivité féminine," La Clinique 10, 1 (Avril 1919): 21.

28. Ibid.

29. Dr. Albert Jobin, "Les petits signes de l'insuffisance ovarienne," Bulletin Médical de Québec 26, 3 (mars 1925).

30. Anonymous, "Les troubles psychiques dans les sydromes ovariens," La Clinique 11, 9

(dec. 1920).

31. Dr. Pascal, "Formulaire médical: aménorrhées," L'Indépendence médicale 7, 6 (15 Oct., 1926).

32. Dr. Palardy, Causeries sur l'hygiène (Montréal; Editions le Syndicat des imprimeurs du Saguenay, 1922) 199.

33. compiled from **Census**. Canada. 1921.I : xviii, 188.

34. compiled from **Census**. Canada. 1931. III: 65, 252.

35. Dr. J.W.Bonnier, "Le marriage et son influence salutaire sur la santé," La Clinique 11, 8 (nov. 1920): 163.

36. Denyse Baillargeon, Ménagères au temps de la crise (Montréal; Editions du Remue-Ménage, 1991) 55.

37. **Census**. Canda. 1931. II: 660-664.

38. compiled from Québec. **Rapport annuel du Minstère de la Santé et du Bien-Etre Social pour 1935-44**. 1945.

39. Angus McLaren and Arlene Tigar McLaren, The Bedroom and the State (Toronto; McClelland and Stewart Inc., 1986) 18.

40. Editorial, "Le célibat au point de vue médical," La Clinque 5, 5 (Aout 1914): 226.

41.Dr. Joseph-Albert Baudoin, La mission sociale de l'hygiène, 7.

42. Pauline Fréchette-Handfield, L'Art d'être une bonne mère (Montréal, 1922) 9.

43. compiled from Québec. Fifth Report of the Division of Demography. **Sessional Papers 1931-1932**. LXV: 143.

44. Dr. Donatien Marion, "Obstétrique," Union Médicale du Canada 57, 2 (fév. 1928): 179.

45. Department of Health, Canada, Maternal Mortality in Canada (1926) 41.

46. Québec. Report of Demography. **Sessional Papers 1933-1934**. LXVIII: 63.

47. See Arnup, Education for Motherhood, Chapter 1.

48. Dr. J.F. Delisle, "Qu'est-ce que la puériculture?" Bulletin Sanitaire 24, 3 (1924): 89.

CHAPTER 3

GIRLS WILL BE GIRLS

> "Une personne de nos connaissances aurait subi un avortement provoqué. Poussée par les parents qui ne voulaient pas de naissance `illégitime' dans la famille, elle fut obligée de subir cet avortement dans une maison clandestine de Montréal et en ressentit un grand traumatisme."
>
> Georgette J. Côté
> 77 ans
> Montréal

Every woman's choices in life were somehow directly or indirectly dictated by her `destiny'. In francophone Québec, as in other Western societies, that destiny was that of mother and nurturer. French Canadians have always been spread out across the country, with a large concentration in the province of Québec. Certain French Canadian leaders placed great importance on the role of French Canadians across the country. Henri Bourassa, in a speech given in 1912, hoped that one day Canada would become a `civilized' country, defined by the use of French in all intraprovincial and international relations, because it was the language of diplomacy and culture. He further stated that the preservation of the French language in Canada would not only ensure relations with France, but also preserve the British traditions and institutions from the real threats to the country: the encroachment of American

culture.[1] In the Canadian context, the province of Québec was considered as a sort of `motherland' to all French Canadians. Consequently, women's roles as mothers could also be defined as a patriotic one: that of mother of French Canadians. The survival of the French language in North America depended in part on the women and the areas traditionally associated with women: the home, the upbringing of children and education. The training and education of children had gained importance since the turn of the century as the various child welfare movements, child labour laws, YMCA, YWCA, the Boy Scouts and Girl Guides gained more exposure. These were aimed at producing law-abiding citizens. The training of girls in the capacity of wife and mother can also be seen in this light. Hence, society would ensure the raising of good and conscientious mothers.

French Canadian physicians saw their own roles as teachers and guides for women to help them recognize their appropriate duties. They also felt that early in life girls had to prepare themselves for their future as wives and mothers. Many physicians felt it was necessary that girls of 14, 15 and 16 learn the basics of childrearing. As Dr. Gaston Lapierre stated in 1928, it was important "d'enseigner la puériculture élémentaire aux jeunes filles pendant leur dernière année d'école ou de pensionnat, c'est d'armer la future mère sur ce noble terrain..."[2] If proper training of girls was not accomplished, according to Dr. Lapierre, it would further contribute to the high infant mortality rate. As he and many physicians believed, the great cause of infant mortality was the ignorance of mothers.

The teaching of hygiene in the schools was deemed the best way to educate girls. Educators would inculcate the importance of motherhood by telling girls and young women

girls about their `destiny', following guidelines set by Mgr. Ross amongst others. In this respect, the goals and methods of the clergy and medical practitioners were relatively similar as each group wished to stress the importance of educating girls and young for their future duties as mothers.

The *écoles ménagères* for girls were specifically established to teach them domestic work for the home. However, not many girls attended such schools, because they did not offer many opportunities for girls other than the obvious. Despite various attempts to expand and attract more girls, by the 1940s, these schools only attracted two percent of school age girls beyond grade 10.[7] Only when these schools offered a diploma in home economics, permitting girls to get remunerated employment, like teaching domestic science, did attendance increase. As a consequence, enrollment in vocational domestic schools increased from 4982 students in 1936 to over 21,000 by 1950.[8]

In these institutions students were formed into small `homes', the oldest playing the role of the mother. Each topic was femininized, for example, chemistry became `chimie alimentaire' and accounting became domestic budgeting. Throughout, there was intense focus on diet, clothing, childcare and manual tasks.[9] The *École Normale Classico-Ménagère de Saint-Pascal* had such a programme focusing on motherhood, Christian maternal values and hygiene, as shown in the text-book used in 1921, "Puériculture" ou éducation physique, intellectuelle et morale. This work taught girls every aspect of a child's health both physical and moral. This specific course inculcated into the young woman a spirit of obligation not only to be a good mother, but to have many children. In a religious context, it was believed

that parents of numerous children would have a better place in heaven than those who prevented conception, since contraception was a sin.[10]

While it was the wish of most domestic science educators to make home science obligatory at all levels of education for girls, including the public schools, this was not the case until much later. By the 1930s, domestic economy was optional at the elementary level from the third to sixth grades, but it was obligatory from the seventh to eleventh grades,[11] when girls were approximately 13 or 14 years old. Based on the pattern of school attendance for 1921 and 1931, most girls over 13 would only get domestic training in the public school for one or two years at most. Table 3.1 illustrates the percentage of girls ages 14 to 19 at school and employed in Quebec for 1921. While there was 60.98% of girls age 14 still attending school, there was only 26.34% of girls age 16 still at school and 15.69% of girls age 17.[12] The percentage of employed girls for the same age groups constantly increased. For 1931, a similar trend can be observed. Eighty-eight percent of girls aged 10 to 14 were attending school, while it dropped to 23% for 15 to 19 year olds. That percentage then drops to less than one percent for young women 20 years and older.[13] Consequently, the chances of girls over 15 years of age of abandoning school for remunerated work increased. This was especially true of girls from more impoverished backgrounds, which leads us to believe that the girls attending the pure *écoles ménagères* tended to be from the bourgeoisie, those girls who did not anticipate working for a wage.

Further analysis shows that a majority of teenage girls were neither registered as attending school or employed, which leads us to speculate that they were at home with their own mother or married. For example, in 1921, 54.1% of 17 year old girls did not attend

Table 3.1

Percentage of girls at school and employed for the Province of Québec for 1921

	at school	employed
age 14	60.98%	6.37%
age 15	40.40%	14.30%
age 16	26.34%	22.53%
age 17	15.69%	30.21%
age 18-19	5.59%	37.55%

source: Census. Canada. 1921. I: xxviii.

school or work outside the home.[14] Therefore, the wish of domestic science educators and physicians, like Gaston Lapierre cited earlier, of teaching girls the rudiments of house management and motherhood during the years when girls should be seriously looking towards marriage was stunted due to an early school leaving age. As Table 3.2 illustrates, the average age of marriage for young women was between the age of 20 and 29. It would therefore be logical to assume that the majority of adolescent girls, who were neither at school nor employed were somehow at home helping their mothers managing the household, performing tasks and raising younger siblings; in other words going through a private form of 'training' for their future responsibilities, a training not necessarily sanctioned by the medical profession. Many women, when grown and married, were perceived by medical practitioners as ignorant of the basics of motherhood at the arrival of their first child. As mentioned previously, the schools were viewed as the best way to achieve a certain degree of success, because many authorities, physicians and clergy, felt that girls were not learning what they should at home from their own mothers.

Of course all this emphasis on training girls for motherhood presupposed that girls could not learn on their own or even from their own mothers or other female relatives. It also poses the question whether girls had the necessary attributes, physical, mental and intellectual to learn how to undertake such an important duty. Most physicians felt that adolescence was a trying period for girls. Out of girlhood, but not quite a woman, this transition could bring on many physical and mental problems. The most boys would experience during puberty, physicians wrote, were simple accidents, a few heart palpitations, light digestive problems, a bit of nervousness and a disaffection for work.[15] Young girls,

Table 3.2

Total brides classified by age for Québec for each year between 1926 and 1940.

age	15-19	20-29	30-39	40-49
1926	3,443	11,476	1,689	463
1927	3,536	12,183	1,799	463
1928	3,597	12,734	1,844	477
1929	3,082	13,161	1,829	607
1930	3,338	12,307	1,804	582
1931	2,922	11,216	1,664	457
1932	2,472	10,032	1,648	505
1933	2,470	10,297	1,674	488
1934	2,766	12,562	1,969	510
1935	2,831	13,924	2,207	538
1936	2,941	15,225	2,508	549
1937	3,382	17,264	3,042	628
1938	3,441	17,223	3,239	618
1939	3,962	20,042	3,694	706
1940	5,042	23,915	4,652	856

Source: Québec. Rapport Annuel, Ministère de la Santé et du Bien-Être Social. 1944 : 212.

> tous les artifices plus ou moins ridicules qu'on emploie pour paraître gracieuse.[18]

This statement further demonstrates that young women had to be conscientious about their health and not get caught up in the vanities of beauty, since beauty alone could not guarantee the future health of their children. What was especially important for physicians was to somehow make young women understand that they should consult their physicians at every stage of their lives to the extent of almost ignoring other women's advice. If a young woman understood the precariousness of her health, "elle comprendra mieux le contrôle médical sous ses différents formes et elle s'y soumettra beaucoup plus volontiers."[19] In other words, the young woman would be more disposed to listen and accept her physician's advice and prescriptions.

While the physical well-being of the girls were being looked after, many physicians also believed that girls' own `immoral' behaviour was the biggest threat to their destiny. Immoral behaviour was defined as anything from dependence on fashion to abortion. Such behaviour contradicted the religious teachings. The latest fashions were often blamed for most illnesses girls suffered from. Practitioners particularly blamed women's wanton desire to attract men, hence their dependence on fashion. Dr. S. A. Knopf, from the *Institut Bruchési de Montreal* in 1929, reported that for the year 1925-26, there had been an increase in deaths from tuberculosis in women aged 16 to 19. He condemned young women's fashions and activities. He heavily criticized ball dresses, heels and light dresses,

> la jeune fille suit la mode en s'habillant aussi légèrement que la décence le permet, en écourtant sa robe de rue à l'extrême, en portant de légers bas de soie et de petits souliers (...) Cela contribue à nous donner, chez les jeunes femmes, un taux de mortalité déplorable.[20]

potential was threatened. French Canadian physicians were concerned that the increasing numbers of working young women would also lead to an increase in abortions. The practice of abortion blatantly contradicted traditional Catholic teachings, since the whole point of being a woman was to bring life into the world, not to prevent it by any means. It is difficult to determine just how many abortions were performed in the 1920s and 30s, since abortion was criminalized and physicians certainly did not openly perform them. The cases that were reported by practitioners were those abortions which had gone awry. Self-induced abortions were slowly on the rise in the province of Québec amongst young women. In 1922, there were 4 reported deaths of girls between the ages of 15 and 24 as a consequence of self-induced abortion and in 1923, there were 5 deaths between the ages of 15 and 19.[25] Women were taking control of their fertility, and rightly or wrongly, abortion was sometimes used by women as a form of contraception. Due to the difficult access to contraception information and the illegality of abortion, most abortions were self-induced by irregular methods, such as inserting of sharp instruments or ingesting abortificients and various concoctions. Occasionally, abortions were also performed by a second party, a midwife or an abortionist.[26]

In 1925, Dr. Wilfrid Derome described a case involving a young couple arriving in Montreal from out of town, who then proceeded to an apartment building to see an abortionist, or as he described him, a "baggageman". The intervention failed and the young woman died soon after. As Dr. Derome further reported, the young woman appeared to have been in good health, respectably dressed, but not married to the young gentleman.[27] In 1933, at the Hôpital Notre-Dame, Dr. Gérin-Lajoie, the gynecologist in attendance, reported that 11 out of 18 beds in his department were occupied by cases of self-induced abortion.[28] In 1935,

gynecologist Guy d'Argencourt of the Hôpital Notre-Dame also reported what he considered to be a typical case of abortion. A woman had been brought to him in emergency after an attempt at self-induced abortion. The woman, mother of 4 children, had been separated from her husband since 1930. Her first attempt at self-induced abortion was in 1931 by curettage, 40 days into her pregnancy. Another attempt was performed by an abortionist with catheters in 1932, 60 days into her pregnancy. Then in 1933, she attempted to induce abortion one more time by ingesting mustard with milk, without success. A week later, she tried again by inserting a catheter through her vagina, two to three times a day for two weeks. After severe blackouts and abdominal pains, she was brought to the hospital.[29] In this case, the morality of this woman was put into question by the attending physician. The separation from her husband, and her countless pregnancies and abortions displayed a wanton disregard for family values.

What urged single women to induce abortions was the fear of having an illegitimate child. In an age when young single pregnant women were sent away, ostracized and practically treated as criminals for becoming pregnant without the security of marriage, abortion became an option.[30] Being a young single mother was feared almost as much as death itself. This is not to say that married women did not get abortions. Married women benefited from a better support system through friends and family offering help.[31]

According to traditional Catholic teachings women who bore children outside the confines of marriage were committing a sin and according to the law, they were committing a criminal offense. Women who found themselves in this unfortunate position, by seduction or design were viewed with contempt. While most births in Québec in the interwar period

did occur in the traditional family context, illegitimacy did exist. In 1926, for example, there were 535 illegitimate births reported from girls between the ages of 15 and 19 in the province of Québec, a rate of 6.5 per 1000 births.[32] In 1934, there were 419 reported illegitimate births from girls ages 15 to 19 and 561 from girls ages 20 to 24, rates of 5.5 per 1000 and 7.3 per 1000 births.[33] These births, while contributing to the expansion of the population, did not conform to the ideas of the good catholic family. That is why domesticity was always encouraged to young women. Building a family, making a beautiful and happy home for her husband, staying healthy to ensure safe pregnancy and healthy children was a woman's allotted mission in life. She must learn this early on before being diverted into immoral and criminal behaviour and further threaten the future of society.

The life of an adolescent girl was perilous. Physically, she was plagued with countless problems which, if not monitored, could become serious. Intellectually and morally, she needed guidance. Faced with various calamities, the girl would always be threatened of succumbing to immoral behaviour. Basically, anything which did not conform to the idea of motherhood was defined as immoral. In this context, there can be seen a collaboration between the medical practitioner, who supported the claim to motherhood with scientific arguments, and the Quebec Catholic clergy, who used arguments based on Christian Church teachings, to encourage women to do their maternal duty. Both groups relied heavily on the fact that infant deaths were high in Quebec. Therefore, women had to bear the responsibility of being mother and caregiver by default. While society did believe that women inherently possessed motherly virtues, many authorities, educators, clergy and

certainly medical practitioners, did not think women held adequate knowledge to be good mothers.

Therefore, educating women about the basics of childcare seemed to be the minimum that could be done to ensure the survival of the children. This training could not begin soon enough, and in fact it was understood that the girl would utilize her adolescent years in this capacity. In reality, training for motherhood was an ongoing process. While the young generation of girls of the 1920s and 30s might be getting `proper' training, women who were already mothers needed special attention from medical practitioners, since they had not benefited from the same education in their youth.

Endnotes: Chapter 3

---

1. Henri Bourassa, La langue franÇaise et l'avenir de notre race (Québec; L'Action Sociale Ltd., 1913) 17 and 20.

2. Dr. Gaston Lapierre, "L'enseignement de la puériculture élémentaire aux jeunes filles dans les écoles et les pensionnats," UMC 57, 2, (fev. 1928):139.

3. Pauline Fréchette-Handfield, L'Art d'être une bonne mère (Montreal, 1922) 19.

4. See Lucia Ferretti, "La philosophie de l'enseignement," in Les Couventines Micheline Dumont & Nadia Fahmy-Eid eds. (Montreal; Boréal, 1986): 143-166.

5. Dr. Joseph Gauvreau,"La mortalité infantile-Calamité nationale, un seul remède:l'allaitement maternel," UMC 52, 10, (oct. 1923): 451.

6. Mgr. Fr.-Xavier Ross, Pédagogie théorique et pratique (Québec; Charrier & Dugal Ltée, 1924) 356.

7. Sherene Razak, "Schools for Happiness: Instituts familiaux and the Education for Ideal Wives and Mothers," in Rethinking Canada: the Promise of Women's History Veronica Strong-Boag and Anita Clair Fellman eds. (Toronto; Copp Clark Ptman Ltd., 1991) 362.

8. Ibid, 359.

9. See Marie-Paule & Micheline Dumont, "L'évolution des programmes d'études 1850-1960)," Les Couventines, 83-112.

10. "Puériculture" ou éducation physique, intellectuelle et morale Cours donné aux grandes élèves de l'Ecole Normale Classico-Ménagère de Saint-Pascal, comté Kamouraska. (Québec; L'Action Social Ltée, 1921)

11. Nicole Thivièrge, Histoire de l'enseignement ménager-familial au Québec 1882-1970 (Québec; Institut québecois de recherche sur la culture, 1982) 166.

12. **Census**. Canada. 1921. I: xxviii.

13. **Census**. Canada. 1931. I: 902-903.

14. **Census**. Canada. 1921. I: xxviii.

15. Anonymous, "Les accidents de la puberté," L'indépendance médical 7, 8, (15 déc. 1926):

3.

[16] Ibid.

17. Anonymous, "Traitement des dysmenorrhées," Le Bulletin médical de Québec 15, 11 (juil. 1914).

18. Dr. Palardy, Causeries sur l'hygiène (Montreal; Editions le Syndicat des Imprimeurs du Saguenay, 1922) 211.

19. Dr. Gaston Lapierre, "L'enseignement de la puériculture élémentaire aux jeunes filles dans les écoles et les pensionnats," 141.

20. Dr. S.A. Knopf, "Augmentation alarmante de la morbidité et de la mortalité par tuberculose chez les jeunes femmes" UMC 58, 6, (juil. 1929): 468.

21. Québec. **Rapport annuel du Ministère de la Santé et du Bien-Etre Social pour les années 1935-1941**. 1945: 188.

22. Marie-Thérèse Archambault, La destinée sociale de la femme (Montréal; L'Oeuvre de Tracts, 1930) 1.

23. Ibid, 1.

[24] Dr. S.A. Knopf, "Augmentation alarmante de la morbidité et de la mortalité par la tuberculose chez les jeunes femmes.": 468.

25. Québec. **Rapport annuel du service provincial d'hygiène**. 1923-1935.

26. Angus McLaren and Arlene Tigar McLaren, The Bedroom and the State (Toronto; McClelland and Stewart Inc., 1986) 36.

27. Dr. Wilfrid Derome, "Observation de manoeuvres abortives criminelles," UMC 59, 1 (mai 1925).

28. Dr. Léon Gérin-Lajoie," Avortement provoqué, suivie de Septicémie suraigue," UMC 62, 5, (mai 1933): 453-438.

29. Dr. Guy D'Argencourt, "Un fait clinique de gynécologie," UMC 64, 1, (janv. 1935).

30. See Andrée Lévesque's "Deviants Anonymous: Single Mothers at the Hôpital de la Miséricorde in Montreal, 1929-1939," in Rethinking Canada: the Promise of Women's History Veronica Strong-Boag and Anita Clair Fellman eds. (Toronto; Copp Clark Pitman, 1991): 322-336. The Hôpital de la Miséricorde in Montreal was home to roughly 20 percent of the illegitimate born in Québec between 1929 and 1939. For some `boarders' the Hôpital

CHAPTER 4

MOTHERS OF THE NATION

Once girls reached childbearing age, it was hoped that they held enough knowledge to guide them in bearing and raising children. As mentioned in previous chapters, the survival of the children was put forth by French Canadian authorities as the social priority for French Canadians in general. All had a part to play in this endeavor for, as they were told, society had a stake in it: live healthy children would ensure the survival of the "race". French Canadian physicians saw as their mission the preservation and education of society, as they focused their attention on the role of the francophone woman in Québec in the interwar period.

Women had always been especially targeted in this respect because of their physiology: since women physically bore children, it was held, they were ultimately responsible for their survival. The medical discourse in Québec reflected this attitude in several ways. Physicians believed that women should be taught early in their girlhood about their future roles and responsibilities and that somehow programmes be set up in schools for this purpose. While most physicians believed that women were inherently maternal, they did not think women could inherently be good mothers. As the historian Katherine Arnup stated, urbanization had further isolated women with little or no previous childrearing experiences. Moreover, mothers faced a more complex job, as the emerging pediatricians and psychologists emphasized the importance of child development, rendering maternal instinct

inefficient for the task. A good mother, in their opinion, sacrificed her life for her child. French Canadian physicians, like Dr. Mercier in 1930, felt it was important to emphasize the expected behaviour of mothers, and women in general;

> [La mère] s'est privée de toutes sortes de choses. Elle ne pouvait ni courir ni jouer beaucoup, il ne fallait pas qu'elle aille en automobile trop souvant, (...) Il lui fallait se coucher de bonne heure et ne pas manger ce qu'elle voulait. (...) maman faisait déjà beaucoup de sacrifices pour [le bébé].[1]

In essence, a woman's life was one of sacrifices for the well-being of her child. Physicians took this concept further by stressing that a woman's sacrifices would ensure the future of the French Canadian nation in Canada, principally Québec. And this `sacrifice', in whatever form, could begin as early as the woman's own childhood.

A woman, even as a child and adolescent, had to protect her childbearing potential. This often meant that women had to refrain from all sorts of activities, whether mental or physical, for fear that somehow her reproductive system and reproductive energy would be endangered.[2] Therefore, if a woman understood this fact early, she could live her life free of any worries.

Such beliefs were idealistic. Francophone medical discourse repeatedly reveal complaints by doctors that women did not understand the importance of their role, and often threatened the survival of their children by engaging in sporting activities or even working outside the home. Such accusations were loudly voiced in the medical literature. Consequently, medical prescriptions and guidelines for women were numerous and constant. This chapter focuses on the prenatal and post-natal medical advice which French Canadian

physicians believed best ensured the well-being of the children for the sake of the nation between 1914 and 1939.

A woman, following her 13th birth, faced her husband and he "tout joyeux l'embrasse et lui dit: 'Que veux-tu que je te donne pour te récompenser?' La mère regarde son mari en souriant et lui dit: 'tu m'en donneras un autre'."[3] This woman's attitude, whose story was reported in the 1923 issue of Bulletin Médical du Québec, was portrayed as the ideal: a woman who understood her duty as a mother and who accepted it with happiness and enthusiasm. While this woman was probably experienced in childrearing and did not seem to shy away from further responsibility, many physicians believed her enthusiasm to be an exception. Hence, they portrayed this mother as a patriot and heroine. The perception was that women wished to avoid motherhood to retain their independence. The issue was how to best teach women who were pregnant or already had children how to be good mothers.

Various hygiene and public health boards were committed to maintaining the health of children and decrease infant mortality already judged too high. The education of mothers was deemed important in this respect. As Dr. Gauvreau stated in 1914, the *Gouttes de Lait* were one of the best methods to accomplish this educational goal. He defined these dispensaries as

> l'ensemble des moyens reconnus les meilleurs pour instruire les mères sur leurs devoirs de nourrices, et pour protéger les bébés contre les dangers de la nourriture artificielle.[4]

The *Gouttes de Lait* provided instruction for mothers on nursing, pasteurized milk for children and medical consultation. As Dr. Gauvreau further stated, however, these dispensaries could not function properly unless women and mothers chose to participate.

Telling mothers what should be done for the care of their children was one thing, but physicians wanted to assure themselves that the knowledge they imparted was put into practice. In 1916, the *Gouttes de Lait* organized a contest to help attract mothers to the dispensaries, and monitor both the children's health and the mothers' knowledge. As Dr. Eugène Gagnon, secretary of the central bureau of the *Gouttes de Lait* stated, the goal of the contest was to show how important medical advice was for the raising of healthy children. The contest required that mothers bring their children in to be examined by medical professionals. The accumulation of points was based on the attendance of the children, their increase in weight, normal growth of teeth and bones, and good muscular and general appearance.[5] The winner would reflect the mother's success in childcare. It is impossible to determine if the contest was successful in its goal of attracting mothers to the *Gouttes de Lait*. Professor Raoul Masson, doctor at Ste-Justine's Hospital, hoped the contest succeeded, because as he emphasized the importance of the dispensaries,

> les mères y apprennent à conserver leurs enfants en bonne santé elles y font leur éducation maternelle, et cette formation qu'elles acquièrent par la fréquentation des dispensaires, elles la transmettront à leurs filles, et leur apprendront, quand l'heure pour elles sonnera de continuer la traditionnelle fécondité de la femme canadienne, à élever leurs enfants selon les règles hygiéniques établies et des principes basés sur l'expérience scientifique.[6]

It seems clear by this statement that the principles of hygiene were to be taught from one generation of women to the next. But what was most important was that these principles of hygiene were and had to be sanctioned by the medical community. Moreover, parish priests were strongly encouraged by the medical community to help diffuse the proper information to mothers, either by establishing the *Gouttes de Lait* in their own parishes or by

assembling the female parishioners to discuss the subject of child health and to take the opportunity to distribute appropriate documentation, namely a brochure entitled "Sauvons nos petits enfants" made available by the *Bureau d'hygiène provincial.*[7]

The role of the dispensaries was two-fold: prenatal care for mothers and pediatric care for infants. As Ann Oakley explains in The Captured Womb, the growing interest in prenatal care began with the onslaught of war. In Britain, a serious look was directed at the health of the young men leaving for the Boer War (1899-1902). In North America, authorities did the same on the eve of the First World War. The poor state of the population's health prompted more interest in child welfare, which in turn opened the door for the State, and in this case the medical community, to enter the previously private sphere of home and family. This eventually led to a focus on prenatal care for women and education for mothers.[8] Prenatal care consisted of two elements: the monitoring of the pregnancy through regular medical examinations and the giving of general prescriptions aimed at controlling women's daily activities. Therefore, the role of the physicians was also to teach mothers and pregnant women what was appropriate to do in their condition. Basically, no area was left untouched. Even a woman's traditional domain, that of the home and domestic life could require a doctor's guidance, because anything which could affect the health of the children deserved close examination and improvement. Who best but the self-proclaimed experts of women's and children's health to dictate how a home should be managed. Already in 1915, Dr. Aurèle Nadeau, while a country doctor from the Beauce region of Québec, held opinions in accordance with the most visible big city physician. He recommended that a pregnant woman follow her doctor's instructions closely to ensure her own health and that of her child.

She should avoid any over-exertion, but was still encouraged to do outside activities, for the fresh air and sunlight. She had to keep extremely clean and massage her breasts carefully to prepare them for nursing.[9]

Dr. Nadeau, along with his colleagues, also disapproved of any attention given to any other non-medically trained person claiming to possess the knowledge needed to experience a safe and uneventful birth. Medical practitioners encouraged a dependence on their counsel and advice. Even the experience of mothers of multiple births could not be trusted. Only the expertly trained and educated physicians possessed the adequate knowledge to cope with every stage of birth. Of course, the unexpected complications of birth required constant alertness. It was to prevent complications, such as spontaneous abortion, various infections, premature birth, etc., that physicians often stressed the overall ignorance of women concerning their own bodies. Performing certain tasks, such as washing clothes, was strongly discouraged. The explanation for this was that hard physical work may precipitate a miscarriage, or the return of the menses soon after birth which could consume much needed energy required for good maternal milk.[10] Who did the physicians expect would perform the daily household tasks? Unfortunately, they did not seem to give very much attention to the daily duties of house and home, since men never needed to concern themselves with these issues. The preoccupation of most physicians was that while pregnancy was a normal episode in a woman's life, and a highly encouraged one at that, it was not without its difficulties. Certain difficulties of pregnancy and birth were unpredictable. For physicians to predict the outcome of a birth was always desired, but not easily accomplished. The importance of pre-marriage examinations was stressed to determine if the intended couple would be healthy

enough to produce healthy and normal offspring. In this respect, anyone with a congenital disease and diseases such as tuberculosis, were discouraged from having children and even maintaining any kind of long-lasting relationship or marriage.[11] Therefore, marriage could be considered exclusive to healthy and normal men and women. And health and normality were defined by medical practitioners. But what did they consider normal? As mentioned previously, since a woman was naturally plagued with health problems due to her physiology, would she ever be considered normal enough to bear children? Ironically, women were supposed to bear children.

French Canadian physicians could not stress enough the importance of medical consultation for women. Many women, however, did not consult their doctor before marriage or even before pregnancy. Physicians particularly stressed the importance of prenatal care, hoping that the majority of women would heed their advice. In 1914, doctors recommended urine analysis every month up to five months, then every two weeks. Constant monitoring were hoped to be common practice. During these consultations, doctors would tell their patients to avoid spices, salt, alcohol, tea and coffee, avoid fatigue, hard work, long walks, jumps or any sport involving these, and total abstinence from sex.[12]

Twenty years later, prenatal care was still not only limited to regular medical examinations. Many physicians made specific recommendations as to tasks, activities and exercises. Dr. Elphège de Cotret, a prominent obstetrician, writing under his pen name René de Cotret, recommended rest for working women, and exercise for leisure women. According to de Cotret, exercise should consist of walking, some domestic work, but under no circumstances, running, participating in violent games, riding, cycling, golf, tennis,

dancing, swimming, and indulging in automobile or train rides. A pregnant woman could go to the theater but she had to avoid any large gatherings.[13] She also should wear ample clothing, preferably dresses which hung from the shoulders, not heavy skirts which needed support at the waist. This advice about clothing was simply based on common sense. The fact that physicians stressed this kind of advice so strongly suggests that they did not think women possessed any. And finally, a pregnant woman had to avoid any emotional or intellectual excess, because "les émotions trop vives, l'effort mental ou intellectuel peuvent entrainer des conséquences désastreuses (avortement ou accouchement prématuré)."[14]

Of course, such prescriptions enumerated in the medical literature would not always reach women's ears, unless they consulted with physicians who adopted these practices. Literature destined for women also enumerated various instructions reflecting common medical practice. In L'Art d'être une bonne mère, Pauline Fréchette-Handfield described what a pregnant woman should do,

> elle doit surveiller son système nerveux pour le maintenir dans le calme, lui éviter la surexcitation, les émotions sans danger la période trop vives, les impatiences, les échapées de caractère. Elle se rappellera que la gaieté et la bonne humeur lui prépareront un enfant souriant et pacifique. Le repos, la distraction, les sorties au grand air, une nourriture saine, voilà ce qui lui permettra de traverser de grossesse.[15]

While such books, often endorsed by medical professionals, may have reached a great number of literate women, the authors never denied the importance of medical consultation and never suggested that their books be substitutes for real medical advice.

Dr. Fortier's book "Je vais être mère":Conseils aux futures mères published in 1940, and endorsed by Dr. Albert Lesage, Dean of the Medical Faculty of the *Université de*

Montreal, also extensively instructed women on living a proper life conducive to healthy childbearing. He recommended a good diet of vegetables, fruits and cereals in moderate quantities, making sure to favour healthy digestion. Candies, and the drinking of refreshments while eating had to be avoided. Daily eating habits had to be strict and respected. Extensive travel had to be avoided at all costs to prevent spontaneous abortion, considered a constant risk. If a pregnant woman must travel, it was preferable to do so by locomotive in a `sleeping' wagon. Travel by car, plane and boat was forbidden. Even women's hairstyles were condemned. Dr. Fortier urged pregnant women not to get permanents for their hair because they were time-consuming, and conducive to fatigue.[16]

Intellectual activities for women were still observed by physicians as injurious to women's health. Since the 19th century these were seen as consuming precious energy needed for the female reproductive system. This argument was often used to exclude women from higher learning and certain professions dominated by men. In the March 1928 issue of L'Indépendence médicale, a young female physician wrote about her dissatisfaction with the attitudes of her male colleagues. She claimed that the arguments used to discourage women from becoming doctors were thin. While she conceded that the profession often required a lot of energy and physical endurance, which male doctors claimed women did not possess, many women worked in factories or even slaved at home exhibiting considerable amounts of energy. Moreover, the qualities which women were said to possess, such as sensibility, devotion, and a sense of sacrifice, which male physicians contended were only ideal for motherhood, this female doctor stressed were also necessary for the medical profession.[17]

While women had easy access to domestic education through the *écoles ménagères*, they were not so lucky when it concerned higher education. Anglophone women were admitted to the Faculty of Arts of McGill University since 1884, but their presence had to be discrete. In 1911, the first woman graduated from the Faculty of Law of McGill but could not practice because women were not admitted to the bar in Québec until 1941. Women with degrees were also excluded from other areas: medicine until 1918 and dentistry until 1922.[18] Francophone women were even less fortunate. While some women could attend certain university level classes, no diplomas were granted. To gain access to regular university programmes, these women would have had to go through the *cours classique* which did not exist for women until 1908. By 1938, there were eleven colleges for girls offering this programme. Unfortunately, the number of admissions was insignificant since Québec society in general was not necessarily favourable to higher education for girls.[19] Many physicians believed that a growing population of independent women would prevent the propagation of the "race". Therefore, many felt they had the right as the preservers of health to dictate which intellectual activity was appropriate.

As mentioned in the previous chapter, adolescent girls were recommended specific reading material. This continued for grown women also. Dr. Fortier only recommended books "destinés aux futures mamans, aux manuels d'histoire, aux récits de voyages, etc...".[20] Only leisurely reading was considered safe for women, but never in excess. Leisure and cultural activities were also monitored, especially for pregnant women. Most games, such as playing cards, which did not impede on a woman's rest were allowed.[21] However, "les réunions populaires, les théâtres à sensations, les assemblées tumultueuses, les concerts

prolongés et, en général, tous les séjours dans les locaux confinés ou mal aérés sont interdits aux femmes enceintes."[22]

While some women were fighting to obtain the vote and a place alongside men in the public arena, others tried to reinforce the idea that women already possessed all the power and equality they needed through their roles as mothers. As Soeur Marie du Rédempteur stated in 1929,

> Est-ce à dire que la femme est inférieure à l'homme? Non pas; mais ses droits, ses devoirs, ses qualités, ses attributions sont autres. A l'homme d'être le pourvoyeur du foyer; à la femme d'en être la qardienne. A l'homme d'être le chef de la famille; à la mère de le seconder par son amour et son dévouement.[23]

Mothers, in essence, shaped the character of future generations. The importance of raising good law-abiding citizens could not be denied. While all of society played a part in this process, children were influenced first of all by their mothers.

Pregnant women were especially bombarded with 'expert' advice and instructions because of what was at stake: the survival of their babies. That is why the actual process of birth received special attention. During the interwar period, hospital births were becoming more numerous. Improved technology and birthing methods made the hospital more favourable for obstetricians. However, birth in the home still persisted during this period. Pauline Fréchette-Handfield in L'Art d'être une bonne mère recognized this and made several suggestions to help make home births more comfortable and as close to the standards demanded by physicians. First, the mother had to choose an airy room with plenty of sunshine for the birth, eliminate any encumbrances and items that may accumulate dust, such

as carpets, and ensure that the attending physician had plenty of space to operate. Again, the presence of the physician was stressed.

The fight against non-university trained medical professionals in the 1920s and 30s further pushed midwives out of the obstetric field altogether due to increasing competition. Principally, "doctors ousted midwives from obstetrics because this field of practice became (...) the basis for establishing a clientele."[24] Nevertheless, hospitals were painted as the ideal place to give birth. The issue was how to attract women there. The hospitals were portrayed as safe and sterile environments. Moreover, as was stated in Le livre de la nouvelle mariée in 1934,

> L'hôpital n'est rien autre chose qu'un hôtel de première classe édifié et entretenu pour la guérison des malades. La pension y est peut-être plus chère qu'à la maison, mais par contre il offre d'excellents garanties de sûreté contre l'infection, ce qu'on ne trouve pas au foyer. Nous devons aussi considérer l'hôpital comme un grand laboratoire qui possède toutes les commodités modernes et où l'on n'a en vue qu'une chose, le bien-être des patients. Là, tout désir des malades est immédiatement satisfait et l'on trouve tout le confort possible.[25]

The hospital became a hotel, a place where the mother could relax and take a vacation from domestic duties. Again, the physician, his knowledge and his working environment, were portrayed as the sole guarantee of safety and comfort.

After birth, mothers had to raise the child. This was a heavy responsibility, especially in the light of conditions during this period. The survival of the child depended on the mother's capacity to care for her offspring. As was mentioned in the previous chapter, the rate of infant mortality was one of the highest in the western world. Mothers were blamed for this sad state of affairs, regardless of living conditions or any other circumstances which may

The attitude of physicians, such as Gauvreau and Nadeau, displayed a strong distrust of mothers in general and women's capacity to recognize their responsibility towards their children. These doctors assumed that mothers would voluntarily refuse to nurse out of selfishness, and use every little excuse to shirk from this duty.[29] Most physicians used the death of infants as leverage to encourage breast feeding, claiming that the longer a woman breast-fed her child, the longer that child would live. They purposefully, and almost exclusively, linked the lack of maternal milk with infant mortality. Dr. Donnadieu in Pour lire en attendant bébé claimed that 90% of babies without mothers, therefore without the benefit of maternal milk, died almost immediately after birth, 70% of babies who had been nursed for only three months died, 35% of babies nursed for six months and only 9% of babies nursed for a full year.[30] Such a claim placed a deliberate burden of guilt on the mother's conscience. However, many mothers believed that some infant deaths were inevitable given the state of medical knowledge and many did not have much faith in modern medical advice or the physicians themselves.[31]

Physicians, therefore, insisted that the French Canadian mother had a duty to her race, and this consisted of nursing her own children. As Gauvreau stated again

> [L'enfant] peut vivre au sein de la famille, avec son père et sa mère, et n'avoir point de mère, si celle-ci, par inintelligence, par négligence, ou par ignorance, ne remplit pas auprès de lui le rôle que Dieu et la nature lui ont assigné.[32]

Many doctors felt that poverty and difficult living conditions of working mothers were not significant enough excuses for `abandoning' children to the inadequate quality of cow's milk. "Soyez une bonne mère canadienne! Allaiter votre enfant!"[33] was a command

often repeated in the medical discourse and the vernacular literature. Dr. Gaston Lapierre, another proponent of maternal nursing, was also appalled in 1930, at the decreasing numbers of mothers nursing their infants. As he stated,

> la vie hors du foyer de plus en plus marquée, les plaisirs qui prennent le pas plus facilement sur les devoirs, induisent parfois la mère de chez nous, comme celle des autres pays, à chercher le moindre prétexte, à forger la moindre excuse, pour se dispenser d'allaiter. (...) L'égoisme de certaines nourrices, qui craignent de diminuer leurs charmes physiques en allaitant, est une cause fréquente des petits trucs et des petites histoires qui mènent au sevrage.[34]

However, Dr. Lapierre criticized his colleagues who took issue with working mothers in Québec, because, most working women, as Table 2.2 from the previous chapter illustrates, were single, widowed or with children passed the age of nursing. Of married women, with or without husbands at home, 481,876 had children or the guardianship of children under the age of seven, while 6016 widows and 103 single women had children under seven at home.[35] If we compare these numbers closely, the majority of children, and certainly nursing infants, were not in immediate danger of seeing their mothers go out to work daily.

Procreation, motherhood and nursing, were responsibilities women had to take seriously, and doctors feared they did not. Many physicians wished to ensure that their advice and women's duties were not ignored. Based upon pre-marriage examinations of both men and women, some doctors were prepared to prevent any union if one or both parties did not meet certain standards of health, always with the idea of procreation, and the evolution of French Canadian society in mind. While not all held this point of view, as Dr. Wilfrid Leblond stated in 1929, some in the medical community agreed with this proposition,

> Le but que [le groupe médical] se propose en exigeant de l'homme et de la femme qui vont se marier un certificat de bonne santé, c'est de

> protéger l'un ou l'autre des candidats, ou leur descendance contre toute maladie ou tare transmissible. (...) Empêcher par tous les moyens humains les unions qui donnent un tel déchet, voilà certes une oeuvre méritoire (...).[36]

Most French Canadian physicians, relying on their Catholic upbringing, never actively prevented marriage or conception for that matter, since according to Church doctrine, all births were valid in God's eyes. However, a few physicians were more vocal about the lengths they would go to in such cases. As Dr. de Cotret stated, "le médecin empêchera quelquefois des alliances conjugales néfastes pour la famille, la société, et la race."[37] Improving the race was a topic discussed at length in medical journals. Other areas, such as alcoholism, were also targeted as ways to improve French Canadian society, but birth and the health of children were by far the most emphasized.

French Canadian society, its propagation, its survival were at the forefront of the francophone medical community's mind through its literature. The idea of the French Canadian nation was not necessarily based on geography but rather on "race" and language, and physicians held its survival close to their hearts. Even a cursory perusal of the medical journals illustrates the importance of the French Canadian `nation' for these physicians by their use of interchangeable words like "nation", "race" and "patrie". In 1923, Dr. Lesage was ready to defend the purity of the French Canadian race against accusations of Canadian `cross-breeding' brought forth by a French physician,

> La race entière est pure, et il suffit à un homme de bon sens d'observer superficiellement pour constater que nous y retrouvons toutes les qualités ethniques propres à la race française.[38]

The idea of a French Canadian nation, however, was mostly referred to in discussions about demography, hygiene, infant deaths, and consequently maternal duties. Dr. Aurèle Nadeau,

in his 1920 pamphlet Rôle de l'alimentation naturelle chez la jeune mère, stated that if physicians succeeded in persuading mothers to nurse their own, "nous travaillerons très efficacement à notre survivance nationale."[39] In some ways, physicians linked the survival of the French Canadian "race" with their own successes which they wished to spread, "ces semences variées et que le vent emporte, pourront peut-être germer, et feront plus grande la profession médicale canadienne-française et plus grande la patrie."[40] One of the most important goals at this time was to ensure the survival and health of children. While doctors wished, however, to receive all the credit if infantile deaths were on the decrease, all the blame for the contrary was laid at the women's feet. Ironically, as Katherine Arnup so aptly stated, the idealization of motherhood so propounded by the medical community, also set the stage for widespread "mother-blaming".[41]

16. Dr. Jacques Fortier, "Je vais être mère":conseils aux futures mères (Montreal; Editions Bernard Valiquette, 1940) 87.

17. Anonymous, "La femme-médecin: réponse d'une doctoresse à ses confrères masculins," L'Indépendence médicale 8, 11 (15 mars 1928).

18. Le Collectif Clio, L'Histoire des femmes au Québec depuis quatre siècles (Montreal; Le Jour, 1992) 337.

19. Ibid, 340.

20. Dr. Fortier, "Je vais être mère".

21. Ibid, 85.

22. Ibid.

23. Soeur Marie du Rédempteur, La femme canadienne-française (Montréal; L'Oeuvre des Tracts, 1929) 5.

24. Hélène Laforce, "The Different Stages of the Elimination of Midwives in Québec," in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds. (New York; Routledge, 1990) 46.

25. Le livre de la nouvelle mariée. (Montréal, 1934.)

26. Terry Copp The Anatomy of Poverty (Toronto; McClelland and Stewart Ltd., 1974) 96.

27. Dr. Joseph Gauvreau, "La mortalité infantile-calamité nationale. un seul remède: l'allaitement maternel," UMC 52, 10 (oct 1923).

28. See Denyse Baillargeon, "Care of Mothers and Infants in Montreal between the Wars: The Visiting Nurses of Metropolitan Life, Les Gouttes de Lait, and Assistance Maternelle," in Caring and Curing Dianne Dood and Deborah Gorham eds. (Ottawa; University of Ottawa Press, 1994).

29. Dr. Gaston Lapierre, "Où en sommes-nous en 1930 avec la question de l'allaitement maternel chez nous?" UMC 59, 10 (oct. 1930): 705.

30. Dr. J. Donnadieu, Pour lire en attendant bébé (1925) backcover.

31. Denyse Baillargeon, "Care of Mothers and Infants in Montreal", 176.

32. Dr. Joseph Gauvreau, La mortalité infantile (Montreal; l'Ecole sociale populaire, 1923) 1.

33. Ibid, 32.

34. Dr. Gaston Lapierre, "Où en sommes-nous en 1930 avec la question de l'allaitement maternel chez nous?", 705.

35. **Census**. Canada. 1931. 3: 1341.

36. Dr. Wilfrid Leblond "Le certificat pénuptial," Bulletin médical du Québec 30, 10 (oct. 1929): 453.

37. Dr. René de Cotret "Hygiène de la grossesse," UMC 52, 8 (aout 1923): 328.

38. Dr. Lesage, "L'avenir de la race française au Canada et le *Progrès Médical de Paris,*." UMC 52 (oct. 1923): 423.

39. Dr. Aurèle Nadeau, Rôle de l'alimentation naturelle chez la jeune mère (Beauceville; L'Eclaireur Ltée, 1920) 16.

40. Dr. Arthur Vallée, "La médecine canadienne-française," Bulletin médical du Québec 30 (mai 1929): 151.

41. Katherine Arnup, Education for Motherhood: Advice to Mothers in Twentieth Canada (Toronto; University of Toronto Press, 1994) 36.

CHAPTER 5

Conclusion

Physicians in interwar Québec held a particular view of women and their roles in society. Motherhood was women's vocation and they were not allowed to forget it. Medical discourse was not unique in the way it reflected the position of women in society. Physicians, in fact, were products of their environment. Physicians' background, education and position in Québec society, played important roles in defining the nature of their attitudes toward women, and defined the way these attitudes would be expressed. Strong traditional Catholic education and practice in Québec meant that French Canadian physicians' professional life often reflected their religious background. These physicians portrayed themselves as the experts in health and leaders of society. In fact, many utilized their knowledge while holding important positions in the community. Many worked for the federal or provincial governments as Health Department directors and health inspectors, or were university professors. In addition, the solidarity of physicians, especially faced with the non-medical community, displayed a show of strength in their seeming infallible advice to women and mothers.

The condition of French Canadian society in Québec greatly concerned physicians in an age where the health of its citizens was becoming paramount in people's minds. This concern was not unique to French Canada, but shared by the Western World as a whole. Wars, poverty, and as a consequence, high death rates led authorities to seriously look at the

health of their communities. Francophone physicians directed their attention towards the future generations of French Canadians by promoting quality childrearing and multiple births as an attempt to curb Québec's high infant death rate. They believed they held the knowledge necessary to succeed in this endeavor. But who would be the recipients of this expert knowledge and who would have to apply it? Women had been officially relegated to home and family since the mid-19th century. The "cult of domesticity" ideology was so strongly ingrained in society that laying the responsibility for the survival of French Canadian children at the women's feet seemed a logical solution for physicians. By doing so, physicians removed themselves from any direct responsibility if they failed in their goal.

Patriotism and religion were often used to rally women in performing their maternal duties. The irony was that while a maternal nature and a desire for children were believed to be inherent in women, physicians did not have confidence in mothers' capacities to raise healthy infants. The energy expended by doctors on monitoring women's lives, from childhood to maturity, also attested to the fact that most physicians did not trust women's capabilities in general, whether physical, intellectual, or even moral. Women's activities had to be monitored closely in the hope that any harm to their reproductive potential could be prevented. Francophone physicians devoted a lot of their attention to these issues because they believed that women were blatantly ignoring their recommendations. The motherhood experiences of generations of women were of no account when the survival of the children was at stake. Physicians believed women should begin to learn the intricacies of motherhood in girlhood. Older women and mothers were also targeted with physicians' brand of education. This education or `training' stressed the importance of Christian morality for girls

and young women. Immodest fashions, inappropriate behaviour, leading up to abortion and other immoral or criminal activities were deemed harmful to women's childbearing potential and ultimately the lives of their children. One of the physicians' fears, however, was that women were intentionally avoiding their maternal duties. That is why they especially targeted working women with their prescriptions and blamed them for the high infant death rate.

While the interwar period saw more women, especially single women, entering the workforce and delaying marriage and childbirth, many did so out of obligation to help in the family economy, and a desire for greater security. As had been pointed out in previous chapters, the majority of women did not work outside the home, or not officially anyway. Based on the figures in Table 2.2, in 1931, at least 85% of women age 10 to 70 in Québec were not officially employed. Why were physicians so concerned about women in the workplace, when, in fact, they were such a small minority? Did French Canadian physicians fear the growing movements of women seeking the vote and access to higher education and the professions, all areas traditionally male-dominated? Religious and political authorities in Québec, like Henri Bourassa, founder of *Le Devoir*, were most vocal about the dangers of the women's vote to the sanctity of the family.[1] By 1922, all Canadian provinces, except for Québec, had granted women the vote. Québec held back until 1940. Did they fear for their status, position and income? Women slowly entering the professions, in this case medicine, might attract the female clientele away from male practitioners, who in turn had accomplished the same with midwives not long before.

To reinforce maternal duties as indispensable to the community, motherhood was portrayed as a valuable profession to rival any other. While physicians felt that lower-class women were in more need of their expertise in raising healthy children, they did not necessarily aim their prescriptions exclusively at them. Employed lower-class women worked in service, factories and other low-wage occupations, while those women who entered higher education and the professions were presumably more well-to-do. All these women were targeted, because it was felt that they were not devoting their time to their calling: motherhood. And the more educated the mother was in her profession, the more successful she was, as displayed in the rosy cheeks and shining eyes of her healthy children. The idea of the educated mother was widely held across Canada, with the spreading of domestic science in schools, and in Québec, with the *écoles ménagères* and *instituts familiaux*. Young women would be granted diplomas in domestic science, a sophisticated term for the knowledge and tasks needed in the maintaining of a clean and efficient household. While most young girls who did not attend these schools learned by example, by watching their mothers, physicians did not think this adequate enough. Once girls matured expecting their own children, physicians felt they had to supplement the training in schools and at home by providing a certain structure in the form of dispensaries, the *Gouttes de Lait*, to diffuse their expert knowledge through regular consultations, the distribution of printed material, and lectures and conferences given with the help of the local parish priest.

Some physicians, either for reasons of income, prestige or a real concern for the welfare of their patients and the population in general, published books aimed at a large readership. These books offered detailed instructions to follow for every step of pregnancy,

from the pre-marriage to post-natal process. Women simply had to consult one of these books for lists of foods appropriate to consume and activities, from domestic tasks to leisure and entertainment, considered harmless to their uterus and unborn children. Dr. Donnadieu's 1924 book Pour lire en attendant bébé, was labeled by the medical profession as "le bréviaire des jeunes mères"[2] suggesting that women treat this book as sacredly as the Holy Bible. The virtues of a good mother, therefore, could not be left to chance or even good will. They had to be taught. While instinct played a big role in determining the success of the wife and mother, it was not enough, because "les jeunes filles ne seront pas instantanément transformées en maîtresses de maison habiles par le seul sacrement de marriage!"[3].

In dictating women's behaviour, both religious groups and medical professionals reflected each other's discourse, one often using the arguments of the other as support. There was a partnership of a kind between the clergy and francophone physicians in Québec. Their self-imposed mission was to ensure that life and family values survived. Mainly, their goals were identical in protecting the life of children and the unborn. Physicians called for the help of the priest in teaching young mothers their proper duty, "messieurs les curés doivent instruire les femmes sur le devoir de conscience"[4], and the clergy wished to protect the children from the vices of society.

Undisputedly, in interwar Québec, the Catholic clergy wielded a great amount of influence over the francophone population. The parish priest was consulted for almost everything, from family concerns to political decisions. The health of children was, of course, a concern for everyone, but by mentioning physicians and clergy as working together, physicians were placed on the same influential level as the parish priest. As the Abbé Curotte

stated in 1920, "nous prêtres et médecins, notre grave devoir [est] de protéger le foyer et la course de la vie humaine, et de faire respecter les lois de sa propagation."[5] Christian values of home and family were reinforced countless times by Québec leaders since the family structure was considered the mainstay of Québec society. Large families were praised, and women who gave all their attention to raising their children were admired for performing their God given duty. The Abbé Viollet stated it best when he wrote in 1934,

> c'est donc un devoir pour les gens mariés que de s'oublier eux-mêmes afin de se donner avec une générosité plus grande à l'oeuvre de la procréation et à l'éducation du plus grand nombre possible d'enfants.[6]

Again, sacrifice for the sake of reproduction was stressed. And in fact, such sacrifice was considered a duty.

The idea of propagation was tightly linked with the survival and strength of the French Canadian nation. While Québec statesmen proclaimed that the strength of a nation lay in great numbers, physicians felt it their responsibility to ensure these great numbers with their expert knowledge and advice. A social war was waged against the tide of infant deaths, and unfortunately, women bore the brunt of the attacks. Women who appeared to shun their maternal duties by weaning their babies too early or not nursing at all were highly condemned. As a group these women were blamed for all infant deaths in Québec. A woman who did not favour the prospect of multiple births was deemed unpatriotic. Service and sacrifice for the nation and the people overshadowed any individual interests.

Issues of nationhood, patriotism, Catholic duty, socialization and social control interplay to illustrate the nature of and reasons for the French Canadian physicians' prescriptions to women in Québec between 1914 and 1939. Ideal Christian motherhood was

often deemed the solution for most of women's problems, whether medical or social, and for the general state of society.

Several questions remained unanswered and require further study. Were these attitudes toward women exclusive to francophone physicians? A more indepth comparative analysis of francophone and anglophone physicians' rhetoric in Canada might reveal profound differences in the way women were treated and prescribed to, defined along lines of language and certainly religion. Were French Canadian women passive in the face of such attitudes? Studies, like those of Denyse Baillargeon, suggest that women were not overly concerned with physicians' prescriptions. Could this explain why physicians were so worried, because they mistakenly presumed that the rejection of their prescriptions were synonymous with a rejection of motherhood? Were francophone physicians solely guided by the ideas of nation? An indepth study of the Québec medical profession is certainly required to understand the intricacies of professionalization. Was their training different from their anglophone counterparts? While as a whole, other North American or European studies can be relied on to provide frameworks, actual studies dealing with women and medical issues in Québec are required, because Québec does provide a different social and cultural reality.

Endnotes: Chapter 5

1. A. Prentice, B. Light et al., Canadian Women: A History (Toronto; Harcourt Brace Jovanovich, 1988) 195.

2. Ibid.

3. Ibid.

4. Dr. Charles-Henri Dumais, "Mortalité infantile," Bulletin Sanitaire 24, 1 (1924): 18.

5. Abbé Curotte, "Les principes théologiques appliqués en médecine et chirurgie," UMC 49, 7 (Juillet 1920): 329.

6. Abbé Viollet, "Leur valeur morale," Eugénisme et stérilisation (Montreal; l'Ecole sociale populaire, 1934) 17.

Bibliography

Primary Sources

Government documents

Canada. **Census**. 1921 & 1931.

Maternal Mortality in Canada. Department of Health, Canada. 1926.

Québec. **Rapport Annuel du Ministère de la Santé et du Bien-Etre Social pour 1935-1944**. 1945.

Québec. **Rapports annuels du service provincial d'hygiène**. 1923-1935.

Québec. First Report of the Provincial Bureau of Public Health. **Sessional Papers 1922-23**.

Québec. Fifth Report of the Division of Demography. **Sessional Papers 1931-32**.

Québec. Report of Demography. **Sessional Papers 1933-34**.Secondary sources

Medical Journals

Les Annales médico-chirurgicales de l'hôpital Sainte-Justine de Montréal.

Bulletin d'hygiène.

Bulletin médical de Québec.

Bulletin sanitaire.

La Clinique.

L'Indépendance médicale.

Le Montréal médical.

L'Union médical.

Books

Annuaire médical Collège des médecins et chirurgiens de la province de Québec. Montréal; Quality Press Ltd. 1940.

Baudoin, Dr. Joseph-Albert. La mission sociale de l'hygiène. Montréal; L'École Sociale Populaire. 1928.

Bourassa, Henri. La langue française et l'avenir de notre race. Québec; L'Action Sociale Ltée. 1913.

De Cotret, René. L'Obstétrique des gardes-malades. Montréal; Librairie Déon Frère. 1936.

Donnadieu, Dr. Joseph. Pour lire en attendant bébé. 4e Édition canadienne. 1925.

Fortier, Dr Jacques. "Je vais être mère": Conseils aux futures mères. Montréal; Éditions Bernard Valiquette. 1940.

Fréchette-Handfield, Pauline. L'Art d'être une bonne mère. Montréal. 1922.

Gauvreau, Dr. Joseph. Les médecins au Canada franÇais. Montréal; G. Ducharme. 1933.

_____. La mortalité infantile. Montréal;L'École Sociale Populaire. 1923.

_____. L'Oeuvre des gouttes de lait paroissiales. Montréal; L'Oeuvre des Tracts. 1935.

_____. La Goutte de lait. Montréal; L'École Sociale Populaire. 1914.

Jordan, Edouard. Eugénisme et stérilisation. Montréal; L'Ecole Sociale Populaire. 1934.

Lapierre, Dr. Gaston. Pour la mère et l'infirmière. Montréal; Éd. Édouard Garand. 1931.

Le livre de la nouvelle mariée. Montréal. 1934.

Mercier, L.P. Quoi dire, comment dire et quoi faire. Montréal; Éditions Bernard Valiquette. 1930.

Palardy, Dr. Causeries sur l'hygiène. Montréal; Éditions Le Sydicat des imprimeurs du Saguenay. 1922.

Paquin, Jean. Le Collège des Médecins et Chirurgiens de la province de Québec 1847-1947. Montréal; Thérien Frères Ltée. 1947.

"Puériculture" ou éducation physique, intellectuelle et morale. Québec; L'Action Sociale Ltée. 1921.

Ross, Mgr Fr.-Xavier. Pédagogie théorique et pratique. Québec; Charrier & Dugal Ltée. 1924.

Secondary sources

Arney, William Ray. Power and the Profession of Obstetrics. Chicago; University of Chicago Press. 1982.

Arnup, Katherine. Education for Motherhood: Advice to Mothers in Twentieth Century Canada. Toronto; University of Toronto Press. 1994.

Baillargeon, Denyse. "Care of Mothers and Infants in Montreal between the Wars: The Visiting Nurses of Metropolitan Life, les Gouttes de Lait, and Assistance Maternelle." in Caring and Curing Dianne Dodd and Deborah Gorham eds. Ottawa; University of Ottawa Press. 1994: 163-181.

Caring and Curing Dianne Dodd and Deborah Gorham eds. Ottawa; University of Ottawa Press. 1994: 163-181.

_____. Ménagères au temps de la crise. Montréal; Editions du Remue-Ménage. 1991.

Barker-Benfield, C.J. The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America. New York; Harper and Row. 1976.

Bradbury, Bettina. "Pigs, Cows and Boarders: Non-Wage Forms of Survival Among Montreal Families, 1861-91," Labour/Le Travail 14 (1984): 9-46.

Bogdan, Janet Carlisle. The Transformation of Childbirth in America 1650-1900. Michigan; U.M.I. 1987.

Borst, Charlotte. Catching Babies: The Change From Midwife to Physician-attended Childbirth in Wisconsin, 1870-1930. Michigan; U.M.I. 1989.

Bullough, Vern & Martha Voght. "Women, Menstruation and Nineteenth-Century Medicine," in Women and Health in America
Judith Walzer Leavitt ed., Wisconsin; Wisconsin University Press. 1984 :28-37.

Collectif Clio. L'Histoire des femmes au Québec depuis quatre siècles. Montréal; Le Jour. 1992.

Copp, Terry. The Anatomy of Poverty. Toronto; McClelland and Stewart. 1974.

Cook, Ramsay and Wendy Mitchinson. The Proper Sphere: Woman's Place in Canadian Society. Toronto; Oxford University Press. 1976.

Corea, Gena. The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals. N.Y.: Morrow. 1977.

Donegan, Jane. Women & Men-Midwives: Medicine, Morality, and Misogyny in Early America Connecticut; Greenwood Press. 1978.

McLaren, Angus and Arlene Tigar McLaren. The Bedroom and the State. Toronto; McClelland and Stewart Inc. 1986.

Mitchinson, Wendy. "Historical Attitudes Toward Women and Childbirth," Atlantis 4 no 2 (spring 1979): 13-34.

_____. "Gynaecological Operations on Insane Women: London, Ontario, 1895-1901," Journal of Social History 15 (Winter 1981): 467-484.

_____. "A Medical Debate in Nineteenth-Century English Canada: Ovariotomies," Social History 17, 33, (may 1984): 133-147.

_____. "Hysteria and Insanity in Women: A Nineteenth-Century Canadian Perspective," Journal of Canadian Studies 21, 3 (fall 86): 87-108.

_____. "The Medical View of Women: the Case of Late Nineteenth-Century Canada," Canadian Bulletin of Medical History 3, 2 (winter 86): 207-224.

_____. "The Medical Treatment of Women," in Changing Patterns: Women in Canada. Sandra Burt, Lorraine Code & Lindsay Dorney eds., Toronto; McClelland & Stewart. 1988: 237-263.

_____.The Nature of Their Bodies: Women and Their Doctors in Victorian Canada. Toronto; Toronto University Press. 1991.

Morantz, Regina. "The Lady and Her Physician," in Clio's Consciousness Raised. Mary S. Hartman & Lois W. Banner eds. N.Y.; Harper & Row. 1974: 38-53.

Morantz, Regina & Sue Zschoche. "Professionalism, Feminism and Gender Roles: A COmparative Study of Nineteenth-Century Medical Therapeutics," in Women and Health in America. Judith Walzer Leavitt ed., Wisconsin; Wisconsin University Press. 1984: 406-421.

Moscucci, Ornella. The Science of Woman: Gynaecology and Gender in England, 1800-1929. Cambridge; Cambridge University Press. 1990.

Oakley, Ann. The Captured Womb: A History of the Medical Care of Pregnant Women. New York; B. Blackwell. 1984.

_____. Essays on Women, Medicine and Health. Edinburgh; Edinburgh University Press. 1993.

Oppenheimer, Jo. "Chidbirth in Ontario: The Transition from Home to Hospital in the Early Twentieth Century," in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries. Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds., New York; Routledge. 1990: 51-74.

Prentice, Alison, et al. Canadian Women: A History. Toronto; Brace Harcourt Jovanovich. 1988.

Price, Diane. Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940. 1988.

Scholten, Catherine M. Childbearing in American Society: 1650-1850 New York; New York University Press. 1985.

Shorter, Edward. A History of Women's Bodies. New York; Basic Books Inc. 1982.

_____. Women's Bodies: A Social History of Women's Encounter with Health, Ill-health, and Medicine. New Brunswick, U.S.; Transaction Publ. 1991.

Showalter, Elaine. "Victorian Women and Menstruation." in Suffer and Be Still: Women in the Victorian Age Martha Vicinus ed., Bloomington; Indiana University Press. 1972: 38-44.

_____. The Female Malady: Women, Madness and English Culture, 1830-1980. N.Y.; Penguin Books. 1987.

Smith-Rosenberg, Carroll. "The Hysterical Woman: Sex Roles and Role Conflict in 19th Century America," Social Research 39, 4 (winter 1972): 652-678.

_____. "The Female Animal: Medical and Biological Views of Women and Her Role in Nineteenth-Century America," Journal of American History 60 (sept 73): 332-356.

_____. " Puberty to Menopause: the Cycle of Femininity in Nineteenth-Century America," in Clio's Consciousness Raised Mary S. Hartman & Lois W. Banner eds., N.Y.; Harper & Row. 1974: 23-37.

Strong-Boag, Veronica and Kathryn McPherson. "The Confinement of Women: Childbirth and Hospitalization in Vancouver, 1919-1939," in Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries. Katherine Arnup, Andrée Lévesque and Ruth Roach Pierson eds., New York; Routledge. 1990: 75-107.

Summey, Pamela S. and Marsha Hurst. "Ob/gyn on the Rise: The Evolution of Professional Ideology in the Twentieth Century." Part One, Women and Health 2, 1 (Spring 1986): 133. and Part Two, 11, 2 (Summer 1986): 103-122.

Thivierge, Nicole. Histoire de l'enseignement ménager-familial au Québec 1882-1970. Québec; Institut québecois de recherche sur la culture. 1982.

Verbrugge, Martha H. Able-bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston. N.Y.; Oxford University Press. 1988.

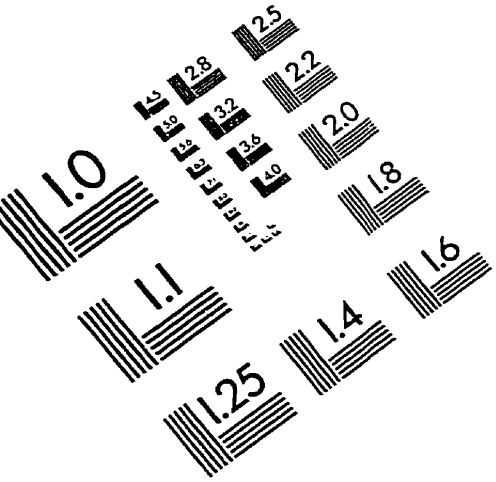
Vertinsky, Patricia A. The Eternally Wounded Woman: Women, Doctors and Exercise in the Late Nineteenth-Century. N.Y.; St. Martin's Press. 1990.

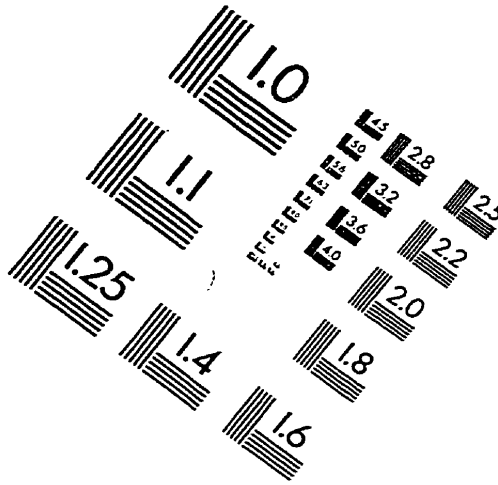
Wertz, Dorothy. "What Birth Has Done for Doctors: A Historical View," Women and Health 8, 1 (Spring 1983): 7-24.

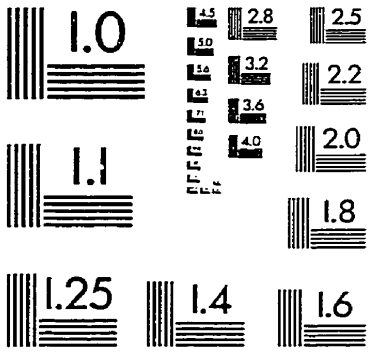
Wertz, Richard and Dorothy Wertz. Lying-In: A History of CHildbirth in America. New York; The Free Press. 1977.

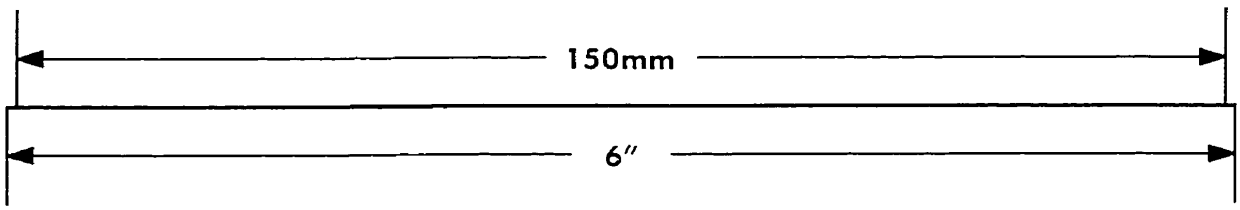
Wood, Ann Douglas. " The Fashionable Diseases: Women's Complaints and Their Treatment in Nineteenth-Century America," in Clio's Consciousness Raised Mary S. Hartman & Lois W. Banner eds., N.Y.; Harper & Row. 1974: 1-22.

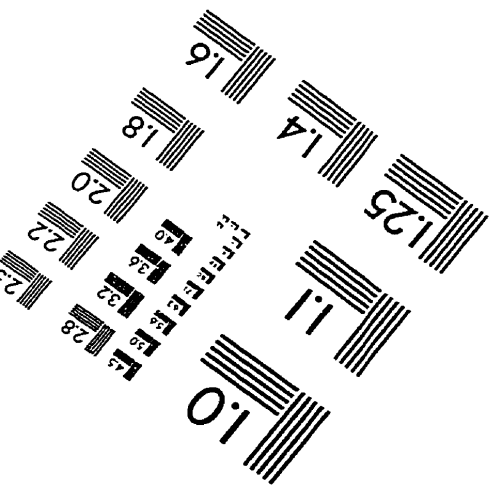
IMAGE EVALUATION
TEST TARGET (QA-3)

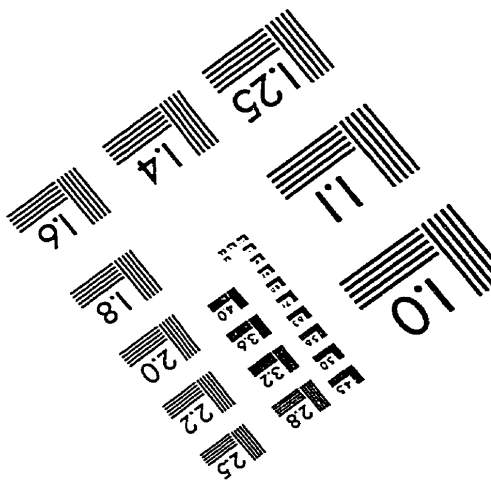












APPLIED IMAGE . Inc
1653 East Main Street
Rochester, NY 14609 USA
Phone: 716/482-0300
Fax: 716/288-5989