

MILK STATIONS AND HYGIENE LEGISLATION: THE PROGRESSION OF
INFANT, CHILD AND MATERNAL WELFARE PROGRAMS IN TEXAS
FROM 1910 TO 1930

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MILK STATIONS AND HYGIENE LEGISLATION: THE PROGRESSION OF
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CHAPTER ONE

INTRODUCTION

On June 23, 1916, Mrs. M.T. of Texas wrote the Children's Bureau thanking its staff for the *Infant Care* bulletins and requesting both the *Prenatal Care* and *Child Care* bulletins published and distributed by the Children's Bureau free of charge. Despite Mrs. M.T.'s experience with her own nine children, she lamented "there is much in these booklets I never heard, no, nor even thought of. . . . My mother taught *me nothing*. I am *still* paying the penalty of ignorance."¹ Mrs. M.T. represented thousands of mothers across Texas in the early twentieth century who felt they did not have access to adequate information on infant, maternal, and child hygiene. She and other mothers in Texas increasingly acceded to the philosophy of scientific parenting, or scientific motherhood, which was based on the understanding that child rearing was not an innate gift but a profession that required careful instruction and constant expert advice.

Due to appalling infant mortality rates, government from the municipal to federal level grew increasingly involved in child hygiene and the dissemination of instruction on scientific motherhood. Congress created the Children's Bureau in 1912 as a part of the Department of Labor. The Children's Bureau was charged with researching and reporting

¹ Molly Ladd-Taylor, *Raising Baby the Government Way: Mothers' Letters to the Children's Bureau, 1915-1932*, (New Brunswick: Rutgers University Press, 1986),128.

on matters pertaining to child life. Though originally concerned with the problems of child labor, the Children's Bureau found the issue of infant mortality to be more politically acceptable. The bureau received minimal appropriations but still managed to expand its own reach by printing and providing instruction to mothers across the country through its popular pamphlets on child care.² By 1921, the Children's Bureau distributed approximately 1.5 million copies of its bulletin, *Infant Care*, much to the appreciation of mothers like Mrs. M.T.³ Further federal interest culminated in the passage of "An Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy, and for other Purposes," popularly known as the Sheppard-Towner Act in 1921. This act provided a federal matching grant to the states for the promotion of infant and maternal health in the form of maternal education and limited preventative health screenings.⁴

The Sheppard-Towner Act granted matching funds to the states for the promotion of infant and child hygiene. The states had to establish departments dedicated to administering the funds, but if a state already created a bureau of child hygiene, it would suffice. Once established, the bureau had to submit plans for carrying out the provisions of the act and the Federal Board of Infancy and Maternity, consisting of the Head of the Children's Bureau, the Surgeon General, and the Head of the Department of Education, had to approve those plans. The act did not carry specific instructions on use of funds except that the money could not be used to erect or repair buildings or to establish any kind of maternal or child pension or stipend. The Texas Bureau of Child Hygiene

² Alice Boardman Smuts, *Science in the Service of Children, 1893-1935*, (New Haven: Yale University Press, 2006), 230.

³ Smuts, *Science in the Service of Children*, 94.

⁴ Richard A. Meckel, *Save the Babies: American Public Health reform and the Prevention of Infant Mortality, 1850-1929*, (Baltimore: Johns Hopkins University Press, 1990), 219.

administered the funds and used them to hire additional public health nurses, a maternity home inspector, midwife instructors, and administrative staff. The bureau also used the funds to establish child welfare conferences, publish and disseminate considerable amounts of literature on child hygiene, and give lectures to mothers and young girls (little mother classes) to instruct them in scientific motherhood.⁵

Club women were primarily responsible for the successful passage of Sheppard-Towner. In the late 1800s, Southern women began to emerge into the public sphere. They initially engaged in moral reform due to their perceived moral superiority as compared with men, addressing social ills such as temperance and prostitution. Through this initial involvement, club women discovered a wider realm of social needs and began to argue that their unique feminine qualities particularly qualified them to address broader social reform. In Texas, as in other areas of the South, the general distrust of government intervention left a considerable political void for women to fill. Child welfare reform and infant mortality provided one of the most compelling subjects of women's reform movements. Texas club women embraced the private, state, and federal efforts to reduce infant mortality and enthusiastically engaged in sharing the scientific motherhood gospel.

This study is concerned with the Texas infant and maternal welfare campaigns from 1910 to 1930, beginning with private programs and ending with the implementation of the Sheppard-Towner Act in Texas. The infant welfare campaigns will be studied within the context of the rise of the popular ideology of scientific motherhood, the changing nature of female political involvement, and Southern resistance to government

⁵ United States Children's Bureau, *The Promotion of Welfare and Hygiene of Maternity and Infancy: The Administration of the Act of Congress of November 23, 1921 Fiscal Year Ended June 30, 1924*, Bureau Publication Number 146, (Washington: United States Printing Office, 1925) 39. [hereinafter: CB 146]

intervention. The study presents more insight on the encouragement of women's political participation in child welfare campaigns and the justifications presented in support of their programs. In addition, an examination of the influence of male physicians in public health and infant mortality programs offers a more complete understanding of the opposition of physicians to Sheppard-Towner and the relationship between female and male reformers in Texas. Finally, the benefits and limitations of relying on maternal education to reduce infant mortality, both on the local level and through the administration of federal funds, needs further investigation. Such reliance on scientific motherhood had broad implications for women who received benefit from federal aid.

Scientific motherhood was no anomaly in the Progressive Era. By the late 1800s, science promised a solution to many of the challenges of industrialization and urbanization. As cities grew and larger populations inhabited smaller municipal boundaries, sanitation became a huge problem. High infant mortality rates, particularly in the cities, most direly reflected the problems of poor sanitation. Reformers placed a considerable amount of faith in the ability of science to reduce infant mortality. Notable scientific advancement of the time reinforced this faith. Scientists discovered a diphtheria antitoxin in 1894.⁶ Boston Children's Hospital began the routine administration of the antitoxin and saw a decrease in its infant mortality from 15 percent to 10 percent in 1900.⁷ The Texas State Health Department began supplying the antitoxin to the indigent in 1911.⁸ Gastrointestinal diseases accounted for approximately 30 percent of infant

⁶ David MacLeod, *The Age of the Child: Children in America, 1890-1920* (New York: Prentice Hall International, 1998), 41.

⁷ Charles R. King, *Children's Health in America: A History* (New York: Twayne Publishers, 1993), 78-79.

⁸ "State to Crusade Against Diphtheria," *Dallas Morning News*, April 8, 1911.

deaths according to a study conducted by the Children's Bureau.⁹ Thus, this discovery alone promised to reduce many deaths.

While medical advancements continued, reformers also began to regard improved sanitation as another probable solution to the lingering high infant mortality. As sanitation affected the community at large, reformers increasingly demanded the involvement of government in implementing sanitation reforms, primarily on a local level. Richard Meckel, a social and cultural historian, recognized a general pattern common to infant welfare campaigns. Water sanitation generally came first, followed by pure milk supply, and concluding with maternal education.¹⁰ By the early twentieth century, cities had started to regulate water and milk supplies and improve sewage.¹¹ In 1892, Nathan Strauss encouraged the pasteurization of milk.

Northern influence stimulated many of the programs in Texas. In 1910, New York City appropriated \$40,000 for Dr. Josephine Baker to improve infant welfare in the city. By 1915, seventy-nine infant welfare stations operated in New York City.¹² New York proved to be the model for sanitation and infant welfare programs for other states, including Texas, which lagged behind on public sanitation measures. By 1916, the Texas Department of Health included a Bureau of Rural Sanitation and a Bureau of Sanitary Engineers. The International Board of the Rockefeller Foundation funded half of the budget for the Bureau of Rural Sanitation, which totaled \$10,120 for the state.¹³ William A. Link, a historian writing in the 1980s, extensively researched the involvement of the

⁹ MacLeod, *The Age of the Child*, 40.

¹⁰ Meckel, *Save the Babies*, 5-6.

¹¹ Lindenmeyer, "A Right to Childhood:" *The U.S. Children's Bureau and Child Welfare, 1912-46* (Urbana: University of Illinois Press, 1997), 89.

¹² Meckel, 78, 139-140.

¹³ W.B. Collins, M.D. President and State Health Officer, *Biennial Report of the Texas State Board of Health From September 1, 1916 to August 31, 1918*, (Austin: Von Boeckmann-Jones Co., 1919), 6.

Rockefeller Foundation in Southern sanitation campaigns. Both Northern and Southern reformers expressed frustration at the general apathy of rural Southerners with regard to deplorable sanitary conditions and the staunch opposition of such Southerners to any form of government intervention. Reformers finally approached sanitation from a top-down paternalistic strategy by aiding the states in the development of state public health infrastructure rather than relying on local programs to stimulate enough interest on a grassroots level. In Dallas, sanitary reformers used New York as the model for legislation. In 1915, Joseph D. Harper, chairman of the sanitation committee of the Dallas Chamber of Commerce, used evidence produced by the New York Department of Health and the New York Association for Improving the Condition of the Poor to illustrate the importance of protection from flies and the dangers of artificial feeding for infant mortality.¹⁴

The work of the reformers did encourage the growing acceptance of government intervention into sanitation and public health through the public school system in the early 1900s. This movement overlapped considerably with the infant welfare movement, as both were rooted in the understanding that many of the health problems which plagued the Southern working class could be blamed on ignorance and remedied with education.¹⁵ Reformers placed responsibility on the government for ensuring the development of healthy and capable citizens. The sanitation and education campaigns became the first state intervention into the private domain of the parents.¹⁶ Link included in his discussion

¹⁴ "Children's Diseases Subject of Report," *Dallas Morning News*, August 8, 1915.

¹⁵ William A. Link, "Privies, Progressivism, and Public Schools: Health Reform and Education in the Rural South, 1909-1920," *The Journal of Southern History* 54 (November 1988), 626.

¹⁶ Link, *Privies, Progressivism, and Public Schools*, 628, 631.

the beginnings of medical inspections of school children in the early 1900s, a significant part of the child hygiene movement.

As public health reformers applied the latest scientific advancements to sanitation, women were encouraged to adopt similar knowledge of proper hygiene in their child rearing techniques within their homes through the study of scientific motherhood. Rather than relying on instinct or the advice of friends and neighbors, as mothers in the early-nineteenth century had, a “good” mother sought the guidance of an expert in order to raise her children.¹⁷ Men such as child psychologist John B. Watson and physician L. Emmet Holt became the leading experts in child rearing. Their course of instruction focused mainly on feeding, but included all other elements of infant and child hygiene, such as behavioral guidelines, proper discipline, and suitable activity. Julia Grant, a historian of scientific motherhood, explained that the prominence of such theories led to the development of home economics courses and degrees “to supply mothers with the tools of modern science.”¹⁸

Middle-class women became the first pupils of scientific motherhood because they had the time and money to devote to its study.¹⁹ Middle-class mothers could look to myriad clubs and printed sources for information on child rearing, including child study groups, women’s clubs, women’s magazines, advertisements, and their own family

¹⁷ Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick: Rutgers University Press, 2006), 14. Molly Ladd-Taylor notes that mothers had always looked for advice in child rearing. The difference in the late 19th Century was that women no longer looked to friends and neighbors, but instead to experts, such as government and physicians in *Mother-Work: Women, Child Welfare, and the State, 1890-1930*, (Urbana: University of Illinois Press, 1994), 17.

¹⁸ Julia Grant, *Raising Baby by the Book: the Education of American Mothers*, (New Haven: Yale University Press, 1996), 125.

¹⁹ Jennifer Koslow, “Putting it to a Vote: The Provision of Pure Milk in Progressive Era Los Angeles,” *The Journal of the Gilded Age and Progressive Era* 3 (April 2004), 122.

physicians.²⁰ The first Congress of Mothers was founded in 1897 in order to bring the latest scientific information to mothers of all races and social classes and give mothers a forum in which to discuss such scientific developments against their own experiences.²¹ In Texas, women who belonged to the Texas Congress of Mothers and Parent Teacher Associations, renamed the Texas Parent-Teacher Association (TPTA) in the 1920s, demonstrating their devotion to the idea of scientific motherhood. Club women organized multiple discussions, supported preschool study circles, and offered numerous articles containing child rearing advice.²²

While women embraced the wisdom of experts in their private roles as mothers, they enthusiastically emphasized motherly instincts and characteristics to claim a greater influence in the political world. With maternalism, attributes associated with women, such as “physical weakness, sentimentality, purity, meekness, piousness” that had previously excluded women from the political realm, now became qualifying factors.²³ Problems associated with capitalism and urbanization persisted and the existing male government did not address the problems. Therefore, women began to tackle issues related to modernization through their own initiatives. The moral characteristics associated with women justified and even demanded women’s political involvement and made it the responsibility of educated women to serve their community.²⁴ The number of educated middle-class women grew increasingly as three times as many women attended

²⁰ Meckel, 122.

²¹ Smuts, 56.

²² “President’s Message,” *State Bulletin: The Texas Congress of Mother and Parent-Teacher Associations Inc.*, 3, no. 4 (April 1924), 1.

²³ Paula Baker, “The Domestication of Politics: Women and American Political Society, 1780-1920,” *The American Historical Review* 89 (June 1984), 620-647.

²⁴ Seth Koven and Sonya Michel, “Womanly Duties: Maternalist Politics and the Origins and Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” *The American Historical Review* 95 no. 4, (October 1990), 1076-1108; Molly Ladd-Taylor, *Mother-Work*, 3.

college in 1910 as did in 1890.²⁵ In the 1980s, Paula Baker, a political historian, discussed the the emergence of women from the private to public sphere. She noted that the public care of dependents fell neither under the male political umbrella or the woman's domestic sphere. To address the growing needs of such dependants in industrialized society, women became increasingly involved in community and social service organizations, often as volunteers and even founders. Baker argued that this activity proved the basis of female political culture.²⁶

In the South, historians such as Judith McArthur have noted a stronger tie to Victorian principles than existed in the Northeast. Southern women followed a pattern quite similar to the Northern women; however, Southern women engaged in political activity much later and struggled with a more staunchly patriarchal society. This made the political involvement of Southern women distinctive as they were more careful to acknowledge the authority of men. Women emerged into the public world by claiming a superior moral influence necessary for social improvement.²⁷ The entry of women into local politics, especially in the South, was often based on moral and racial claims to superiority rather than equal rights. For example, the Women's Christian Temperance Union (WCTU) supported women's suffrage not based on the rights of women as rational citizens akin to men, but based on the assumption that women's unique differences from men could lend a moral balance to the male votes. Furthermore, Southern women were willing to argue that they should receive the right to vote in order to successfully counter the black vote. At first, women's activities centered on local reform efforts, but they

²⁵ Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), 10.

²⁶ Baker, "The Domestication of Politics," 625.

²⁷ Judith N. McArthur, *Creating the New Woman: The Rise of Southern Women's Progressive Culture in Texas* (Urbana: University of Illinois Press, 1998), 31.

quickly expanded to greater state and nation-wide child welfare policy.²⁸ Mary Ryan, a historian of women's political history, has observed that the federal government sometimes proved more receptive to women's reform projects than the state.²⁹

Progressive female reformers applied this growing devotion to scientific motherhood and the uses of maternalism to the public health reform movement within their communities. Julia Grant noted the correlation between scientific motherhood and "scientific utopianism," or the belief that social ills could be reformed with the proper application of scientific engineering.³⁰ Reformers believed that infant mortality could be largely eradicated through scientifically-based programs. Molly Ladd-Taylor, a maternalist historian, observed that the Congress of Mothers had a dual aim to both educate its own members and extend that knowledge to the community by improving the social conditions of all children.³¹ The efforts of Dallas women's clubs to address the problem of infant mortality reflected their faith that science would provide solutions, especially through sanitation and infant feeding. Starting in 1910, club women were instrumental in starting and running various programs to that end such as, milk stations, baby camps, and child welfare clinics. Thus, women used scientific motherhood within their private sphere, but also applied such knowledge to their volunteer efforts in the public realm.

In the 1990s, Robyn Muncy explored female professionalism and the rise and fall of what she described as the "female dominion" of child welfare policy. She recognized that women's control over child welfare policy was always limited by male legislature,

²⁸ Baker, 635-638.

²⁹ Mary P. Ryan, *Mysteries of Sex: Training Women and Men through American History* (Chapel Hill: University of North Carolina Press, 2006), 178.

³⁰ Grant, *Raising Baby by the Book*, 43.

³¹ Ladd-Taylor, *Mother-Work*, 45.

courts, and cabinets, but women still wielded a considerable amount of authority in child welfare policy. The Children's Bureau represented the head of this dominion for Muncy. She credited the rise of the female dominion to the Hull House reformers and the growing public acceptance of female involvement in the political sphere based on their womanly virtues.³² Historians have also noted the importance of maternalist politics in the passage of Sheppard-Towner.³³

With regard to infant and maternal health, women found that the government was not addressing the needs of its citizens sufficiently, particularly in the South. Based on maternalist arguments, women's organizations stepped in and pushed for legislation in the interest of infants, children, and women. Historian Judith N. McArthur has observed that in Texas the tradition of weak government allowed women's voluntary organizations to play a significant role in civic improvement and social reform. The TPTA joined together with the TWCTU, the Texas Federation of Women's Clubs (TFWC), Business and Professional Women's Club, and League of Women Voters to form the Texas Woman's Joint Legislative Council (TWJLC) in 1921 and pushed for legislation including acceptance of Sheppard-Towner, public school improvements, and enforcement of prohibition.³⁴ With the passage of the Sheppard-Towner Act in 1921, women's clubs worked to ensure that efficient programs were established in Texas. For many historians the passage of the Sheppard-Towner Act represented the climax of female political power in the 1920s, and one centered on the issue of infant mortality.

³² Robyn Muncy, *Creating a Female Dominion in American Reform: 1890-1935* (New York: Oxford University Press, xi-xvii, 156.

³³ Ladd-Taylor, *Mother-Work*, 44.

³⁴ McArthur, *Creating the New Woman*, 143-147.

At the apex of the female dominion, the Children's Bureau decided to shift their focus from child labor to infant mortality, a topic they perceived as less politically controversial. The bureau did not abandoned the issue of child labor, they were responsible for the Keating-Owens Act of 1916, as well as the development of the Child Labor Amendment after the act was judged unconstitutional by the Supreme Court. Instead, the Children's Bureau devoted most of their research and resources to the problem of infant mortality. The bureau pointed to the appalling infant mortality rates of the United States as compared to other industrialized countries. Additionally, World War I forced Americans to take a new perspective on the infant welfare. One-third of men drafted into the army had been deemed unacceptable for service. Many of their defects, like trachoma and rickets, had manageable cures if recognized and treated during childhood.³⁵ These findings made scientific parenting a matter of national concern and national security. As future citizens, children were one of the nation's greatest resources; and therefore, the nation should insure a healthy and viable environment for all children. Science could offer the solution to infant mortality and the federal government should make that solution available to all its citizens. Most people concerned with infant mortality firmly believed that science would provide a solution but reformers, politicians, and physicians heavily debated the exact form of the solution.

The Children's Bureau began to draft legislation addressing the problem of infant mortality but faced considerable opposition. Bureau officials placed themselves as administrators of the act because they believed that all interests of the child should be handled by one department. Julia Lathrop, the head of the bureau from 1912 to 1921,

³⁵ Joseph B. Chepaitis, "The First Federal Social Welfare Measure: The Sheppard-Towner Maternity and Infancy Act, 1918-1932," PhD diss. (Georgetown University, 1968), 120.

described the Children's Bureau as addressing the needs of the "whole child," including all aspects of child life, such as child labor, socioeconomic concerns, and medical issues. Although infant mortality was less controversial than child labor, it had closer ties to male professional authority. Physicians generally viewed infant mortality as a medical problem that could be relieved through maternal education, but that also required medical oversight. The medical community also argued the importance of more scientific research and a more comprehensive education of physicians in both pediatrics and obstetrics.³⁶ Along with such arguments, the United States Public Health Service (PHS), headed and run primarily by physicians, believed that infant mortality fell more logically under the purview of public health and should be administered by the PHS.

The Sheppard-Towner Act drew criticism from outside the medical field as well. Conservative politicians feared socialism and communism in any program offering out-of-door relief, more material relief provided outside of closely monitored institutions. States-rights advocates argued that any social welfare fell under the purview of the state. Southerners even questioned the authority of the state government because locals considered parenting a concern of the family alone, or at most a community issue. Fiscal conservatives worried about the costs of the programs. Moreover, even if politicians managed to get legislation passed, the conservative decisions of the Supreme Court threatened that any social welfare programs would be considered beyond the powers granted to Congress in the Constitution. Some opponents rejected the Children's Bureau

³⁶ Alisa Klaus, *Every Child a Lion: the Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca: Cornell University Press, 1993), 224. Meckel presented three stages of solutions to infant mortality. The first stage focused on sanitation, specifically improvement in the water supply. The second stage focused on feeding and milk quality. The third stage focused on maternal education, with the reasoning that keeping the milk sanitary was of no use if the mother took it home in dirty containers.

as administrator because most of the staff were not mothers. Conversely, physicians questioned the decision to place the Children's Bureau in charge of administration because it was run by laywomen.

Julia Lathrop, representatives of the Children's Bureau, and other reformers decided to adjust the bill to ensure political approval. The Sheppard-Towner Act guaranteed that the government would not provide funding for health care or mothers' pensions, only education and limited preventative health screenings. States commanded considerable authority in developing those plans. The Children's Bureau consented to include the opinion of male physicians by placing approval of state plans in the hands of the Federal Board of Maternity and Infancy, which included the Surgeon General of the Public Health Service, the US Commissioner of Education, and the head of the Children's Bureau, instead of the director of the Children's Bureau alone.³⁷ Sheppard-Towner was certainly a compromise. Still, it succeeded marvelously in providing an education in scientific motherhood to many mothers across the United States. In Texas, Sheppard-Towner funds were used to establish child health centers, hire public health nurses, conduct child welfare conferences and prenatal conferences, publish and distribute educational material, give lectures, organize exhibits, regulate maternity homes, and license midwives.³⁸

While historians generally applaud the intentions of the Sheppard-Towner Act, they have pointed out numerous shortcomings. Many historians, such as Meckel, Kriste Lindenmeyer, and Alisa Klaus, specifically addressed the neglect of socioeconomic

³⁷ Ladd-Taylor, *Mother-Work*, 175.

³⁸ United States Children's Bureau, "The Promotion of the Welfare and Hygiene of Maternity and Infancy: The Administration of the Act of Congress of November 23, 1921, Fiscal Year Ended June 30, 1927," Bureau Publication Number 186, (Washington: United States Printing Office, 1928), 109-110. [Hereinafter: CB 186]

concerns despite the full recognition by the Children's Bureau and many others that poverty was a leading factor in infant mortality.³⁹ Maternal education meant little without the financial resources to comply. In addition, Klaus criticized the eugenic and racist implications of the act. In France pronatalism inspired concerns for infant mortality. By contrast, the United States' campaign focused on the idea of "race betterment," improving infant health for the purpose of making the best possible citizens. Thus, the infant welfare campaign was fraught with slogans such as, "Baby's Health, Nation's Wealth."⁴⁰

Maternalist historians in the 1990s also drew increasing attention to the role of class in the implementation of Sheppard-Towner. For example, some historians argue that the midwife licensing requirements of Sheppard-Towner held clear class and racial bias. In the 1920s, middle-class white women typically depended on physicians for child birth, while only the poor and minority populations generally continued to use midwives.⁴¹ From this perspective, compulsory licensing of midwives represented an assault on cultural customs and appeared to demonstrate middle-class paternalist approaches to welfare. As further evidence of class bias, other historians argue that the middle class was the primary beneficiary of the funds. Ladd-Taylor in particular argued that the hygiene suggestions presented through the Sheppard-Towner funds required a certain level of income to follow.⁴²

Though unconcerned about racist or classist implications of the act, the United States Congress refused to renew Sheppard-Towner appropriations in 1929 causing

³⁹ Lindenmeyer, *A Right to Childhood*, 74-107.

⁴⁰ Klaus, *Every Child a Lion*, 40-42 and 167.

⁴¹ Klaus, 224.

⁴² Ladd-Taylor, *Mother-Work*, 176.

historians to speculate on the reasons for its demise. Writing in the 1960s, historians Joseph B. Chepaitis offered an explanation for Sheppard-Towner's downfall that continues to be widely accepted by historians. He recognized that by the end of the 1920s politicians no longer feared the force of the female voting bloc, progressive elements no longer controlled Congress, President Coolidge did not support the measure, and the American Medical Association (AMA) was able to mobilize sufficient opposition to the act.⁴³ However, other historians have considerably elaborated on Chepaitis' explanation. With regard to the Sheppard-Towner Act, Muncy explained why male physicians so viciously campaigned against Sheppard-Towner. She described the male physicians, especially those associated with the American Medical Association (AMA), as "profit seeking men aiming to increase their fees by hoarding their expert knowledge."⁴⁴ Muncy explained that women within the Children's Bureau were also driven by professional territorialism and self interest. The conflict resulted in the battle over control of infant and maternal welfare policy between the Children's Bureau and the United States Public Health Services (PHS), a battle that the Children's Bureau and the female dominion lost.

Similarly, many historians found the Children's Bureau to be a victim of its own many successes. Ladd-Taylor noted that as white infant mortality improved, middle-class club women were no longer as devoted to campaigning for the continuation of Sheppard-Towner.⁴⁵ Muncy and Baker largely rejected this theory, noting that the political

⁴³ Chepaitis, "The First Federal Social Welfare Measure," 275-276.

⁴⁴ Muncy, *Creating a Female Dominion*, 141.

⁴⁵ Ladd-Taylor, "'My Work Came Out of Agony and Grief': Mothers and the Making of the Sheppard-Towner Act," in *Mothers of a New World: Maternalist Politics and the origins of Welfare States*, ed. Seth Koven and Sonya Michel, (New York: Routledge, 1993), 338.

involvement of club women continued to be strong throughout the 1920s.⁴⁶ Ladd-Taylor further argued that Sheppard-Towner introduced physicians to the financial possibilities of preventative medicine. Physicians consequently fought more fiercely for control over this newly discovered domain.⁴⁷ Meckel found a similar correlation, noting that Sheppard-Towner encouraged the introduction of preventative medicine to physicians' private practices.⁴⁸ Both historians concluded that medical opposition strengthened as Sheppard-Towner first provided opportunity, then became viewed as competition.

Historians have also argued that the fall of Sheppard-Towner corresponded with the beginning of the demise of the female dominion. Baker wrote that a "domestication of politics" had occurred as women's work was increasingly adopted by state authority. While women had encouraged this transition out of their need for state aid, the transition came at a cost to their political power. The women's sphere could no longer be used to organize women politically.⁴⁹ Muncy similarly blamed the demise of the female dominion on two primary factors. She argued that as policy created more established and prominent political positions, those positions became increasingly attractive to men. Men could often compete more successfully for such positions. Additionally, she recognized that professional women supported policies that increased the expectation that women should stay home with children. This limited the professional opportunities of women who attempted to follow their professional path.⁵⁰

⁴⁶ Muncy, xi.

⁴⁷ Ladd-Taylor, "My Work," 338 and Ladd-Taylor, *Mother-Work*, 189.

⁴⁸ Meckel, 218.

⁴⁹ Baker, 640-647.

⁵⁰ Muncy, xi-xvii, 156.

Although most studies on Sheppard-Towner focus on the broader national implications, a regional examination of the development of infant welfare programs offers several notable advantages. First, a more intimate comparison is possible between the local programs developed prior to Sheppard-Towner and those developed with federal funds. Second, a local comparison allows a better understanding of involvement of local club women in the creation and progress of infant welfare programs. Third, a local examination provides a more nuanced understanding of the benefits and disadvantages of the act for some of its recipients. Fourth, a local study emphasizes the extraordinary prevalence of scientific motherhood rhetoric among non professional women in their volunteer activity. Texas is ideal for such a study because the state was generally deficient in public health reform and dealt with a large and diverse population. These very conditions made Texas a perfect candidate for Sheppard-Towner aid.

Texas also represents an ideal case because of its typically Southern stance on both government intervention and female political involvement. Texans generally resented any exertion of federal or state authority, making the successful implementation of Sheppard-Towner in Texas quite intriguing. By 1920 middle-class white women had made considerable strides politically but their public involvement was still limited and based primarily on maternalist claims rather than equal rights. Therefore, Texas proves an interesting test case for examining women's political activity within the infant welfare programs following women's suffrage.

Furthermore, a more thorough study is needed regarding male participation in public health and the infant welfare campaigns. A closer examination of the overlay between public health and infant welfare campaigns will allow greater insights into the

reasons for physicians' eventual opposition of the Sheppard-Towner Act. Additionally, the inclusion of male reform activity in the discussion of infant welfare programs provides a more nuanced understanding of the relationship between female and male reformers and how these relationships changed over time.

The first chapter is devoted to the existence of private, state, and even federally-funded infant and maternal welfare campaigns in Texas prior to the Sheppard-Towner appropriations. In particular, the development of milk stations, baby camps, better baby contests, infant and child welfare clinics, and public health nurses are discussed. Women engaged in extensive public activity by forming and often directing infant, child, and maternal welfare programs. Scientific motherhood rhetoric motivated interest in the programs and justified their existence. At the same time, the ideology of scientific parenting had negative effects, particularly with regard to racial and class bias. This chapter addresses the benefits and limitations of scientific motherhood ideology within the private and local infant welfare programs.

The second chapter analyzes the differing perspectives and motivations of club women and male physicians involved in infant welfare campaigns. While women commanded a considerable degree of control over child welfare programs in general, men had a demonstrated interest in infant welfare campaigns, especially with regard to public health. Yet, when Sheppard-Towner was introduced, male physicians rejected the act on numerous grounds, but they particularly opposed the federal intervention into matters considered private. Women pushed the limits of the political involvement by exhaustively and successfully campaigning for the continued acceptance of federal funds, but used language that would not alienate male physicians. In campaigning for Sheppard-Towner,

women persisted in paying obeisance to the authority of male physicians and stressed elements of the act, such as the midwife licensing, which physicians heartily approved. While having some negative implications for women, this recognition of the gender hierarchy most likely encouraged the eventual participation of male physicians. Though Sheppard-Towner appeared to be divisive across gender, white-club women and white-male physicians remained more unified across class than they were divided by gender.

Finally, the study concludes with the implementation of Sheppard-Towner policies in Texas. The use of Sheppard-Towner funds was largely a success, though. The Texas State Board of Health applied the funds to multiple programs, including public health nurses, infant and child welfare conferences, maternal education literature, maternity home inspection, and midwife licensing. By the mid 1920s, scientific motherhood had encouraged a considerable acceptance of government intervention into infant and maternal health. This acceptance was largely due to the liberal degree of local autonomy allowed in the implementation of the act. Men and women cooperated beautifully in the act because scientific motherhood fit nicely into Southern mores by rendering ultimate authority to men. Nonetheless, women demonstrated decisive control in the actual administration of the act by guiding its funds and directing its programs. Of course, their activity was voluntary and operated under strict observance of feminine respectability. In Texas, Sheppard-Towner should be considered a success because perpetuating institutions were put into place that continued to develop for the benefit of women and children after federal funds ceased.

This study depends on various newspaper resources, records from the university extension programs, the *Texas Journal of Medicine*, Dallas Department of Health,

publications from the United States Children's Bureau, reports from the Texas State Health Department, Texas Federation of Women's Club Records, and the Texas Parent Teacher Association Records. These sources offer a dependable record of the activities and programs implemented in Texas concerning infant and maternal welfare. They also give insight into the rationale offered for such programs and the language used to inspire others to service or financial support.

The Texas Parent-Teacher Association Records provide useful information on the rhetoric used to promote scientific parenting among members of the TPTA and also help us to understand how the TPTA encouraged members to become active in the infant welfare campaigns. However, the records do have their limitations. While the TPTA had an extensive membership of primarily white, middle-class women, the organization did not represent all middle-class women at the time. Moreover, the records give a limited insight into the perspective of the working classes, as they are filtered through the observations of the middle class on the participation of the recipients of aid. These records almost exclusively present the voice of the white middle class. Unfortunately, there is a dearth of records that give a direct voice to the working classes and minority populations. Thus, the study focuses more on the activities of the middle-class white program coordinators and explores how different middle-class groups differed in their approach to the needs of the working classes and the extent to which class bias pervaded their philanthropic efforts.

Similarly, the *Texas Journal of Medicine* certainly does not represent all of the physicians in Texas and probably gives an even poorer representation of female physicians. However, as the official publication of the State Medical Association of

Texas, the journal represented the views of the majority. Furthermore, the purpose of this study is not to claim that all physicians held the same view, but rather to examine the arguments of physicians opposed to Sheppard-Towner and the logic used to support their claims. Both the publications from the United States Children's Bureau and the Texas State Health Department give useful information on the activities implemented in Texas for infant and maternal welfare. Once again, the sources used only offer the perspective of the white middle class. The sources, however, are primarily used to gain insight into the rhetoric and activities of the middle classes in creating the Sheppard-Towner programs. The study demonstrates the influence of the white middle-class club women in directing the realities of Sheppard-Towner in Texas. Finally, these efforts will be compared to the private and local programs already in place.

Scientific motherhood proved influential over the course of infant welfare campaigns in Texas. The ideology provided further justification for women's political activity in child welfare programs and women used its rhetoric to provide infant welfare programs across race and class. By appealing to the growing veneration of science, scientific parenting condoned limited government interference into the intimate relationship between mother and child as a matter of indisputable responsibility. Reformers believed in the ability of maternal education to reduce infant mortality through the Sheppard-Towner Act and female reformers fought vigorously for its acceptance. Yet, scientific motherhood contained significant flaws that would be intensified through the federal manifestation of Sheppard-Towner. Scientific parenting encouraged eugenics-based racism and could intensify class divisions, while reinforcing unity within the middle class across gender. Interestingly, scientific parenting also supported Southern

women's acquiescence to male authority by emphasizing that a mother should always be under the guidance of a male physician. Scientific parenting supported the Southern hierarchy of gender by emphasizing the authority of male expertise, while justifying women's involvement in social reform. At the same time, women acquired a considerable amount of practical power in the distribution of Sheppard-Towner funds and the direction of its programs while maintaining the appearance of female subjugation and devotion to the middle-class values of civic duty as well as gender roles.

CHAPTER TWO

EARLY INFANT WELFARE PROGRAMS IN TEXAS

In Texas, white women enthusiastically embraced the ideologies of maternalism and domesticity, viewing their maternal characteristics as uniquely qualifying them for political and civic activity. Empowered by the virtues of maternalism, they aspired to correct numerous social ills, especially those involving infant and child welfare. General public health conditions in Texas left much room for improvement and directly affected the health of infants and children. While men demonstrated scant legislative interest in infant child welfare, club women stepped into void. They addressed infant mortality and child hygiene with all the vitality they devoted to other social reforms. Club women established milk stations, set up baby camps, ran child welfare conferences, and held better baby contests, all of which were based on club women's understanding of scientific motherhood. In fact, scientific mothering principles guided most child welfare efforts in Texas. Yet, scientific motherhood also carried a degree of class bias. Mothers needed access to financial resources to comply with the principles taught in scientific motherhood literature. In Texas, women were often able to recognize and correct these deficiencies in their programs. These programs proved important for improving child hygiene and extending the number of programs available to the entire community, including various racial and ethnic groups. At the same time, scientific motherhood also

reinforced the connection between eugenics and the child welfare movement, leaving a troubling legacy.

Proponents of the infant mortality campaign in Texas faced numerous challenges. In general, progressivism in Texas functioned as a double-edged sword. Texas passed legislation associated with progressivism, such as railroad regulation, but such laws were paired with more conservative legislation that often had less progressive motivations. For example, railroad regulation protected Texans from “foreign” money, that is money controlled by businessmen outside of Texas. Furthermore, other laws restricting the role of government stemmed from a desire to limit the effects of Reconstruction.⁵¹ Most white Texans held traditional Southern views with regard to states’ rights and advocated a severely limited idea of government interference in the lives of individuals. Even within the state, Southerners revered personal liberty and community autonomy, preferring a minimalist state government.⁵² Southerners could often not even be coerced into change based on the prospect of improved health and mortality. When a physician identified trachoma in one child at a child welfare conference in Texas, the mother responded, “It is all nonsense; it is sore eyes; I have always had them myself.”⁵³ Southerners often accepted death and disease as a matter of course and could not always be persuaded to give up their local autonomy in exchange for healthier lives.⁵⁴ At first these views delayed any serious public health reform.

⁵¹ Elizabeth York Enstam, *Women and the Creation of Urban Life: Dallas, Texas, 1843-1920* (College Station: Texas A & M University Press, 1998), 138.

⁵² William A. Link, *The Paradox of Southern Progressivism: 1880-1930* (Chapel Hill: The University of North Carolina Press, 1992), 7-16.

⁵³ Jesse P. Rich, “The Baby: the State’s Most Valuable Asset,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 22 (November 1922), 143.

⁵⁴ Link, *The Paradox of Southern Progressivism*, 25-27.

By the 1900s, however, the reform movement was accruing more followers in Texas. Public health reformers initially turned their attention to sanitation. As Richard Meckel has observed, water and milk represented the first steps in infant hygiene campaigns, while efforts towards maternal education came last.⁵⁵ Most areas in Texas had not yet completed the first step in Meckel's infant welfare campaigns by the early 1900s. Rural areas in particular still struggled with adequate sanitation in the form of both pure water supplies and sanitary disposal of sewage. The level of need is evident in the fact that in 1915 the Extension Service at Agriculture and Mechanical College of Texas was offering detailed plans for a complete one-home sewage disposal system.⁵⁶ Regarding health and sanitation, Texas truly needed reform.

Correspondingly, in the early 1900s the Texas Department of Health was in its infancy. In fact, it only acquired the title Texas State Board of Health in 1909 at the urging of the Texas State Medical Association. Previously, the department had existed under the title Department of Health and Vital Statistics. The first board included seven members, all of whom had to be physicians with at least ten years of medical practice in Texas. In 1918, the department was renamed Texas State Health Department. During the interceding years, it experienced considerable growth. It acquired its first sanitary inspector in 1915, the Bureau of Venereal Disease in 1916, and the Bureau of Sanitary Engineering in 1917. Shortly after its inception, the Texas State Department of Health created the Bureau of Child Hygiene, the Bureau of Communicable Diseases, and the

⁵⁵ Meckel, 5-6.

⁵⁶ Chas. H. Alvord, "Waterworks for Texas Farm Homes," *Texas Agricultural and Mechanical College Extension Service Bulletin*, no. 67 (October 1915), 15.

Bureau of Public Health Education in Sanitation and Preventative Medicine.⁵⁷ A Food and Drug division was not created until 1922.⁵⁸ Thus, in Texas the timing of efforts for infant, child, and maternal welfare fell within a general sanitation and public health revolution.

Public health reform in Texas was largely led by Northern initiatives. The Rockefeller Sanitary Commission (RSC) offered money to the states in order to create a efficient and enduring public health system. This was first achieved through the establishment of hookworm campaigns. Later, the International Health Board (IHB) provided funding to the states to establish public health systems. The goal of the Northern philanthropist was to uplift the generally deprived Southern population through improved health and education. The IHB did not aim to eradicate disease but rather to establish state bureaucracies that could work toward public health improvements on its own. The establishment of the separate bureaus in the Texas State Health Department resulted from such campaigns. Reformers found that when dealing with the Southern population the ideals of democracy and grassroots reform needed to be abandoned in favor of bureaucratic control due to the apathy and resistance of the population concerning reforms “for their own good.” To that end, reformers focused on aiding the establishment of strong state infrastructure in order to more forcefully implement sanitation goals. In spite of progress made within the state government, reformers continued to meet with notable local resistance. Most often, the state did not have adequate funds to properly

⁵⁷ Robert Bernstein, “Texas Department of Health,” *Handbook of Texas Online* (<http://www.tshaonline.org/handbook/online/articles/mdt40>), accessed February 28, 2012. Published by the Texas State Historical Association.

“Bureau of Child Hygiene is Organized by Health Board,” *Dallas Morning News*, May 1, 1919.

⁵⁸ J. H. Florence, *Annual Report of the State Health Department for the Year 1922*, (Austin: Von Boeckmann-Jones), 22.

enforce legislation passed for the purpose of improving sanitation. Through the early twentieth century, the state bureaucracies had difficulty enforcing the laws established. However, by the 1930s state bureaucracies had gained more money to implement these measures.⁵⁹

Legislation promoting and protecting public health in Texas also often followed incentives offered by the federal government. The Texas Assembly passed a law in 1883 to protect food from adulteration that carried a \$2000 appropriation for inspectors. After the first year, however, the legislature did not appropriate more money to enforce the act. An effective food and drug law was not passed in Texas until 1907, a year following the Federal Food and Drug Act. With regard to sanitation, Texas passed the McNaelus Anti-Stream Pollution Act in 1913 to secure a pure water supply and it provided for a sanitary inspector in 1915. The state also expanded its public health education services in 1914, including provisions for the publication of bulletins and pamphlets, lectures, exhibits, and lantern shows.⁶⁰ The Bureau of Venereal Disease was founded because of federal funds provided through the Chamberlain-Kahn Law, an anti-venereal disease initiative. Texas received \$42,000 to address the problem of venereal disease.⁶¹ In this sense, child hygiene actually proved an exception. Texas created the Bureau of Child Hygiene two years before the federal Sheppard-Towner Act required the creation of such a bureau in order to receive federal funds. Of course, club women, including the TPTA, contributed integrally to the creation of the bureau. Overall, the state appropriation for public health

⁵⁹ Link, 208-325.

⁶⁰ Howard E. Smith, comp., *History of Public Health in Texas* (Austin: Texas State Department of Health, 1974), 10-13.

⁶¹ Smith, *History of Public Health in Texas*, 13.

represented only 3.1 cents per capita, apparently one of the three lowest ratios in the country.⁶²

By 1923, at the beginning of the Sheppard-Towner campaign in Texas, municipal Texas public health measured better against cities across the nation. According to the United States Public Health Service (PHS) survey of one hundred cities across Texas, Dallas appropriated \$0.75 per capita, El Paso \$0.98, and Houston, \$0.55 for public health services. Comparatively, New York City appropriated \$0.88 and Chicago only appropriated \$0.54. The average expenditures for cities the size of Dallas, with populations between 100,000 to 250,000, averaged \$0.78 per capita. At that time, Dallas had 182, 274 people, 15.1 percent were black, and its control measures for communicable diseases met accepted national standards. Dallas employed seven public health nurses, pasteurized 68 percent of the milk supply, and operated a separate sewage system using an Imhoff tank before discharge into the river. Ninety-five percent of the population had access to the sewage system.⁶³ The *Dallas Morning News* reported in 1910 on a City Board of Health campaign to create more sanitary sewer connections. City inspectors were instructed to encourage people to clean up trash, remove excessive water, and fill low wet places, in an attempt to prevent mosquitoes. The general population was directed to screen their windows and nurse babies, since the hot summer weather also encouraged bacterial contamination of milk supplies.⁶⁴ Child welfare proponents were most concerned with diarrhea and enteritis, which frequently caused deaths in infants through

⁶² Berstein, *Texas Department of Health*.

⁶³ United States Public Health Service and Committee on Administrative Practice American Public Health Association, *Municipal Health Department Practice for the Year 1923, Based Upon Surveys of the 100 Largest Cities in the United States*, (Washington, Government Printing Office, 1926), 36,574, 583, 597, 613, 653.

⁶⁴“Care of Infants Topic Before Health Board,” *Dallas Morning News* August, 6, 1910.

contaminated milk.⁶⁵ Still, twenty years prior, Texas had not development sufficient health and other public services to meet the needs of its citizens, at least in the eyes of club women.

Club women recognized the need in Texas for improvements in sanitation, milk supply, and public health education. Therefore, they proceeded to generously provide the programs they considered necessary for public welfare since the government had failed to provide such services. In Texas, women generally followed the examples set by Northern club women. Texan women began to venture into the political realm previously reserved for men alone, citing their skills as domestic housekeepers. Such tactics were particularly effective because the general Southern disregard for strong government had created a vacuum of political space into which Texas women genteelly stepped.⁶⁶ The emergence of Texas women into the political world was accompanied by a careful regard for Victorian principles. Women first emerged for the sake of moral reform, such as the temperance reform headed by the Women's Christian Temperance Union (WCTU). The WCTU allowed local chapters a considerable latitude in setting their own agendas; therefore, women in Texas were able to form their agenda in accordance with Southern mores.⁶⁷ Historian Anastatia Sims has noted the importance of the concept of the Southern lady for female activism. Women in the South adhered to the image of the Southern lady, which included responsibilities for care of the less fortunate. As long as women did not challenge the authority of white-Southern men, they could use their

⁶⁵ "Uncle Sam Assists in Child Welfare," *Dallas Morning News*, August 31, 1913.

⁶⁶ McArthur, 143.

⁶⁷ *Ibid.*, 16-18.

femininity to achieve reform. After all, a Southern lady was supposed to take care of the unfortunate and a white Southern man was supposed to grant a lady her every wish.

Campaigns for social reform quickly followed moral reform. Club women determined that social environment could be responsible for moral degeneration. Thus, middle-class club women set out to reform the social environment, from building playgrounds to sanitary conditions of school buildings. Unlike their Northern sisters, Texas women remained hesitant to challenge the authority of men.⁶⁸ For them, the advancement of white women into politics rested on the emphasis of differences between the sexes. Women made considerable advances in social reform by justifying their public involvement as moral guardians of the community rather than claiming political equality with men. Of course, when the wishes of Southern ladies ran counter to business interests, men quickly forgot to grant Southern ladies their every wish and women found themselves fighting losing battles.⁶⁹

Texan women's emergence into public life was fundamentally grounded in their involvement as club members. Texas women belonged to national club movements, which generally encouraged women to support specific progressive causes generally linked to the rights of women and children and provided them with a framework to address such issues. Of course, Texas women always addressed the issues in their own way and emphasized those issues that fit the Southern expectations of a female. The TFWC and the WCTU led the club movement in Texas. In comparison to Northern women, white women in Texas held onto a more conservative version of progressivism

⁶⁸ McArthur, 78-96.

⁶⁹ Anastatia Sims, *The Power of Femininity in the New South: Women's Organizations and Politics in North Carolina, 1880-1930* (Columbia: University of South Carolina Press, 1997).

that did not generally include equal rights, either of gender or race much longer. They attempted to gain positions on school boards before they thought of seeking the right to vote for school board elections. Thus, ideas of moral superiority and the unique ability of white women to address the needs of children motivated Texas women more deeply than quests for sexual or racial equality.⁷⁰ Though the suffrage movement would eventually gain momentum, clubwomen in the late 1890s and early 1900s embraced other progressive issues, such as regulation of child labor, free kindergartens, public school improvements, food and drug regulation, and hot lunches in public schools.

When Texas women failed to secure the support of men politically, they often took matters into their own hands locally. For example, TFWC and TPTA raised their own funds for school improvement when they could not convince politicians to increase taxes for this purpose.⁷¹ The TPTA used its own money to hire school nurses, hire public health nurses, build school cafeterias, provide hot lunches, provide free milk to school and preschool children, and provide pre- and post-natal care for expectant women. In 1916, the TPTA estimated spending \$36,786.41 on school improvement and child welfare.⁷² Volunteer activity also spurred women on to more active political work, supporting legislation they found to be important. Many projects of the Dallas clubwomen followed a predictable pattern, with club women beginning projects and eventually serving in advisory functions when the city took over their projects. Women secured both female and male contributions to their projects through subtle political

⁷⁰ McArthur, 74.

⁷¹ McArthur, 61-62.

⁷² "A Partial Summary of the Work of the Texas Congress of Mothers and Parent Teacher Association," Texas Parent Teacher Association Records, Box 2.325/U146, Center for American History, University of Texas at Austin.[hereinafter: TPTA]

persuasion: “they turned receptions into occasions for lobbying government officials and teas into functions for recruiting supporters.”⁷³ Texas women were willing to pay lip service to male authority, but they commanded considerable power and pull in the direction of reform on a practical level. They realized that the passage of legislation was important but guaranteed nothing in reality. Just as men fashioned impotent legislation to appease women, women worked within their own communities and clubs to accomplish useful reform. Their typical *modus operandi* was to request certain legislation, provide services themselves when the requests were denied, and eventually convince men to pass legislation once the services became an accepted part of the community.

The local volunteer activity of club women could eventually lead to legislation reform. Both the Texas WCTU and TFWC supported pure food and drug laws and the creation of a commission to support the laws, which eventually was achieved in 1907. The TFWC secured a law requiring schools to provide free kindergartens by 1917.⁷⁴ The TPTA and the TFWC also worked diligently to encourage Texas politicians to accept Sheppard-Towner funds, a feat that was achieved when Governor Pat Neff accepted the funds in 1922 and the Texas Congress subsequently appropriated sufficient funds in 1923.

In Dallas, club women worked exhaustively to improve the conditions of their city and the less fortunate. They opened day nurseries, milk stations, settlement houses, and medical clinics for children. Women successfully convinced the municipal government to open its first water filtration plant in 1913. Until that point, city officials

⁷³ Enstam, 149-153.

⁷⁴ McArthur, 45-63.

typically only treated the water chemically when need arose, such as during an epidemic. In 1918, a survey on local charities revealed that women were responsible for founding the majority of local charities and running almost all of them.⁷⁵

While historians tend to attribute women's activism to the influence of maternalism, the ideals of scientific motherhood were equally critical to the motivation of infant, maternal, and child hygiene programs in Texas. According to scientific motherhood, women needed to learn the correct, scientific way to mother. This meant, of course, that scientific motherhood had a clear standard. Pamphlets and books created by such eminent pediatricians as L. Emmet Holt carefully taught the hygienic regime. The score cards produced for better baby contests methodically measured a mother's success through criteria such as basic physical measurements, muscle quality, skeletal quality, coordination, teeth, disposition, energy, and size, shape and location of features that posited the ideal as a healthy, white child.⁷⁶ Experts directed mothers to strive for a perfect score at a better babies contest and an issue of *A Woman's Home Companion* included a picture of 17 babies judged perfect out of a group of 1,000. Experts praised the perfect babies and perfect mothers as the ideal that could be reached by all mothers through the careful application of scientific methods. In this sense, raising children was no different than raising crops or livestock and experts in Texas liked to make such comparisons. One article lamented that "few mothers are as well informed as the experts on raising chicks."⁷⁷ Another wrote that "baby needs fresh air and sunshine as much as a

⁷⁵ Enstam, 134-151.

⁷⁶ "Better Baby Show Score Card," *Rural Manhood* 5 (January 1914), 181.

⁷⁷ Amanda Soltzful, *Better Babies on Texas Farms*, Bulletin printed by Department of Extension, University of Texas, 1914, 8.

plant.”⁷⁸ From this perspective, child care did not differ from agricultural science; once the experts determined the best method, it should be taught and applied.

Artificial feeding of an infant was especially considered a science. Almost all experts at the time acknowledged mothers’ milk to be the best and vehemently taught such principles wherever they found an audience. However, physicians also recognized the inability of some mothers to breastfeed. Many physicians found that modern women were nervous and as one Texas physician put it, “nervous mothers make poor milk.”⁷⁹ When breastfeeding was not an option, cow’s milk needed to be modified in order to provide proper nutrients to the infant. Scientists examined the difference in properties between cow’s milk and human milk and attempted to determine the best modification. To complicate matters, scientists discovered that mother’s milk differed from woman to woman and changed over the course of the infant’s growth. Therefore, physicians noted that milk modification needed to be individualized to each infant and the formula created for the milk modification needed to be changed as the infant grew.

The uniqueness of each infant formula made it a medical concern in the minds of many physicians. Each infant formula contained a mixture of lipids, proteins, sugars, and other ingredients specifically modified with the needs of the individual infant in mind. Thomas Morgan Rotch, a physician and Harvard Medical School faculty member, developed a considerable following through his emphasis on the importance of infant feeding. He even proposed that infant formulas should be written by prescription because individualization of each infant formula was important.⁸⁰ L. Emmet Holt, a leading

⁷⁸ Texas State Health Department, *Texas Health Magazine* 1(1919), 39.

⁷⁹ “Infant Mortality in the Cities of Texas,” *Texas State Journal of Medicine* 19 (August 1923), 240-241.

⁸⁰ Apple, *Mothers and Medicine*, 26.

physician and writer, wrote a book containing 188 pages, 100 of which were devoted to infant feeding.⁸¹ Physicians exhorted women to receive instructions from the physician on preparing the formula for their child and to follow a careful schedule of feeding. Several historians have noted that the increase in bottle fed babies led to the growing influence of the physician in child health.⁸² Klaus suggested that physicians used infant feeding as a way to strengthen their own authority and increase female dependence.⁸³

However, physicians at the time had good reason to focus such attention on infant feeding, since many serious childhood diseases of the time were caused by malnutrition. Diseases caused by malnutrition, such as scurvy and rickets, plagued children across the country. Not only could diseases of malnutrition cause death, they could also seriously handicap a child for life if not corrected. Furthermore, physicians associated many gastrointestinal diseases with infant feeding. One doctor prominent in the development of infant welfare stations spoke on infant feeding, digestion, and the relationship to infant mortality.⁸⁴

Even if a disease was not directly caused by malnutrition, the poor nutrition certainly reduced the immune response of the affected infant. In fact, the baby camp started in Dallas was entirely devoted to diseases of malnutrition and premature babies, who required particular care with feeding. Babies with contagious diseases were not even admitted. Feeding was so important that one article in *Texas Motherhood Magazine* declared “the entire future of a child rests on the food it is given as an infant.”⁸⁵ Thus, for

⁸¹ Smuts, 52.

⁸² Ladd-Taylor, *Raising Baby the Government Way*, 17.

⁸³ Klaus, 84.

⁸⁴ Meckel, 41-49.

⁸⁵ Elenaor M. Winn, “Physical Development of Children, Period of Infancy,” *Texas Motherhood Magazine* (December 1910), 20.

many physicians, infant feeding legitimately represented the critical element in whether or not an infant thrived or succumbed to disease. The established importance of feeding meant that it should be conducted carefully under the guidance of a skilled physician. The dangers facing the bottle fed baby lay not just in sanitation, but also in the creation of a proper formula for each infant. Therefore, infant feeding was a central issue and anxious issue when addressing infant mortality.

As with maternalism, scientific motherhood encouraged women to engage in community service projects based on the simple logic that the quality of the community depended on the quality of its citizens. Science promised a clear, scientifically proven solution, which could be systematically applied across all cases. Women believed that devoted obedience to experts, whatever the cultural consequences, would lead to a better community for all and better environment for their own children. In this sense, encouraging health screenings and vaccinations among all mothers was partially motivated by self-interest. One article in *Texas Motherhood Magazine* used this point to encourage activism in the community, stating, “whatever affects the community affects your child and his advancement. . . . all the children in your community are your responsibility.”⁸⁶ This correlation easily drew women into the public sphere. Texans accepted the woman’s role as guardian of the health and moral fortitude of her children. Women in Texas quickly understood the importance of a healthy, safe, community for the sake of their own children. Therefore, women’s involvement was necessarily connected to their primary role as mothers. While professional women shared the interest

⁸⁶ John H. Reagan, “PTA Notes,” *State Bulletin: The Texas Congress of Mother and Parent-Teacher Associations Inc.*, 3, no. 11 (November 1924), 13.

in child welfare, the majority of reformers pushing for infant welfare campaigns in Texas were mothers themselves.

As women learned scientific mothering, they felt obligated to share their education with less fortunate mothers in their community. Reformers claimed that giving a child from every family a good start meant less crime, less poverty, and a better community.⁸⁷ A quote from the Texas Federation of Women summed up this sentiment nicely: “If we take care of the high chair, cobwebs will cover the electric chair.”⁸⁸ The tenets of scientific motherhood taught that perfection in child rearing produced perfect adults, thus encouraging club women to believe in the possibility of creating a perfect community, a safer and healthier environment in which to raise their own little ones.

Club women were also motivated to expand this education across race because knowledge of germ theory recognized that germs knew no color line. Whites recognized that segregation could not prevent the spread of disease. White mothers could not ignore the health problems of African Americans if they wanted to keep their children safe from disease. This was particularly true as many black women served as domestic help for white middle-class women.⁸⁹ Similar concerns led white club women to work more closely across interracial lines towards community improvement. As white women worked closely with black female leaders and club members, they began to acknowledge the needs and challenges facing the black community. While white women were willing to assist to some degree, their cooperation did not lead to an acknowledgment of the

⁸⁷ Lindenmeyer, 10.

⁸⁸ *Texas Federation of Women's Club Yearbook 1934*, The Woman's Collection, Box 7.1, Texas Woman's University, 112.

⁸⁹ Tera W. Hunter, *To Joy My Freedom: Southern Black Women's Lives and Labors After the Civil War* (Cambridge: Harvard University Press, 1997), 187-198.

inhumanity of segregation laws or a general regard for African Americans as equal citizens.⁹⁰

Scientific motherhood legitimized the role of mothers in the community but also put considerable pressure on them. If a child became delinquent or even was unhealthy, the blame could undeniably be placed on the mother. One article in TPTA encouraged women to put reform institutions out of business, because if every child was raised properly no reform would be needed. The author then noted that any undesirable citizen or delinquent was “the result of a parent who failed.”⁹¹ Mothers would also express frustration when they lost children after carefully following the scientific motherhood regime. Finally, this interpretation of scientific motherhood encouraged a certain degree of blame to be placed on mothers who did not raise perfect children. Working-class children were much less likely to achieve such perfection, thus reflecting poorly on their mothers. At the same time, it did increase the responsibility of the middle-class mothers to provide an education for poor mothers.

Dependence on “mother-love” represented the ignorance detrimental to the health of a child or community. Scientific motherhood refuted such sentiments by declaring that a mother’s reliance on “mother-love” risked the health of her children. A Texas doctor was asked in 1914, “What kills so many babies?” He simply answered, “Mothers.” Another anecdote offered by the University of Texas Department of Extension told the story of a nurse who attempted to advise a local mother during a child welfare visit. The mother immediately asked the nurse if she had any children. When the nurse replied that

⁹⁰ Glenda Gilmore, *Gender and Jim Crow: Women and the Politics of White Supremacy in North Carolina, 1896-1920* (Chapel Hill: University of North Carolina Press, 1996), 168-199.

⁹¹ “President’s Message,” *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 3 (April 1924), 1.

she did not, the mother responded, “Well, I’ve had nine, six dead and three livin’; and I’d like to know what you could learn me about raisin’ children?” Apparently, the nurse responded convincingly, because she was invited into the home, where she observed two of the three remaining children sick from improper feeding.⁹² This story reflected a triumph on the part of the nurse and forcefully deposed the idea that a woman needed to be a mother to be an expert in child rearing. Motherhood itself was no qualification for child rearing; the nurse acquired expertise through scientific education and the mother needed to do likewise.

Not surprisingly, some mothers questioned the rules issued by scientific mothering experts. Julia Grant noted that many women across the country questioned the warnings of child psychologist expert John Watson, who cautioned against loving the babies too much.⁹³ One article published in a magazine by the Houston United Mothers’ Club defensively wrote, “The rule that forbids the mother to hold and caress her baby is a wicked one. Babies need love, just as flowers need air and sunshine. . . Use your own good sense and don’t pay more attention to its body than you do to its heart and mind.”⁹⁴ This author defended the benefits of “mother-love,” and also attempted to adopt the scientific rhetoric of agricultural sciences in her defense. In addition, local physicians sometimes contradicted advice printed in child rearing manuals, making the scientific consensus appear less reliable.⁹⁵ A newspaper article entitled “Best Babies are a Blow to Science,” proudly related that the mothers of three better baby competition winners raised

⁹² Stoltzful, *Better Babies on Texas Farms*, 6-14.

⁹³ Grant, *Raising Baby by the Book*, 144.

⁹⁴ “The Child and the Mother,” *Facts and Fancies* (Houston: United Mothers’ Club, 1915)

⁹⁵ Apple, *Perfect Motherhood*, 86.

their children according to their own methods, without instruction from anyone.⁹⁶ As these examples show, skeptics existed, but overall, club women embraced the tenets of scientific motherhood while reserving a regard for “mother-love” as secondary. As one article cautioned, “Love can’t be your sole reliance—it should aid, not hamper science.”⁹⁷ In a later article, the heading warned, “Ignorance Kills the Baby,” and the author explained that the “watchword” of every mother should be “Clean, CLEAN, CLEAN, chemically, bacterially CLEAN!”⁹⁸ Faith in scientific motherhood did not necessarily negate the recognition of “mother-love,” but it almost always superseded it.

In Dallas, club women focused on passing this knowledge of child hygiene on to the less privileged through their child welfare programs. Dallas women recognized the need for kindergartens in the late 1890s. Through kindergartens, Dallas philanthropists hoped that children would receive instruction in nutrition and personal hygiene and be given educational preparation for primary school. For immigrants, kindergarten also represented the opportunity to learn the social and ethical behaviors of America. In 1900, women created the Dallas Free Kindergarten Association. The volunteer experiences of club women in the kindergarten led to a greater understanding of the needs of the students’ families. As a result, a settlement house, the Neighborhood House, opened in 1908 to provide long term solutions to families’ economic troubles. To do this, it offered cooking classes, mothering classes, and job training in domestic service. Cooking classes and mothering classes included instructions on running a more efficient and hygienic

⁹⁶ Rima Apple, *Reaching Out to Mothers: Public Health and Child Welfare*, Evening Lecture Series (Sheffield: European Association for the History of Medicine and Health Publications, 2002), 17.

⁹⁷ “Parents, Know Your Job,” *State Bulletin: The Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 7(February 1928), 6.

⁹⁸ Stoltzful, 10-14.

home. In 1909, another settlement house, the Wesley House, was opened. It contained a free medical clinic, a mother's club, a playground, a kindergarten, and bathing facilities.⁹⁹ All of which, of course, addressed the education of the working class women in scientific motherhood and provided them with some of the tools necessary to apply their education.

Their understanding of basic scientific mothering principles led club women to address the problem of contamination and adulteration of milk in Dallas. In 1913, Blanche Kahn Greenburg, the wife of a prominent local rabbi, Dr. W.H. Greenburg, began asking her friends to donate milk for the local free kindergartens.¹⁰⁰ Greenburg had been born in New Orleans. Her family briefly moved to Texas during her early years, but the family moved back to New Orleans when her father passed away from tuberculosis. No doubt such experiences gave Greenburg an appreciation for the importance of home hygiene. She became involved in philanthropic activities as a youth volunteering at Immigrant Boys' Sabbath School and playing the piano for the free kindergarten. After she married Dr. W.H. Greenburg, she moved to Dallas and almost immediately joined the board of the Dallas Free Kindergarten and Day Nursery Association.¹⁰¹ As a result of those experiences, Greenburg recognized a need for pure milk.

The lack of access to pure milk continued to be a problem across the country, particularly in urban areas where a significant and often dangerous amount of time passed before the milk reached the consumer. Pure milk was the focus of considerable national attention and debates raged over the benefits of pasteurization versus certified milk. Some physicians believed that pasteurization spoiled the nutrients in milk. Certification,

⁹⁹ Enstam, 119-122.

¹⁰⁰ "Dr. Greenburg Will Leave Dallas," *Dallas Morning News* August 5, 1919.

¹⁰¹ Jackie McElhaney, "To Save the Babies: Blanche Greenburg and the Milk Stations," *Legacies* 13(Fall 2001), 19-21.

which required careful regulation of milk production and testing, carried a considerable expense.¹⁰² In most cases, local governments refused to assume the costs and certified milk became yet another privilege of the few. In addition to disease, dairymen occasionally dangerously adulterated their milk supply. One study of milk stations in 1906 included two local stories. In one case a dairyman added formaldehyde to his milk, causing the deaths of over one hundred children. In another case a dairyman created a white liquid substitute for milk that resulted in nearly one hundred babies dying of starvation.¹⁰³ As noted, in 1921, Dallas pasteurized only 68 percent of the milk supply. In 1905, when Greenburg began her project, neither the federal, state, nor municipal pure food and drug regulations had been passed yet. It would take many more years before local and state government adequately enforced such laws, particularly among the poor. As in the case of other social reform, club women addressed this neglect.

Greenburg successfully supplied the kindergarten with milk for a few years before she began to expand the project. In 1913, she organized the Dallas Infants' Welfare and Pure Milk Association (DIWPMA), which built the first milk station in Dallas at Trinity Play Park.¹⁰⁴ The Trinity Park Milk Station was established: "to give mothers of the cotton-mill district pure milk at a reasonable cost and tell them how to care for children during the trying summer months."¹⁰⁵ Notably, the milk station did provide the milk free with the assistance of United Charities when the mothers could not afford to pay for it. For most, the milk was purchased "at cost." The station also held bi-weekly clinics for the children, including examinations and lectures on infant care. The milk station

¹⁰² Golden, *From Breast to Bottle*, 132; Meckel, *Save the Babies*, 83.

¹⁰³ McElhaney, "To Save the Babies," 21.

¹⁰⁴ Enstam, *Women and the Creation of Urban Life*, 124.

¹⁰⁵ "Trinity Park Milk Station," *Dallas Morning News* June 6, 1913.

provided for the salary of a nurse, Clarice Dudley. Dudley became the local expert on scientific mothering and dispensed milk, instructed mothers, and visited the families in the neighborhood.¹⁰⁶ The mothers had to bring their children to the milk station at least once a week where a record was kept on the progress of each child.¹⁰⁷ Two volunteer physicians conducted bi-weekly clinics for the children. The milk station even created pamphlets distributed at the milk station and published in the *Dallas Morning News*, so that the principles of scientific motherhood could be more easily accessed.¹⁰⁸ As Elizabeth York Enstam, a Dallas historian, has pointed out, “the medical services overshadowed its distribution of milk.”¹⁰⁹

The language of scientific parenting pervaded the newspaper recordings of the opening of Trinity Park Milk Station. The writer of one article declared that the babies had inalienable baby rights, which included a well body, nourished stomach, and pure food. The station offered “scientific care of those babies.” The station included in its activities prenatal and obstetrical visits to serve that purpose. The article described a baby delivered by Nurse Clarice Dudley as being received into “the arms of skilled and loving care of scientific nurture and nutritious feeding.” Finally, the article described a mother of eleven children, who finally had access to an education in this “oldest and least understood profession.”¹¹⁰ If motherhood was a profession, then uneducated mothers were, by extension, charlatans. The literature celebrating the milk station’s opening focused primarily on the need of mothers, even experienced ones, to have scientific training.

¹⁰⁶ “Trinity Play Park Milk Station Opens,” *Dallas Morning News*, June 24, 1913.

¹⁰⁷ “Infants’ Welfare and Milk Association,” *Dallas Morning News*, June 10, 1913.,

¹⁰⁸ “Pure Milk to be Established,” *Dallas Morning News*, April 30, 1913; Enstam, 24.

¹⁰⁹ Enstam, 124.

¹¹⁰ “Dallas Conserving Infant Welfare” *Dallas Morning News*, December 7, 1913.

At almost the exact same time the Milk Station was opening at Trinity Park, several nurses, including May F. Smith of the Graduate Nurses Association, discussed the problem of undernourished sick babies in Dallas at a social event. The nurses conceived of and created a baby camp to serve the poor infants of Dallas during the hot season, when epidemics of enteritis and other gastrointestinal diseases occurred. The baby camp started as just a few tents set up during the summer months on the lawn of Parkland Hospital. Just as with the milk station, the nurses of the baby camp instructed the mothers on proper feeding, hygiene, and basic sanitation.¹¹¹ Therefore, the nurses not only treated the babies, but sent the mothers home with a better understanding of how to properly care for them. The nurses of the baby camp applied diligent regard to the principles of scientific hygiene. Camp staff lauded its cleanliness, sterilized bottles, individual nipples, screens to prevent flies, and individualized feeding formulas.¹¹² Scientific parenting did not preclude creativity. Nurses created a home-made incubator to keep premature babies warm by using bricks, a water boiler, and an inverted dishpan.¹¹³ One nurse observed at a reunion of former patients that all the mothers had “carried out their orders wonderfully well.” In fact, only one child had poor health. The case was benevolently and importantly declared to be outside the mother’s control.¹¹⁴

Unfortunately, only large cities such as Dallas and San Antonio had the resources to support programs such as baby camps and milk stations. Infant welfare programs, however, did exist in rural Texas thanks to the efforts of club women. The earliest efforts

¹¹¹ Enstam, 126.

¹¹² “Dallas Baby Camp is Life Saving,” *Dallas Morning News*, June 27, 1917.

¹¹³ “A Hospital out of a Teacup,” City of Dallas Health Department Collection, MA 86.19, Children’s Medical Center Records, Box 1 Folder 1, Texas/Dallas History and Archives, Dallas, Texas. [hereinafter CDHD]

¹¹⁴ “Baby Camp Making Two-Year Record of One New Case a Day,” *Dallas Morning News*, April 18, 1924.

generally centered on Better Baby Contests encouraged and directed by the Children's Bureau. Unlike the hookworm dispensaries of the RSC, better baby contests relied almost entirely on local initiative. Club women were instrumental in organizing the contests for their own communities. Rima Apple has noted that better baby contests were intended to direct mothers in the proper care of their children and to demonstrate the ultimate superiority of scientific instruction.¹¹⁵ A 1913 article advertising a Dallas better baby contest noted, "the show will be scientific in every detail and will be conducted according to the most advanced methods of child welfare and hygiene."¹¹⁶ An announcement for a Corsicana better baby contest blatantly advertised that the contest was not a beauty contest. Any defects would be pointed out so that parents could have them addressed.¹¹⁷ In Galveston, the winner of a better baby contest had a nineteen-year-old mother who did follow much of the scientific regimen prescribed by the tenets of scientific parenting. She breastfed and followed a regular eating schedule.¹¹⁸

As in many states, in Texas the better baby contests typically dropped their beauty element altogether and became direct child health conferences. Once again, scientific parenting pervaded. Two major points were preached at the child health conferences: mother love is insufficient to equip a mother for parenting, and child welfare is the responsibility of the community because "America will depend upon future citizens in the making." Furthermore, just like the RSC, the Children's Bureau hoped the child welfare conferences would establish more permanent institutions, such as departments of child hygiene, departments of child welfare at city and state level, and child welfare

¹¹⁵ Apple, *Reaching Out to Mothers*, 17.

¹¹⁶ "Better Babies Show for Texas Mothers," *Dallas Morning News*, August 3, 1913.

¹¹⁷ "Two Perfect Scores Made," *Corsicana Semi-Weekly Light*, October, 2, 1916.

¹¹⁸ "Though She Carries her Honors Serenely, Here's a Real, Certified, Perfect Baby," *Galveston Daily News*, January, 16, 1915.

commissions in every city.¹¹⁹ Unlike the RSC hookworm campaigns, the Children's Bureau merely supplied the literature and instructions. The success of the local contests was critically dependent on the citizens of each community.

In 1916, the Children's Bureau also planned a national baby week to encourage community interest in infant welfare. It published materials directing communities on how to hold their own baby week campaigns. Bureau Chief Julia Lathrop hoped that the activity would incite many communities to more active interest in infant welfare. In Texas, there was certainly evidence of greater activity for the sake of infant welfare after the onset of the baby week campaigns. Women's clubs, civic organizations, health boards, and medical communities all contributed to local efforts "to popularize scientifically noted needs of infants."¹²⁰ The campaigns undoubtedly stressed the importance of scientific parenting. The *Victoria Daily Advocate* declared that ignorance and neglect were the primary cause of maternal morbidity.¹²¹ A home demonstration agent, Mrs. Nat P. Jackson, explained that ignorance and carelessness caused the high infant mortality rate and that the work done through child welfare clinics was "not sentimental but based on scientific laws."¹²² Proponents of scientific motherhood regarded with censure any sentiment applied to child hygiene. Communities across Texas participated in the campaigns by establishing child welfare exhibits, clinics, lectures, and

¹¹⁹ "Will Conduct Child Welfare Campaign," *Dallas Morning News*, February 5, 1912.

¹²⁰ "Nation Set Aside one Full Week to Pay Tribute to American Babies," *Denton Record-Chronicle*, February 25, 1916.

¹²¹ "Baby Week Work to be Done this Year to Save Mothers From Death," *Victoria Daily Advocate*, March, 20, 1917.

¹²² Mrs. Nat P. Jackson, "Program for National Baby Week," Texas Agricultural Extension Service, Box 3-29, Home Demonstration Work, Cushing Memorial Library and Archives, Texas A & M University, College Station, Texas. [Hereinafter: TAES]

motion pictures. The relative success of such campaigns across Texas was undoubtedly due to the local autonomy of programs.

Scientific parenting programs generally served to increase the acceptance of community responsibility for infant welfare. Greenburg observed that her milk stations had “awakened the city to fuller consciousness of its duty to children.” Yet, the programs still promoted eventual independence among recipients of aid. Greenburg reflected that mothers soon wanted to pay for the milk. She wrote, “the station wants to help people to keep themselves.”¹²³ The program leaders expected aid to be temporary. They reasoned that once mothers were sufficiently educated, they would better be able to provide for themselves.

Home demonstration programs offered through the state universities represented the other means by which rural mothers received aid through federal funds prior to the Sheppard-Towner Act. Congress passed the Smith-Lever Act in 1914, providing federal matching grants to the states for the development of university extension programs. These programs channeled the research and resources of the university to rural areas. Generally, the programs concentrated on agricultural courses designed with male farmers in mind. In fact, club women exerted considerable opposition to this unequal application of federal funds across gender lines.¹²⁴ However, the home extension programs offered through University of Texas and Texas A & M also provided included home economics courses, including instruction in child rearing. Of course, all of these extension service child hygiene programs were based on scientific motherhood.

¹²³ Mrs. William H. Greenburg, “What is Being Done for Baby,” *Texas Motherhood Magazine* 23 (February 1916), 128-129.

¹²⁴ McArthur, 49.

One obstacle extension workers and club women faced in their attempts to share the gospel of scientific motherhood with the less fortunate was the financial costs involved. Poor women often could not follow all the instructions because of economic inability. Robyn Muncy has noted that expert advice allowed very little variety and did not account for the particular circumstances of the family.¹²⁵ Some of the hygiene principles taught included bathing the infant once a day (requiring easy access to water), feeding at regular time intervals (requiring a clock), screening rooms and sleeping in a separate bed, or preferably separate room (requiring, of course, such accommodations).¹²⁶ All of these suggestions assumed a certain economic ability to comply. Experts also stressed prenatal care and the importance of a physician's supervision of infant development, including vaccinations, which the working classes often could not afford. Demonstration agents urged breastfeeding for the baby's first year, which for working mothers often proved impossible. Poor women would have found it equally difficult to comply with the demand that any artificial feeding should be done under careful supervision since they may not have access to a physician or the money to pay one.

Despite the limited usefulness of such advice, the activity of reform-minded men and women in Dallas revealed a practical awareness of the needs of the less privileged. The settlement house movement grew from an understanding, gained through observations in the free kindergarten, that the child's needs could not be separated from the family.¹²⁷ Settlement workers recognized the need for a day nursery for the children of working mothers and so created one. One newspaper wrote that the North Dallas Day

¹²⁵ Muncy, 163.

¹²⁶ Meckel, 98.

¹²⁷ Enstam, 119-120.

Nursery allowed women to keep their children at home instead of sending them to institutions.¹²⁸ Philanthropists of Dallas showed further creativity in their welfare work by opening a working mothers' home, which solved the problem of expensive housing for some single mothers. The city donated the furniture and local women's clubs were asked to donate supplies.¹²⁹ In another program designed by club women, inexpensive housing was provided for working women who were not mothers.¹³⁰ No doubt residency in such homes was contingent upon exhibiting proper moral behavior. Still, the fact that the working mothers' home received the support of women's clubs in Dallas suggests that middle-class women tried to recognize the needs of working-class women.

Middle-class women struggled to address the needs of the working class effectively in other ways as well. The women's clubs of Fort Worth declared that "they do not want to give charity, but they do want to give the kind of help which will enable the poorest" to realize better ideals and improve conditions. Such a statement certainly contains a paternalistic tone, but also reflects a sincere desire to be helpful. Furthermore, the working-class women quite possibly preferred such support as opposed to condescension of charity. At one point, the women's clubs in Fort Worth frankly asked the women they served what they wanted. According to a Fort Worth article, recipients of services most frequently responded that they deplored a lack of social life and no "ready money" the most. Based on letters and testimonies from women, the women's clubs found that women also desired cheaper telephones, extension of rural free delivery, promotion of industries using farm products, direct marketing for farm products, and

¹²⁸ "Welfare Workers Inspired by Tours," *Dallas Morning News* November 3, 1922.

¹²⁹ "Working Mothers' Home to Be Given Linen Shower Nov. 21," *Dallas Morning News*, November 3, 1922.

¹³⁰ Enstam, 129.

public libraries. Thus, many of the requests made by rural and less privileged women focused on establishing economic independence, as the middle-class women had assumed. Based on the suggestion of one aid recipient, the Expectant Mothers Club was established by a Fort Worth Women's Club. The woman observed that a local free hospital service was appreciated; however, there was no help at home for the existing children. In the Expectant Mothers Club, women sewed clothes while listening to lectures by physicians and doctors, again stressing the importance of scientific motherhood. When a baby was born the women donated the clothes being worked on to that baby and the mothers assisted in the child care and house work for the mother who just delivered.¹³¹

Likewise, the milk station certainly demonstrated elements of class bias within instructions for scientific care, but the advice was accompanied by more material assistance. Most obviously, the milk station provided mothers with low cost pure milk, an absolute necessity for following artificial feeding instructions. Weekly medical clinics enabled the children to be fed under the advice of a physician and receive routine examinations, thus eliminating the expense of medical care. Furthermore, the stations provided other services necessary to follow the scientific advice. The nurse and matron of the station kept three to seven babies at the station all day while the mothers worked, so they could continuously receive the proper care their mothers were being taught.¹³²

The increasing popularity of the milk station demonstrated its usefulness to the working class as well as the hesitation of some working women to initially embrace scientific mothering. One article noted that women were at first reluctant to patronize the

¹³¹ "Women's Club Work," *Fort Worth Star Telegram* July 5, 1912.

¹³² "Dallas Conserving Infant Welfare" *Dallas Morning News*, December 7, 1913.

milk station for they feared their babies would be “practiced on,” and they wondered why anyone would want to do something for them “without a catch.”¹³³ Such statements could have reflected their suspicion of Baylor University Hospital, a teaching hospital in Dallas that offered free care to those who could not afford it.¹³⁴ However, hesitation eventually eased and working-class women began to patronize the station. In October 1913, 885 quarts of milk were sold and 75 given away. Sixty-six children attended six clinics.¹³⁵ By the following year, the numbers had increased slightly, with an average of 7 clinics per month and 95 children attending each month.¹³⁶ In addition, the success of the first milk station prompted the DIWPMA to open a second milk station in north Dallas at the local settlement house, Neighborhood House.¹³⁷ In 1919, a third station opened under the auspices of the DIWPMA.¹³⁸ Similarly, the baby camp also had to build popularity among the poor. The first year the camp could facilitate 15-20 babies at one time but only received an average of six, leading its nurses to exhort the people of Dallas to take advantage of their services.¹³⁹ Perhaps mothers had similar fears of their babies being “practiced on,” or were not aware of the service. In any case, the baby camp gained popularity and by 1918 boasted 25-30 babies on average.¹⁴⁰

Home demonstration agents also promoted and provided services of definite use to less privileged parents. For example, they emphasized the need for better birth registration and the use of prophylactic eye drops to prevent infection that led to

¹³³ “Dallas Conserving Infant Welfare,” *Dallas Morning News*, December 7, 1913.

¹³⁴ “Dallas Hospitals,” CDHD, MA 86.19, Children’s Medical Center Records, Box 1 Folder 2.

¹³⁵ “Work at Pure Milk Station,” *Dallas Morning News*, November 13, 1913.

¹³⁶ “Mothers are Helped by Welfare Society,” *Dallas Morning News*, November 25, 1915.

¹³⁷ “Clinic at Pure Milk Station,” *Dallas Morning News*, February 4, 1915.

¹³⁸ “Children Served with Meals at Milk Station” *Dallas Morning News*, May 18, 1919.

¹³⁹ “Baby Camp Contains but Four Youngsters,” *Dallas Morning News*, August 21, 1913.

¹⁴⁰ “Dallas Baby Camp Grows from Tent to Modern Hospital Building,” *Dallas Morning News*, February 3, 1918.

blindness.¹⁴¹ Agents also assisted in organizing child welfare conferences, which provided mothers with an opportunity to have their children examined by a physician free of charge and a crash course in scientific parenting.¹⁴² Home demonstration agents often played a role in helping local women's clubs to secure hot lunch programs at the local schools, a service which addressed the inability of many poor families to follow instructions on proper diet.¹⁴³ Finally, home demonstration agents were blatantly commanded to seek the opinions of their clients. One note from a home demonstration supervisor directed agents to include more quotes from the women that they served, instead of focusing on their own activities in their reports. O.B. Martin, the Assistant in Charge of Demonstration Club Work, requested more directly that agents reduce the number of capital I's in their reports, reflecting the desire for information about the mothers being served rather than the agents.¹⁴⁴

Reformers responsible for welfare programs could be quite open to cultural differences and scientific motherhood further encouraged the extension of such activities across race lines. In celebrating Baby Week, one article in the *Denton Record-Chronicle* recorded that campaigns were being held in the Philippines and that even Indian reservations had planned "unique methods of teaching mothers."¹⁴⁵ The Dallas Free Kindergarten Association included Polish and Russian Jewish families, as well as German, French, and English immigrants, and designed their Christmas celebration to be

¹⁴¹ "Things Worth While for the Baby: Compiled by Department of Extension University of Texas for National Baby Week," TAES, Box 3-29.

¹⁴² Mrs. Nat P. Jackson, "Suggestions for National Baby Week—March 4th-11th, 1916," TAES, Box 3-29.

¹⁴³ "Report of Mary Jessie Stone, District Home Demonstration Agent, North Central Texas: November 1, 1920-November 1, 1921," TAES, Box 2-35 Home Demonstration Work Prior to World War I.

¹⁴⁴ O.B. Martin, October 2, 1919, TAES, Box 3-29, Home Demonstration Work.

¹⁴⁵ "Nation Bows Before His Majesty American Baby, Our Greatest Asset," *Denton Record-Chronicle* February 28, 1916.

“wholly non-sectarian.”¹⁴⁶ The Wesley House’s clinic functioned weekly primarily for the benefit of Mexican families. The *Fort Worth Star Telegram* reported twenty-two children visiting in one day. The Wesley House kindergarten reported six nationalities represented among its sixty children and another clinic maintained by the First Christian Church women catered almost exclusively to the Mexican population.¹⁴⁷

The Dallas Baby Camp and Trinity Play Park Milk Station similarly attempted to approach their efforts in a colorblind manner. The representative of the Baby Camp proudly proclaimed that there was no color line at the baby camp and nationalities were not considered.¹⁴⁸ Reportedly, a Mexican mother brought her six-month-old baby into the milk station wearing nothing but an American flag due to lack of clean clothes. He was described as “having the happiest disposition, which makes him one of the prettiest babies of the welfare station.”¹⁴⁹ The article heading itself, “Baby Wears Flag; Mother Had No Clothes that Were Clean,” ignored the nationality of the infant entirely. Another article spoke fondly of a “Mexican laddie” brought to the Baby Camp.¹⁵⁰ In both articles, there is evidence of condescension but also a ready affection and an apparent desire to avoid any bias. Furthermore, the first article blatantly emphasized the Americanization of the infant, whose mother dressed him in an American flag. Though bias certainly occurred, it must be noted that the many programs at least aspired to be color blind. They did freely lift the color line to offer their services across lines of race and nationality.

¹⁴⁶ Enstam, 120.

¹⁴⁷ “M. E. Delegates view North Side Community Work,” *Fort Worth Star Telegram*, November 14, 1920. “Low Death Record Here is Attributed to Education and Sanitary Condition of City,” *Fort Worth Star Telegram*, January 29, 1922.

¹⁴⁸ “Dallas Baby Camp is Life Saving Station,” *Dallas Morning News*, June 27, 1917.

¹⁴⁹ “Baby Wears Flag; Mother Had No Clothes that Were Clean,” *Dallas Morning News*, July 4, 1915.

¹⁵⁰ “Six Lusty Infants at Baby camp,” *Dallas Morning News*, June 13, 1913.

At the same time, many infant welfare proponents intimately connected scientific mothering to the eugenics movement. Eugenics offered a further validation of the role of mothers from the perspective of race betterment. As birth rates declined among the middle-class white women, reformers urged these women to embrace fertility for the sake of the purity of race. Historian Wendy Kline noted that this use of eugenics based arguments to encourage motherhood also served to validate gender hierarchies and remove female competition from the labor force.¹⁵¹ The idea of positive eugenics encouraged the spread of scientific motherhood. As one article sentimentally explained, “eugenics is based on love and has for its purpose the making of mankind better. It operates in two ways. In the first place it is restrictive, discouraging the unfit for parenthood; in the second place it is constructive, encouraging the best for parenthood.”¹⁵² Scientific motherhood applied to positive eugenics by helping most parents raise the best children possible, given their genetics. In turn, the improved child would raise even better children. Concurrently, eugenics promoted the Anglo race as the biologically superior race. As historians have observed, the better baby score cards were generally focused on racially sensitive aesthetics such as location and size of eyes.¹⁵³ In Dallas, the better baby contest was described as “a popular yet scientific movement to insure better babies and a better race.”¹⁵⁴ Thus, historians have tended to view the Better Baby Contests more as an opportunity to improve and celebrate the characteristics of the white race rather than truly improve the conditions of infants across the board. This argument certainly had merit and race betterment was undoubtedly a motivating principle

¹⁵¹ Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), 8-30.

¹⁵² “Social Hygiene Talk of Welfare Exhibit,” *Dallas Morning News*, October 25, 1912.

¹⁵³ Klaus, 145.

¹⁵⁴ “Better Babies Show for Texas Mothers,” *Dallas Morning News*, August 3, 1913.

for many of the contests. Reformers themselves even recognized the erroneous emphasis on aesthetics versus health as they transitioned in child welfare conferences.

Local work towards infant and maternal welfare carried a considerable racial and ethnic bias in other ways. Reformers had a clear, unabashed goal of Americanizing their Mexican neighbors. At the Wesley House, older Mexican girls were “taught how to keep house ‘ ‘a la American.’”¹⁵⁵ Kate Daugherty, a home demonstration agent, reported that “all counties in this district except Travis and Bastrop have many Mexicans, and Bastrop has many negroes.” She suggested that among such populations the focus should be on child welfare and Americanization. The agent also remarked that “it seems best to do work among these people almost entirely through schools, and preferably separate from the white children.”¹⁵⁶ In the extensive child welfare conferences held by the Red Cross in Wichita County, Mexican children were the only children screened for lice, with twenty-one of fifty excluded from schools after the inspection.¹⁵⁷ The children must have been aware of the association of lice with dirtiness and inferior hygiene and felt stigmatized by being singled out in this manner. Thus, Mexican children clearly received distinctive treatment at the hands of their middle-class benefactors. Sadly, the principles of scientific motherhood could be used to “scientifically” legitimize racism.

As with Mexican Americans, the efforts to extend scientific motherhood to all increased the availability of infant and child welfare services to African Americans, but racism still pervaded. Of course, the schools in Texas were already segregated. Therefore,

¹⁵⁵ “Low Death Record Here is Attributed to Education and Sanitary Condition of City,” *Fort Worth Star Telegram*, January 29, 1922.

¹⁵⁶ Bennie Campbell, “1921 Annual Report Southwest Texas District,” TAES, Box 2-35, Home Demonstration Work Prior to World War I.

¹⁵⁷ “Red Cross Nurses Report Upon the Work Done During the Year,” *Wichita Daily Times*, December 18, 1921.

health services through the public schools would have been segregated as well. In Wichita County, separate child health clinics were opened for blacks. Seventy-seven black children attended eight such clinics.¹⁵⁸ Black mothers were invited to the Trinity Park Play Park milk station as long as they used the side door and did not come in “such numbers that they were ‘objectionable to white people.’”¹⁵⁹ In Galveston the child health clinic opened to white children on Tuesday and Thursday afternoons and black children on Friday afternoon, although one article noted that the black children’s clinic had poor attendance. Possibly the low attendance reflected the racial bias felt by those who came, black parents may have been unaware that the clinic was available, or black parents may not have had the time to bring their children in. The clinic hired a black public health nurse but the Negro Health League paid her salary.¹⁶⁰ These efforts show that philanthropic groups acknowledged the need for health clinics for black citizens and provided some support for such clinics. At the same time, the clinics were kept separate and not always funded through the same channels.

The Baby Camp accepted black infants with the same provisions as white children. In a certain sense, this service must have been offered for philanthropic reasons because the baby camp did not accept babies with contagious disease. Therefore, treating black infants who were malnourished did not have an apparent impact on larger public health. Still, racism existed. One reference to a black infant at the Baby Camp fell under the heading, “Odd Assortment of Infants: A Negro Baby and Six Bell Pups.”¹⁶¹ This racial bias of the writer of the article is evident in the fact that he or she found it amusing

¹⁵⁸ “Red Cross Nurses Report Upon Work Done During the Year” *Wichita Daily Times*, December 18, 1921.

¹⁵⁹ Enstam, 124.

¹⁶⁰ “Annual Report of Nursing Service,” *Galveston Daily News*, December 17, 1920.

¹⁶¹ “Odd Assortment of Infants,” *The Daily Brownwood Bulletin*, January 23, 1916.

to note a litter of puppies at the Baby Camp along with the black infant. The heading of the article clearly dehumanizes the infant. Of course, this article was not necessarily representative of the Baby Camp itself, but reflects racial attitudes in the wider community nonetheless. Such a condition reflected one of the many paradoxes William Link discovered in Southern progressivism. Reformers were quite willing to extend their services to uplift the inferior African-Americans; but such uplift did not necessarily indicate any recognition of equality.

Scientific motherhood provided another philosophy for club women in Texas to apply to their civic and political activities. Scientific motherhood inspired women to improve their own qualities as mothers and improve the condition of the community by passing the knowledge along to all mothers. Club women believed that this education would enable women to solve the problems of the community and did not always address socioeconomic needs. For the most part, however, club women made concerted and often successful attempts to alter their programs to the needs of the working classes.

Paradoxically, scientific motherhood inspired women to extend programs across racial and ethnic lines, while also carrying a significant element of eugenics based racism. The adoption of scientific motherhood as a force for political and social activity, though, would have consequences for women's political gains. Particularly in Texas, scientific motherhood subjugated females under the authority of men and all the programs that women used scientific parenting to promote would consequently be subjected to male authority as well. Yet, Texas women were used to this form of subjugation and astutely operated within the system to achieve their reform goals, and to increase acceptance of the female's place within the political world.

CHAPTER THREE

MEN, SCIENTIFIC MOTHERING, AND THE FIGHT FOR SHEPPARD-TOWNER

In 1923, Dr. Ralph C. Spence of Dallas queried, “I wonder how many know that an infant born in Texas is in far more danger of death than any soldier who faced the German guns!”¹⁶² He noted that much of the problem lay in maternal ignorance with regard to proper infant diet. Dr. J. Haywood Davis of Fort Worth agreed with Dr. Spence’s assessment and attributed greater responsibility to the community to provide legislative and educational solutions. While women increasingly assumed responsibility for child welfare in the political realm, men also claimed expertise and responsibility, especially regarding health. Men played considerable roles within programs directed and run by club women who generally accepted their authority. Furthermore, professional men developed their own projects to improve infant and child mortality and physicians quickly endorsed the idea of public health campaigns. They shared a similar faith in the ability of maternal education to drastically reduce infant mortality rates, as well as the assumption that mothers should refer to the expert advice of male physicians.

Though commanding authority, men recognized the political power of the female network and relied on them to excite political and public enthusiasm for public health.

¹⁶² Ralph C. Spence, M.D., “Nutrition in Early Infancy,” *Texas State Journal of Medicine* 19 (August 1923), 240.

White club women worked with men on various public health issues, but diverged on the issue of Sheppard-Towner. Women's political power was apparent when the Texas Congress accepted the Sheppard-Towner Act in 1923, because the legislation faced considerable opposition. This opposition continued throughout the 1920s as politicians attempted to end funding. In Texas, most of the opposition to the law centered on states' rights, community autonomy, and the sanctity of the parent-child relationship. The Texas Medical Association (TMA) rejected the act, citing fears of socialized medicine that would lead to federal control of medical practice, which to them was a violation of the principles of science and professionalism. Women secured a notable political victory when the Texas Congress voted to accept matching appropriations for Sheppard-Towner. Politically savvy women sought political approval using primarily maternalist arguments, focusing on their compassion for poor women without access to physicians' care. By using such tactics women were able to push their legislative agenda without alienating the male physicians who were essential to many of their causes. This recognition of male authority also legitimized the opposition of physicians to the act. Class relationships served to unite physicians and club women despite gender based struggles that were beginning to emerge in the professional world.

Although women generally commanded a dominion over child welfare, infant and child hygiene proved an exception. After all, scientific motherhood required no practical experience as a mother and placed ultimate authority with the physician, almost always male. This meant that the female dominion was less clear in regard to child hygiene, and by the early 1900s male reformers had already assumed responsibility and control. Men actively engaged in infant and child programs well before Sheppard-Towner drew federal

interest to infant mortality. For example, Dr. W. H. Greenburg, the husband of Blanche Greenburg, contributed actively to the charitable community with regard to child welfare. He founded the local boy-scout program and the Parks and Playgrounds Association, an organization promoting the health of children through fresh air and exercise. His work also included broader social welfare programs, such as designs for municipal housing lodges, public restrooms, and free employment bureau. He worked along with his wife in founding the DIWPMA and served as its president for many years, and was an active member of the: Dallas Free Kindergarten Association, the Anti-tuberculosis Society, free medical clinics, and the Dallas Humane Society. He also served as Vice President of the latter for many years. His work was so important to the community that the Temple Emmanu El refused his resignation as rabbi nineteen times. His decision to accept an appointment in New York prompted numerous citizens of varying faiths to write letters of appreciation for his work.¹⁶³ This community appreciation is even more commendable considering the Ku Klux Klan (KKK) had a stronghold in Dallas by 1919 and loudly proclaimed their hostility toward “Jews, Jugs, and Jesuits.”¹⁶⁴ Indeed, Greenburg’s decision to leave Dallas in 1919 may have been related to the predominance of the KKK. As a couple, the Greenburgs appeared to be a force for social reform.

Despite his impressive record, Greenburg was no anomaly among Texas men. Most of the projects completed in Dallas had a significant male component and leadership. For example, an all-male board of thirteen directors, entirely male, ran the milk station started by Blanche Greenburg. A fifteen-member female committee served as advisors. Of course, historian Jackie McElhaney asserted that the women probably did

¹⁶³ “Dr. Greenburg Will Leave Dallas,” *Dallas Morning News*, August 5, 1919.

¹⁶⁴ May Nelson Paulissen and Carl McQueary, *Miriam: Miriam Amanda Ferguson: The Southern Belle Who Became the First Woman Governor of Texas* (Austin: Eakin Press, 1995), 105.

most of the work. In any event, Texas women certainly did not challenge male authority.¹⁶⁵ In Dallas, at least, women wisely recruited male involvement and authority to lend legitimacy to their programs and acquire a certain degree of public acceptance and aid. Undoubtedly, some men did play a political or ornamental role. The board of directors named J.T. Howard president of the DIWPMA. He owned the Dallas Cotton Mill in the neighborhood served by the milk station, which was operated by the DIWPMA. Obviously, the lives of working women and children would have been more readily served if club women had been able to convince Mr. Howard of the correlation of low pay to the poverty of his workers. For women, however, this would have required a direct challenge to male authority, which generally jeopardized any attempt to secure male support.

At the same time, it seems simplistic to suggest that men merely wrote the checks or were simply puppets of women's manipulation. Men did take the initiative on many infant welfare projects. In fact, Greenburg opened the station at the suggestion of the United Charities president, George Bannerman Dealey.¹⁶⁶ His very suggestion demonstrates that he took an active enough interest in the community to perceive a need and seek a practicable solution. It also indicates that Dealey took quite seriously his role as president of United Charities, a consolidated charity organization serving many of the needs of infants and children. United Charities provided the milk funds for those women unable to afford even the milk sold at cost. Furthermore, he served on the board of directors of the milk station. He was also responsible for encouraging the distribution of child hygiene pamphlets at the station and through the *Dallas Morning News*.

¹⁶⁵ McArthur, 96

¹⁶⁶ McElhaney, 21-23.

A close examination of the role of male directors provides further evidence that men played active roles. The directors also formed an executive committee of organization consisting of H.H. Adams, A. Goldstein, and Henry D. Lindsley. This committee was responsible for forming the constitution and by-laws as well as applying for a charter giving the organization stability.¹⁶⁷ It seems likely that men served a different function than women based on their skills, positions, and resources, addressing legal and business concerns rather than spending time at the milk station. However, their work demonstrated equal dedication and importance, and reports of their meetings showed that many male members attended regularly.¹⁶⁸ When the city elected Lindsley mayor of Dallas shortly after the creation of the milk station, he encouraged cooperation between the milk station and the city's health department, allowing for less duplication of services and more work accomplished. Additionally, he addressed the problem of pure milk by hiring four milk inspectors to take unscheduled samples of milk sold outside the milk station.¹⁶⁹

The gender division of labor of the milk station also demonstrated the ways in which the traditional gender hierarchy was reinforced by scientific motherhood. In the 1920s, male dominance characterized most programs and movements; however, women tended to assume greater leadership in child welfare campaigns.¹⁷⁰ Mary Ryan perceived the Progressive movement as "the busiest intersection between male politics and women's public domain." She found that men typically focused on the business aspects

¹⁶⁷ "Pure Milk Station to be Established," *Dallas Morning News*, April 30, 1913.

¹⁶⁸ "To Obtain Charter for Milk Station," *Dallas Morning News*, October 24, 1913

¹⁶⁹ McElhaney, 23.

¹⁷⁰ Muncy, xii.

of progressive reform, while the women turned their attention to women and children.¹⁷¹ Public health, including child hygiene, remained under the direction of male reformers, however, because the scientific nature of the child hygiene campaigns demanded a scientific legitimacy obtainable only through male physicians. For example, the milk station also had a medical council with seven members appointed by the County Medical Association. Nurse Dudley operated the station and offered lectures and clinics, but she served a subordinate position to the volunteer physicians despite her greater familiarity with the clinic and its visitors. The physician would prescribe formula for the infants and the nurse would teach the mother how to prepare that individual formula.¹⁷²

The baby camp showed a similar devotion to scientific motherhood in its careful regard for the authority of the physician. Three physicians, two of which were chosen from the university medical centers, served as the medical committee for the camp.¹⁷³ Once again, despite the expertise in scientific motherhood and child hygiene demonstrated by the Graduate Nurses Association, the nurses accepted the authority and leadership of physicians because of their greater training and their gender. Physicians were the ultimate experts.

Male physicians' interest in infant mortality led some to create programs on their own. In 1921, Dr. William M. Anderson, Jr., the pastor of the First Presbyterian Church in Dallas, met Dr. Jack F. Perkins, a pediatrician, in a chance meeting at a local gas station due to the failure of one of the men's automobiles. The two engaged in conversation and conceived of the idea of an infant and child health clinic. Shortly after

¹⁷¹ Ryan, 182.

¹⁷² Mrs. William H. Greenburg, "What is Being Done for Baby," *Texas Motherhood Magazine* 23 (February 1916), 128-129.

¹⁷³ "Nurses Will Start Baby Camp," *Dallas Morning News*, March 5, 1913.

this meeting, Anderson and Perkins opened a free clinic in the basement of the Presbyterian Church. The clinic quickly took off and by 1924 they were able to build a permanent structure. The clinic operated thanks to the help of a large group of women who donated their services, but a large number of physicians also donated one to two hours a week of work.¹⁷⁴ This clinic later developed into Children's Medical Center, a hospital that is still functioning for the service of children. Thus, just like women, on a private level many men donated their time, money, and services. Their contributions were based on a similar understanding of scientific motherhood that placed the physician as the expert.

The faith in scientific instruction central to scientific motherhood also led men to consider political solutions to infant mortality and child hygiene prior to the twentieth century. In several sanitation campaigns, reformers transformed ideas about public health into ideas of government responsibility for public health education. These campaigns had their origins in the movement for modernization of both public health and public education in the South in the early 1900s that began with the creation of the Southern Education Board and the Rockefeller Sanitary Commissions. In an effort to rid rural areas of the hookworm problem, the Rockefeller Sanitary Commission worked to create free demonstration clinics that taught proper hygiene. Reformers quickly associated the hookworm problem with poor education in South because children infected with hookworms were less likely to be attentive and studious. If students could not learn, the public education system would not fulfill its purpose to create citizens worthy of a democracy. Thus, the responsibility of government for public health expanded beyond contagious disease and quarantine laws to include public health education and public

¹⁷⁴ "Presbyterian Clinic," CDHD, MA 86.19 Children's Medical Center, Box 1 Folder 8.

education. Campaigns flourished for the improvement of public school sanitation and hygiene education through the public schools. Examination of school children by physicians was one of the main features of the Rockefeller Sanitary Commission.¹⁷⁵

In Texas, the efforts to promote the inspection of school children and hygiene instruction through the public schools met with some opposition. Texas accepted funds from the Rockefeller Sanitary Commission to establish a Bureau of Rural Sanitation by 1918. The work conducted by the bureau included the inspection of school children.¹⁷⁶ Texas appeared to face notable opposition to school inspection. One doctor lamented the resistance he found among locals, who accused doctors of using the school inspections to increase their patient load by finding erroneous defects.¹⁷⁷ The report of the PHS in 1923 found that in Dallas there was no routine inspection of school children and the city did not require a physical examination of children attempting to acquire working papers.¹⁷⁸ Fort Worth, on the other hand, which spent only twenty-six cents per capita on public health services, had a school physician and nine nurses who devoted full-time attention to the school children. Fort Worth also required a physical examination for a child to obtain a work permit.¹⁷⁹ Public school inspection of children was a particular concern of club women as well.¹⁸⁰ Thanks to the efforts of both men and women, school inspection of children existed in Texas, but it was sporadic and completely dependent on the municipal location.

¹⁷⁵ Link, "Privies, Progressivism, and Public Schools," 635.

¹⁷⁶ Collins, *Biennial Report of the Texas State Board of Health*, 68.

¹⁷⁷ J. Spencer Davis, "Medical Inspection of School Children," *Texas Motherhood Magazine* (October 1910), 87.

¹⁷⁸ United States Public Health Service, *Municipal Health*, 585.

¹⁷⁹ United States Public Health Service, 607.

¹⁸⁰ "Mothers will Assemble in Austin on Wednesday," *Dallas Morning News*, October 10, 1910.

In the face of such obstacles, male physicians turned to the female network to encourage support for their public health projects. In 1910, several physicians wrote articles for the TPTA to encourage women's support for inspection of public school children. Dr. Spencer Davis reiterated frustration with public opposition and spoke of the importance of school inspection for the welfare of the community.¹⁸¹ Dr. Frank Hall had served as a Board of Education director. In this capacity, he observed the need for sanitary inspection of school buildings as well as medical inspection of the school children. He lamented that the programs started had to be shut down due to public complaints. School inspection had been turned over to the city Board of Health and nothing was being accomplished. Therefore, Dr. Hall appealed to mothers of the TPTA to address the matter.¹⁸² In 1910, medical professionals formed the Texas Public Health Association (TPHA) out of the Texas Anti-Tuberculosis Association. This organization focused on providing public health education and public health nurses.¹⁸³

The TPTA certainly had such agendas in mind. In 1910, the TPTA encouraged its members to push for a medical superintendant of the public schools, especially in large cities where contagious disease spread more rapidly. They also began to lobby for the abolishment of the public drinking cup and for sanitation, better lighting, and fresh air in public school buildings.¹⁸⁴ In 1912, the TPTA pushed for legislation prohibiting the public drinking cup and requiring public inspection of school children.¹⁸⁵ The TPTA

¹⁸¹ J. Spencer Davis, M.D. "Medical Inspection of School Children," *Texas Motherhood Magazine* (October 1910).

¹⁸² Frank D. Hall, M.D. "Medical Inspection of Public Schools," *Texas Motherhood Magazine* (December 1910), 69.

¹⁸³ Robert Bernstein, "Public Health," *Handbook of Texas Online* (<http://www.tshaonline.org/handbook/online/articles/smp01>), accessed March 5, 2012. Published by the Texas State Historical Association.

¹⁸⁴ "Recommendations," *Texas Motherhood Magazine* (November 1910), 31.

¹⁸⁵ "Workers for Childhood," *Texas Motherhood Magazine* 10 (December 1910), 72.

worked closely with the TPHA on numerous occasions. One of the most popular events was the Modern Health Crusade. The Modern Health Crusade was a competition for school children to encourage the completion of “health chores,” such as washing hands regularly, brushing teeth, taking baths, sleeping eleven hours or more with the window open, spending time outdoors, and eating properly. By completing a set number of health chores, students could acquire the rank of page, knight, and, finally, Knight Banneret in the Modern Health Crusade.¹⁸⁶ The TPTA assisted the TPHA in recruiting 10,000 Texas school children for the crusade in 1922.¹⁸⁷ Women and men relied on one another to improve access to public health information in Texas. These working relationships were well developed before the introduction of Sheppard-Towner on the public health scene.

The medical community generally supported public health education based on principles connected with scientific motherhood. The Texas State Medical Association wrote as early as 1888 concerning public health education, “Can there be a grander, nobler duty than that which teaches a child the rules and regulations. . . by which it may preserve its health and prolong its life?”¹⁸⁸ Historically physicians showed their support for social welfare measures. As one history of child health phrases it, “Physicians in general, and pediatricians in particular, viewed children’s health as both a biological science and a social science.” Physicians served in various capacities; advising judges, informing educators, and lobbying politicians for greater child welfare funds.

¹⁸⁶ “How One Child Brought Health and Happiness to Millions,” *Red Cross Magazine* 14(September 1919), 15-18.

¹⁸⁷ “President’s Message,” *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 1(April 1922), 1.

¹⁸⁸ “Transactions Texas Medical Association,” Health Education Division Correspondence/ World Health Organization, MA 82-2 Box 8, Folder 1, Texas/Dallas History and Archives, Dallas, Texas.

Pediatricians in particular tended to support social welfare measures such as school health, the construction of community playgrounds, and child labor reform.¹⁸⁹

Finally, physicians also supported early national efforts to promote scientific motherhood. Physicians actively worked with the Children's Bureau in its beginnings. Even the AMA worked closely with the bureau in developing a better standard for the baby welfare campaigns prior to the creation of the Sheppard-Towner Act. It recommended changes that encouraged maternal education in matters of feeding and sanitation.¹⁹⁰ In Texas, the *Texas State Journal of Medicine* printed an article endorsing the Children's Bureau's pamphlet on prenatal care.¹⁹¹ The AMA approved the pamphlet but questioned the fact that a laywoman mother of five wrote it. In the end, physicians gave their endorsement as long as her name was not published as the author. Such a concern reflected the fact that physicians accepted the efforts of local club women to spread the gospel of scientific motherhood, but endorsing a non-medical woman as a leading authority in child hygiene was another matter.¹⁹²

Physicians demonstrated concern about infant mortality around the same time as did women with a particular stress on the importance of maternal education (i.e., scientific motherhood). In 1912, Dr. J.W. Ames of Colorado appealed to physicians through the *Texas Journal of Medicine*, lamenting that ten percent of babies died within their first month of life. He rejected arguments about "survival of the fittest" and appealed to the duty of physicians to instruct mothers in proper infant hygiene and

¹⁸⁹ R. King, *Children's Health in America: A History* (New York: Twayne Publishers, 1993), 93.

¹⁹⁰ Lindenmeyer, 50.

¹⁹¹ "Commendation of Children's Bureau Prenatal Care," *Texas State Journal of Medicine* 9 (November 1913): 209.

¹⁹² Ladd-Taylor, *Mother-Work*, 85-86.

feeding. He blamed the problem of infant mortality on ignorance, neglect, and poverty.¹⁹³ Dr. W.C Dickey, writing in 1915, stressed the value of preventative medicine and the importance of enlightening the public and women on “what they should know about pregnancy.”¹⁹⁴ Finally, Dr. J. Haywood of Fort Worth wrote an article on infant mortality in 1923 in which he presented his solutions: better birth registration, licensing of midwives, prenatal care, health centers and inspection of school children, pure water, adequate milk inspection, mothers educated on food preparation and dress, and more careful examination of children for better diagnosis and treatment.¹⁹⁵ Such suggestions accorded with the principles of scientific motherhood and almost exactly mirrored the programs included in the Texas child hygiene plans funded by Sheppard-Towner. Such detailed considerations show that physicians in Texas were concerned about infant mortality and saw education of mothers as a solution. Moreover, physicians engaged in conversations with national trends.

The medical community endorsed many programs devoted to the spread of scientific motherhood gospel, such as the better baby contests. In fact, physician support was a fundamental aspect of the contests; physicians often donated their time to serve as judges and to give each child an exam. The conference staff frequently distributed government literature, likely pamphlets produced by either the Children’s Bureau, the Public Health Services, or the State Board of Health.¹⁹⁶ Child health conferences especially emphasized the necessity of preventative health care. In addition to the

¹⁹³ J.W. Ames, M.D. “Responsibilities of the Profession in the Conservation of Child Life,” *Texas State Journal of Medicine* 8 (October 1912), 161.

¹⁹⁴ W. C. Dickey, *Texas State Journal of Medicine* 11(May 1915), 13.

¹⁹⁵ J. Haywood Davis, M. D., “Infant Mortality in the Cities of Texas,” *Texas Journal of Medicine* 19 (August 1923), 239.

¹⁹⁶ “Two Perfect Scores Made,” *Corsicana Semi-Weekly Light*, October, 2, 1916.

medical examination, physicians and women's clubs constructed exhibits to demonstrate proper care of children. In one 1918 conference, the Dallas County Medical Society contributed exhibits on conservation of vision, infant mortality, and prevention of blindness, and the city health department gave exhibits on mosquito and fly control. The AMA donated charts concerning medical inspection of schools.¹⁹⁷

The Sheppard-Towner Act compared favorably to the activities and beliefs of most physicians in Texas regarding scientific motherhood and the need for child hygiene education. The act provided matching funds to the states for their infant and child welfare programs. The Federal Board of Maternity and Infancy oversaw the state plans. Funds were used to hire public health nurses and conduct child welfare conferences, which supported physicians' public health agendas. Finally, the act even promoted physicians' standardization and professionalization goals through requirements of midwife and maternity home licensing. Yet, physicians opposed the Sheppard-Towner Act.

Given the record of physicians in support of public health and the considerable amount of time local physicians devoted to community work, their opposition to Sheppard-Towner may appear inconsistent. However, Sheppard-Towner faced a wide realm of opposition. Sheppard-Towner was one of the first federal social welfare program; therefore, in post-World War I America, accusations were swift for socialist activity. Many citizens, such as the National Association Opposed to Woman Suffrage, Woman Patriots, and the Daughters of the American Revolution, questioned the ability and right of the government to oversee the care of infants, which many regarded as a

¹⁹⁷ "Features of Child Welfare Campaign," *Dallas Morning News*, March 24, 1918.

personal concern well outside the purview of government authority.¹⁹⁸ Some opponents simply misunderstood the actual provisions of the act. One woman spoke of a rumor passed around in her Parent-Teacher Association, an organization that endorsed the act both nationally and on a state level, that a pregnant mother would have to register with the government and the government would be able to take away her baby. Although this particular woman discovered that the accusation was false, other women in her club clearly believed the rumor.¹⁹⁹ Conservative women also were concerned that such a step would lead to “free love, birth control, maternity benefits, and compulsory registration of pregnancies.”²⁰⁰ Interestingly, such women also associated infant mortality with poverty; yet, they stressed that poverty was the fault of the poor.²⁰¹ In their view, the government should not take responsibility for the mistakes of others.

Much of the opposition centered on states’ rights and a concern for an unconstitutional, unprecedented, and irresponsible extension of federal power. Opponents accepted the role of government in infant mortality and other public health care measure, but believed that such activities should be under the control of the state. Elizabeth Lowell Putnam, an avid reformer responsible for creating significant infant mortality programs in Massachusetts, held such a belief. She supported neither the Children’s Bureau nor the Sheppard-Towner Act.²⁰² Politicians, reflecting the fears of the public, overwhelmingly emphasized that the Sheppard-Towner Act would in no way allow government intervention into private family affairs. The act itself carried a provision to this effect:

¹⁹⁸ Klaus, 272.

¹⁹⁹ Ladd-Taylor, *Raising Baby the Government Way*, 194.

²⁰⁰ Chepaitis, “The First Federal Social Welfare Measure,” 221.

²⁰¹ Klaus, 272.

²⁰² Ladd-Taylor, *Mother-Work*, 171.

No official agent, or representative of the Children's Bureau shall by virtue of this Act have any right to enter any home over the objection of the owner thereof, or to take charge of any child over the objection of the parents, either of them. . . Nothing in this Act shall be construed as limiting the power of a parent. . . to determine what treatment or correction shall be provided for a child."²⁰³

Texans revered community autonomy and individual liberty. They trembled at the possibilities of government control. Therefore, the Texas State Congress included the exact same passage again in their acceptance of Sheppard-Towner funds, with the exception that: "Bureau of Child Hygiene or any department having to do with the administration of the provisions of this Act" replaced "Children's Bureau."²⁰⁴ In fact, the language of the Texas act devoted more attention to this provision than to any positive instructions concerning the administration of the act. Without question, people in Texas were concerned about the implications of the Sheppard-Towner Act regarding the ability of the government to intrude in the intimate affairs of families. Correspondingly, physicians became concerned about government intrusion into their practices.

Physicians worried that in passing the Sheppard-Towner Act the national government was exceeding its reach, threatening their professional authority and autonomy. In 1922, just after Congress passed the Sheppard-Towner Act and as many states prepared programs in order to receive appropriations, the AMA published their resolution to reject "socialized medicine." The AMA defined "state medicine" as "any form of medical treatment provided, conducted, controlled, or subsidized by the federal or any state government or municipality." The AMA did include three exceptions: medical care for Army and Navy, state involvement in the prevention of the spread of

²⁰³ *Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy, and for Other Purposes*, 67th Cong., Sess. 1, November 23, 1921.

²⁰⁴ *Hygiene- Promotion of*, 38th Legislature, H.B. No. 103.

disease, and treatment of the indigent sick.²⁰⁵ Thus, the AMA potentially supported government health programs offering aid to the indigent, but Sheppard-Towner exceeded the AMA's official position on acceptable state medicine because it offered services to all women, regardless of income.

Professionally, men generally commanded control over the hard sciences and allowed space for women within the soft sciences, such as social work. Many historians observe that physicians intentionally guarded the sanctity of their profession against the intrusion of women.²⁰⁶ However, the gendering of professions played less of a role in the infant welfare campaigns and physicians' opposition to Sheppard-Towner. Club women, particularly in the TPTA, accepted the expertise of physicians. While they applauded the achievements of the Children's Bureau, they avoided directly defending the Children's Bureau's right to administer this act. In supporting the act, women in Texas chose to focus on less controversial points that did not offend Southern understandings of gender roles.

For their part, physicians most consistently and vehemently opposed the act because it was federally funded. The fact that it was run by the Children's Bureau was a lesser concern for physicians in Texas. Interestingly, they appeared amenable to a similar programs run by the state when arguing against the act. There did not appear to be much opposition by the Texas medical community in the appointment of Ethel Parson, a registered nurse, to the position of Director of Child Hygiene and Public Health Nursing. In fact, the *Texas State Journal of Medicine* even included an original article written by

²⁰⁵ Lindenmeyer, 101.

²⁰⁶ Muncy, 141, Judith N. McArthur and Harold L. Smith, *Texas Through Women's Eyes: The Twentieth Century Experience* (Austin: University of Texas Press, 2010), 9.

Parsons in their journal.²⁰⁷ Opposition to federal intervention was a familiar concept for middle-class club women in Texas. While they accepted such intervention for the purposes of reducing child labor, club women could probably sympathize with physicians' fears of federal intervention into their own families. Based on their earlier public health work, middle-class club women and male physicians continued to work together by focusing on their shared understanding of maternal education as a solution to infant mortality. This class based coalition, also grounded in shared understandings of motherhood and gender roles led to cooperation throughout infant welfare campaigns.

Physicians certainly worked hard to protect their status as professionals.²⁰⁸ One concern that physicians offered was socialized medicine would prevent the medical field from attracting the most qualified candidates. Physicians had just won a battle of licensing standards in Texas in 1907 with the passage of an improved Medical-Practice Act. This act prevented those without a sufficient medical education from practicing medicine. Many associated the practice of medicine by charlatans as well as the popular use of "patent medicine" to be a considerable problem for infant mortality. In fact, patent medicines were included in baby welfare conferences under headings such as "baby killers."

Physicians were deeply about federal intervention into medical practice. The medical community envisioned a purely political board of laymen issuing orders to physicians across the country that potentially conflicted with medical needs. A physician in the *Texas State Journal of Medicine* wrote that concerns of pregnancy and child birth

²⁰⁷ Mrs. Ethel Parsons, "Child Hygiene and Public Health Nursing," *Texas State Journal of Medicine* 16 (January 1921), 394-396.

²⁰⁸ Smuts, 100.

should only be handled by a physician.²⁰⁹ In addition, the recent Volstead Act had demonstrated the possibilities of government intrusion into the work of physicians. The Volstead Act granted physicians a limited ability to prescribe alcohol for medicinal purposes; however, the right to prescribe alcohol could be revoked by the local prohibition officer if he felt the physician abused the privilege. The AMA originally supported the Volstead Act because physicians had begun to question whether alcohol should be considered a legitimate medical remedy.

In spite of the controversy over medicinal alcohol, by the end of the decade most physicians, including the AMA, were concerned about the ability of the government to control the decisions of a physician on the care of patients. The *New York Journal of Medicine* reflected these concerns. The author began, “physicians are nearly a unit in the desire to continue forever the abolition of bars and saloons.” The author then questioned, but “by what right do laymen, or even other physicians, decide how much of any remedial agent the attending physician shall employ.” He wondered where the government oversight would end.²¹⁰ In 1922, four Dallas physicians sued their prohibition director for refusing to renew permits to prescribe for their patients.²¹¹ These particular physicians may or may not have been abusing their position. In either case, such examples demonstrated to the medical community the potential possibilities of state-controlled medicine.

While the Sheppard-Towner Act particularly concerned physicians because it placed control of the act in the hands of the federal government, they generally approved the particular programs supported by the act. They worried more about the precedent it

²⁰⁹ “Passage of Sheppard-Towner Bill,” *Texas State Journal of Medicine* 17 (March 1922), 514.

²¹⁰ “Volstead Prohibition and the Physician,” *New York Journal of Medicine* 23 (December 1922), 577.

²¹¹ Miscellaneous, *Texas State Journal of Medicine* 17 (February 1922), 496.

set for increased government involvement than about the actual provisions of the act. One doctor wrote in the *Texas State Journal of Medicine*, “The Sheppard-Towner Act as it stands is not so bad.”²¹² Another physician reflected, “Federal aid in the promotion of strictly state functions, is a dangerous thing, not because the states cannot use the help, or because it stimulates the states to activities along the desired lines, but because it gives the federal authorities a means of coercion which may not always be used properly.”²¹³ This physician clearly saw more power in the Sheppard-Towner than existed, but his vision reflected the direction in which many physicians saw the Sheppard-Towner Act leading. The act itself was not objectionable but the precedent it established in allowing lay control over programs that directed the activities of physicians could not be condoned.

As evidence of the potential disaster that would result from inappropriate uses of federal power, physicians pointed out that Sheppard-Towner appropriations drew money from other government agencies that affected infant health as well as public health in general. For example, in Texas, the funds may have been more efficiently spent through the Bureau of Communicable Disease and the Bureau of Venereal Disease. Communicable disease in general contributed significantly to both infant and maternal health. Both the Public Health Service and physicians believed, sometimes quite legitimately, that the appropriations would divert funds from other state government agencies. States only received the federal funds from Sheppard-Towner if they appropriated a matching amount; therefore, some states pulled funds from other

²¹² “The Sheppard-Towner Act May be Perpetuated,” *Texas State Journal of Medicine* 24 (December 1928), 526.

²¹³ “The Sheppard-Towner Bill Become Law,” *Texas State Journal of Medicine* 17 (March 1922), 514.

departments to insure the receipt of federal funds. In Texas, both departments had just developed and struggled with their own meager appropriations.

Not only were such departments quite important for public health, but they dealt with issues that undoubtedly were related to infant and maternal mortality.²¹⁴ Many gastrointestinal disorders contributed to infant mortality and were the same disorders that the Sheppard-Towner Act was aimed at could also be ameliorated through better sanitation of both water and milk. The Children's Bureau targeted gastrointestinal diseases spread by improper sanitation and poor nutrition, hoping maternal education would eradicate diseases such as diphtheria.²¹⁵ In actuality, better sanitation of the milk supply coupled with the medical development of the diphtheria antitoxin may have proved more critical to reducing infant mortality than maternal education. One study found that the reductions in infant mortality during the Sheppard-Towner Act primarily reflected a trend already in place due to improvements in nutrition, sanitation, and water supplies.²¹⁶

Just as the PHS, Texas physicians were also concerned about keeping medical issues under the supervision of physicians. Just as the Children's Bureau claimed that it could address the needs of the "whole child," the Public Health Service felt that infant mortality would be better handled when considered in relation to the larger community. C.C. Pierce of the Public Health Services pointed out that many public health issues could not be separated from one another. Syphilis was one of leading causes of death for those suffering from tuberculosis. Interestingly, both syphilis and tuberculosis were

²¹⁴ Chepaitis, *First Federal Social Welfare Act*, 260.

²¹⁵ Ladd-Taylor, *Mother-Work*, 187.

²¹⁶ Carolyn M. Moehling and Melissa A. Thomasson, "Saving the Babies: The Contribution of Sheppard-Towner to the Decline of Infant Mortality in the 1920s," www.colorado.edu/Economics/seminars/moehling_thomasson.pdf.

causes of early infant deaths as well; therefore, Pierce felt that the function of the public health service was to make sure that independent public health institutions were communicating with one another.²¹⁷ Shortly after the Sheppard-Towner funds were accepted in Dallas, an article in the *Dallas Morning News* noted that a venereal clinic was scheduled to be closed soon. The article stated that the state had been sending aid to the venereal clinic, but that aid was to cease due to the appropriations being set aside in order to receive federal funds from the Sheppard-Towner Act. The article explained that funds would not cease straight away and that the city and county probably would be able to find a way to carry on after May 1st.²¹⁸ This event does demonstrate that physicians fears that funds would be taken away from other public health programs were not groundless.

Along the same lines, physicians complained that the Sheppard-Towner Act would simply duplicate services that already were available through the Children's Bureau and the Public Health Service.²¹⁹ Another article in the *Texas State Journal of Medicine* complained that Sheppard-Towner funds replaced similar pamphlets published by the government, the Red Cross, and the AMA.²²⁰ Physicians recognized that the Sheppard-Towner Act could serve the admirable function of providing needed maternal education; however, it would do so at a high cost and when other institutions, both government and otherwise, already served the same function.²²¹ *The Texas State Journal of Medicine* criticized that the law was essentially a bribe on the part of the federal government to gain control over the states by capitalizing on the inability of the states to

²¹⁷ "Miscellaneous," *Texas State Journal of Medicine* 16 (January 1921): 377-380.

²¹⁸ "State Aid for Venereal Clinic to be Continued," *Dallas Morning News*, February 22, 1922.

²¹⁹ Chepaitis, *The First Federal Social Welfare Measure*, 116.

²²⁰ "Miscellaneous," *Texas State Journal of Medicine*, 16 (January 1921): 369.

²²¹ "The Passage of the Sheppard-Towner Bill," editorial, *Texas State Journal of Medicine*, 17 (March 1922): 515.

provide adequate public health funding for themselves.²²² As this article suggests, the medical community seemed generally accepting of the funds and programs once the act had been passed due to the need for funds in Texas. Yet, they remained opposed to the act on principle. Middle-class devotion to scientific motherhood legitimized their concerns and created a principle around which physicians and middle-class club women could unite and act. Scientific motherhood placed the authority of child hygiene in general in the hands of physicians, rendering them a powerful ally or notable political opponent.

In Texas, the struggle for Sheppard-Towner initially appeared to be based along gender lines. Both women's clubs, representing the primary champions of Sheppard-Towner, and the medical community, representing its primary opponent, believed that scientific motherhood offered a promising solution to infant mortality, but they simply diverged over their support for the act. Women's organizations played a central role in the passage of legislation accepting Sheppard-Towner funds in Texas. One Texas newspaper boldly declared at the time that acceptance in Texas was due to well organized plans of Texas women's organizations.²²³ By the 1920s, the TPTA boasted 25,000 members.²²⁴ The TPTA played a large role in the Texas Women's Joint Legislative Council, which actively demanded that politicians pass the Sheppard-Towner legislation by writing letters, publishing information publically, voting, and physically exerting their presence at debates involving Sheppard-Towner funds.²²⁵ In fact, the *Parent Teacher*

²²² Ibid., 514.

²²³ "The Sheppard-Towner Act," *Big Spring Herald*, April 13, 1923.

²²⁴ "Support of Sheppard-Towner Maternity Bill Urged Before Congress of Texas Mothers," *Fort Worth Star Telegram*, November 22, 1922.

²²⁵ October 19, 1923, "Minutes," Texas Parent Teacher Association Records, Box 2.325/U119, Center for American History/ University of Texas at Austin.[hereinafter: TPTA]

Association Bulletin recorded the TPTA's involvement in passing the Sheppard-Towner Act as follows:

One of the most notable events during the year of 1922 was the signing of the proclamation by Governor Neff accepting the Federal aid provided Texans by the Sheppard-Towner maternity bill. The Texas Congress of Mothers had thrown its entire force and influence towards the acceptance of this provision by the Texas Legislature. The President of the Texas Congress of Mothers furnished the pen with which the proclamation was signed.²²⁶

Clearly, the TPTA considered themselves predominately responsible for the successful passage of legislation accepting the Sheppard-Towner funds. Notably, the politicians of Texas recognized their influence as well by using the pen of the president to sign the legislation. The TPTA secured other important pieces of legislation that year, such as emergency appropriations for public schools. The TPTA encouraged members to write letters and send telegrams to representatives to thank them for their support. The author wrote that the activity of women was especially important for Sheppard-Towner because the State Congress had not yet determined the amount of appropriations being set aside.²²⁷

The acceptance of Sheppard-Towner funds in Texas did not end the fight. As in many other states, Texans may not have approved the federal law, but since the funds were already appropriated, they assumed that Texas may as well have its share. The minority report in the Texas Congress cited familiar opposition to the act, stating that it was "subversive to states' rights and the cost was out of proportion to the benefits." One

²²⁶ "1920-1924 Texas Congress of Mothers and Parent Teacher Association's History of the Administration of Mrs. S. M. N. Marrs," TPTA, Box 2.325/U120.

²²⁷ "Five Measures Adopted for the Texas Joint Legislative Committee," TPTA, Box 2.325/U146., "President's Message," *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 2 (January 1923), 1.

representative from Congress described the act as “selling the State birthright for a ‘mess of pottage.’”²²⁸ Most tellingly, the Texas Congress eventually passed an amendment to the bill accepting Sheppard-Towner funds, stating that acceptance of the appropriation should not go on record as approval of the policy of Federal aid.²²⁹

The persistence of opposition is also reflected in the fact that the acceptance of the Sheppard-Towner funds did not conclude the debates in Congress or the work of women in ensuring the law’s implementation in Texas. Early in 1925, Senator John Davis introduced a bill to repeal the acceptance of Sheppard-Towner funds. Following this measure, a *Dallas Morning News* headline read, “Women on Warpath as Repeal of Maternity Act Provision is Proposed.” True to the headline, women converged on Austin to demonstrate their disapproval and ensure that this repeal bill was not passed. Representatives from the TPTA, TFWC, TWCTU, Graduate Nurses Association, Business and Professional Women’s Clubs, and the Texas League of Women Voters (TLWV) sat in on the session to make sure that their influence was fully felt. Jane McCallum, the executive secretary of the Texas Women’s Joint Legislative Council, declared determinedly that the women gave in on the child labor amendment and opponents “will never know what our acquiescence cost us.” Women were determined not to lose again. Women quoted Senator A. E. Wood, who defended the act, saying dramatically, “if but one child is saved from a life of blindness, it is worth the entire

²²⁸ “Minority Report Made on Sheppard-Towner Act,” *Dallas Morning News*, January 20, 1923.

²²⁹ “Maternity Act Bill Engrossed,” *Dallas Morning News*, March 1, 1927.

Sheppard-Towner appropriation.”²³⁰ Eventually, in a hearing attended by numbers of women from the TJLC, the repeal bill was defeated.²³¹

Despite their enthusiasm for the act, women’s public defense of Sheppard-Towner was primarily sentimental in nature and based on maternalist arguments, claiming that the act was primarily for the poor and focusing on provisions most attractive to the medical community. Jane C. McCallum, the executive secretary of the TJLC, described the women of Texas as asking a pitiful sum to alleviate the sufferings of mothers and babies. She also noted that needy mothers would receive fundamental attention with regard to prenatal care and child birth and the act would save many children from blindness.²³² A report from the TJLC in 1924 wrote that the act would educate ignorant midwives, and it approvingly related that politicians were being showered with letters and telegrams.²³³ The midwife licensing provisions were appealing to physicians because it validated their work towards standardization of the medical profession. Women did not address the issue of the Children’s Bureau’s administration of the act. As they were so engaged in the debates on Sheppard-Towner, they must have been aware of the concerns of physicians regarding the Children’s Bureau.

Quite probably, the women’s clubs agreed on the importance of legislation such as Sheppard-Towner but were less devoted to the necessity of having the Children’s Bureau administer it. Their history suggests that they agreed with physicians in viewing children’s health as an issue more properly located under the administration of public

²³⁰ “Women on Warpath as Repeal of Maternity Act Provision is Proposed,” *Dallas Morning News*, January 29, 1925.

²³¹ “Proponents of Maternity Act Victors in First Clash of Renewed Battle,” *Dallas Morning News*, January 31, 1925.

²³² “Women on Warpath.”

²³³ “Joint Legislative Committee Report to Board,” *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 4 (March 1924), 5.

health in general. In 1916, the TPTA established a goal of creating a department of child hygiene in every department of health and a child welfare department in every city and state.²³⁴ At least in 1916, they seemed to share the physicians' view that child hygiene was a primarily medical concern, which should be administered by a different department than child welfare that would deal primarily with issues such as child labor and children dependant on the state.

Furthermore, when the Sheppard-Towner appropriations ended in 1929, the TPTA was more concerned with maintaining appropriations for children's health in Texas than pushing for additional federal legislation. For children's health, the TPTA was content in keeping solutions local. By comparison, the TPTA adamantly pushed for the child labor amendment along with better state child labor protections, arguing that all children in the nation required protection and the TPTA had a responsibility to all children in the nation.²³⁵ The TPTA once again argued in support of additional state appropriations that the programs conducted through the Bureau of Child Hygiene had benefitted many mothers and babies. They recognized that the chief opposition to the program had been based on concerns for "federal involvement in affairs of individuals and infringement on Jeffersonian principles of State Rights."²³⁶ The TPTA reasoned that the citizens of the state should now support the act with sufficient funds since the threat of the federal domination was gone. Physicians in Texas seemed to agree with this sentiment, accepting state control of infant and maternal welfare programs. The state

²³⁴ "Aims and Objects of the Congress of Mothers," *Texas Motherhood Magazine* 23 (January 1916), 92-93.

²³⁵ "President's Message," *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 3 (February 1924), 1.

²³⁶ "1929 Legislative Program," *State Bulletin: Texas Congress of Mothers and Parent-Teacher Associations, Inc.* 8 (January 1929), 8-9.

ended up appropriating \$59, 570 for the Bureau of Child Hygiene in 1929. The amount was a compromise. The bureau had been operating on \$77,901, but the state had only provided \$38,950, half of those funds. The state itself increased appropriations by \$20,000 to try to make up the difference.²³⁷

Male physicians and Texas women certainly disagreed on the Sheppard-Act, but this conflict masks a larger consensus. For the most part, women approved the act for reasons that were unobjectionable to physicians. Both women and male physicians agreed that public health required greater attention from the state government. Additionally, they both believed that the physician should be considered the expert authority in matters dealing with child hygiene. The fight for Sheppard-Towner appropriations in Texas did not represent a divisive power struggle. Women's language in support of the act used primarily maternalistic rhetoric, as well as concepts of social justice, and constantly publically acknowledged the authority of male physicians. Therefore, they maintained a cooperative relationship that had already begun to develop with earlier public health campaigns. Comparatively, some members of the Children's Bureau and the Public Health Services viewed the fight for Sheppard-Towner as a power struggle. There is no question that a fight for control existed in the upper echelons between the PHS and the Children's Bureau.²³⁸ However, the struggle was not only centered on possession of power. Each department differed philosophically as well, but in the end, both sides voluntarily gave up power. The Children's Bureau had long accepted physicians as experts in child rearing as part of its faith in scientific parenting. The Public Health

²³⁷ "Report," *Convention: Parent-Teacher 2* (November 19, 1929).

²³⁸ Joseph B. Chepaitis, "Federal and Social Welfare Progressivism in the 1920's," *Social Service Review* 46 (June 1972): 219.

Service voluntarily withdrew its objection the Sheppard-Towner bill in Congress despite its concerns, so that the Sheppard-Towner Act could pass.²³⁹

Women had been able to rally their forces on behalf of maternalist politics by arguing that the peculiar nature of the female enabled her to better understand the needs of the child. Southern femininity justified women's emergence into the public world as an extension of their responsibility for those in need. Scientific motherhood further validated this emergence by promising a scientific skill set that would be more useful and enduring to the working classes than momentary aid. Through such motivations, women had been able to fill a political and social void with regard to child welfare programs in the South that was due to the general opposition of many Southerners to any government interference. Women were able to claim a degree of authority over child welfare programs. However, with regard to child hygiene, men had also displayed considerable involvement through their interest in public health. Prior to Sheppard-Towner men and women worked together towards infant and child hygiene reform under the accepted gender hierarchy. Women's programs almost always contained a significant male factor within the directorship.

Physicians were accorded prominent places to lend legitimacy to child hygiene programs. When the Texas Congress accepted Sheppard-Towner funds, physicians in Texas generally disapproved the measure because of the degree of federal involvement and their fear of a precedent for socialized medicine. Physicians were certainly able to capitalize on female devotion to scientific motherhood to legitimize their concerns. The arguments they offered in opposition to Sheppard-Towner were further justified through

²³⁹ Chepaitis, *The First Federal Social Welfare Act*, 119.

such acceptance of scientific motherhood. With regard to child hygiene, scientific motherhood overpowered maternalism. Men maintained their position as the ultimate authority on matters regarding women and children, because in scientific motherhood the ultimate authority rested with the physician. For their part, women campaigned for Sheppard-Towner by emphasizing elements of the act that they knew physicians would find least objectionable and even desirable. This shared appreciation of scientific motherhood would lead men and women into decided cooperation for the sake of infant mortality, even if they remained divided on the legislation itself. Since women were always careful to reinforce the authority of physicians and emphasize the Sheppard-Towner programs physicians found most appealing, they were able to maintain a cooperative relationship through their shared class values.

CHAPTER FOUR

THE TRIUMPH OF SCIENTIFIC MOTHERHOOD AND THE SHEPPARD-TOWNER ACT IN TEXAS

The passage of the Sheppard-Towner Act proved a triumph for scientific motherhood, as well as Sheppard-Towner, in Texas. Texas benefitted from the funds in many ways. The Texas Department of Health increased the number of public nurses available to the counties and, consequently, the number of child welfare clinics held to give the children of Texas access to preventative health care and provide mothers with instructions on child hygiene. State agents inspected maternity homes to insure that more mothers gave birth in safe environments. Finally, the Texas State Health Department attempted to license midwives and instructed them in the use of prophylactic eye drops. Less tangibly, but equally important, Sheppard-Towner expanded public acceptance of government intervention into public health and greatly increased expectation of government responsibility for the care of the indigent and the health of women and children. The success of Sheppard-Towner is evident in the fact that the institutions continued to offer services well after the federal funds had been pulled. Men and women cooperated to achieve such successes. With the lofty goals of maternal education in mind, male physicians generally lay aside their legislative and philosophical objections to the act and participated in many of the Sheppard-Towner programs particularly considering

that physicians continued to be accepted as the authority on a local level. The TPTA, as Southern ladies should, publically accepted the authority of men, but they were ultimately able to direct the programs in practice without questioning the gender hierarchy politically. At the same time, the Texas Board of Health enthusiastically accepted the contributions of the TPTA and allowed women some degree of autonomy in the implementation of programs. Yet, Sheppard-Towner had its own casualties. In the end, scientific motherhood contributed to the decline in professional leadership positions that women had only recently assumed by reinforcing gender hierarchies. Sheppard-Towner was also unable to adjust its programs to the financial demands of scientific motherhood. This failure caused the class divisions to be more evident. In addition, the participation of the middle class as primarily volunteers rather than recipients of aid intensified class stratification and federally acknowledged it. Finally, Sheppard-Towner allowed federal validity to the association between scientific motherhood and eugenics. Despite its limitations Sheppard-Towner succeeded in creating permanent institutions and firmly establishing some responsibility of government for the health of women and children.

Statistically, Sheppard-Towner yielded excellent results in Texas. First of all, the infant mortality rate dropped considerably in ten years from 90 deaths per 1,000 births in 1917 to 72 deaths per 1,000 births in 1924.²⁴⁰ The declining infant mortality most obviously measured the effectiveness of the Sheppard-Towner programs. Success also was apparent in the amount of women the Texas Department of Health reached with

²⁴⁰ Collins, "Biennial Report of the Texas State Board of Health," 16-17, 27; J. C. Anderson, M.D., State Health Officer, *Biennial Report of the Texas State Department of Health for the Fiscal Years of 1927-1928*, (Austin: Numbers Printing,): 64, 70-71. One must note that the numbers collected by the State Health Department were considered rough. Texas was not yet included in the United State registration area. However, considering that the state had a problem collecting both birth and death records, the infant mortality rate is probably not too far off.

literature providing instruction on prenatal care, infant care, and child hygiene. In the last year in which Texas received Sheppard-Towner funds, the state reported 92,170 births. The Board of Health estimated that 43,220, or 47 percent, of those infants had been reached by the state. A report from the State Board of Health noted that 66,536 pieces of literature had been distributed. From the perspective of personal contact, Texas' most successful program was the visiting nurses. In the last year of receiving funds, the Texas Bureau of Child Hygiene reported 13,582 nurse visits, including visits with 3,072 infants, 2,318 mothers, and 5,146 preschool children. Physicians or nurses inspected 10,820 children during the year at health conferences. Among those children examined only by the physician (4,994), 3,852 had defects. 443 of the children were reported to have those defects corrected.²⁴¹ The Texas Department of Health reported these numbers to the Children's Bureau as required by law, delineating the usage of Sheppard-Towner funds.

With a huge emphasis on maternal education, the work of the Texas Bureau of Child Hygiene spread the principles of scientific motherhood to women who may have had no other access to such information. The size of Texas alone assured that such mothers abounded. The director of the Bureau of Child Hygiene explained in 1922 that one public health nurse worked in counties where no nurses of any kind existed, and reaching a hospital required a journey of over one hundred miles. Another nurse served a district that had no railroad and she traveled by automobile, which had "largely displaced our old-time Texas stage."²⁴² With an enormous geographic area to cover and a

²⁴¹United States Children's Bureau, "The Promotion of the Welfare and Hygiene of Maternity and Infancy: the Administration of the Act of Congress of November 23, 1921; Fiscal Year Ended June 30, 1928. Bureau Publication No. 194 (United States Government Printing Office: Washington, 1929), 136-137. [Hereinafter: CB 194]

²⁴²Florence, *Annual Report of the State Health Department for the Year 1922*, 9-10.

sometimes underdeveloped transportation system, the Texas Bureau of Child Hygiene faced numerous challenges.

A closer look at the Department of Health records reveals that the accomplishments extended to school children as well. Such programs may not have received direct funding from Sheppard-Towner, but they certainly were affected by Sheppard-Towner funds. For example, the public health nurses who conducted the child welfare conferences for school children received their salary through Sheppard-Towner funds. In 1922, the Sheppard-Towner appropriations had just begun in Texas. The county public health nurses reported 118,661 school children examined through the year. This number represented a low estimate, as no figures were reported for November and December. County nurses registered 9,662 infant welfare visits, 2,024 prenatal visits, and 9,063 child welfare visits within an eight-month period. Public health nurses hired by the State reported 19,248 children examined at 195 child health conferences throughout the year. At this time, there were seven white field nurses, one black field nurse, and one supervising nurse on staff at the Texas Bureau of Child Hygiene.²⁴³

By 1928, the numbers had increased significantly. Since the directors of the Bureau of Child Hygiene changed, as did procedure and labeling, the numbers are difficult to compare. However, nurses recorded a 67 percent increase in school children inspected by either doctors or nurses. Medical personnel identified defects in such children, such as nutritional disorders, hookworm infections, trachoma, dental problems, and abnormalities in the adenoids and tonsils. Through school examinations 80,188 children were found to have defects and 13,168 defects corrected. 24,304 infant and

²⁴³ Florence, 9-10.

preschool children and 876 pregnant women were inspected by either doctors or nurses at 1,841 group child welfare conferences, more than ten times the number of conferences offered in 1922. A total of 16,937 children with defects were identified and 2,083 of those defects were corrected through such conferences.²⁴⁴ The increase in the numbers of children seen by doctors or nurses from 1922 to 1928 absolutely demonstrated that the government reached more infants with Sheppard-Towner funds than before the bill's passage.

In terms of personnel available to instruct parents in scientific child rearing techniques, Sheppard-Towner's accomplishments were equally grand. A large portion of the Sheppard-Towner funds assisted the counties in paying the salary of public health nurses. The state of Texas saw an increase from 8 nurses in 1922 to 34 public health nurses in 1930.²⁴⁵ Furthermore, in keeping with Lathrop's vision, county funds covered the entire salary of twelve of those county health nurses, though they originally had been paid through a combination of county and federal funds. Thus, the Sheppard-Towner funds also established many institutions that perpetuated after the federal funds ceased, creating an enduring legacy.

The programs created through Sheppard-Towner funds in Texas continued to develop after federal funding ended demonstrating its ultimate success. In promotion of the act, Julia Lathrop had explained that the intention of the act was to make services for maternity and infancy available where they had not previously existed.²⁴⁶ After the federal funds ceased, Texas continued many of the services offered for maternal and

²⁴⁴ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1927-1928*, 83.

²⁴⁵ J.C. Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years of 1929-1930* (Austin: A.C. Baldwin and Sons, 1930), 18.

²⁴⁶ Meckel, 205.

infant welfare and some of the services were even expanded. From 1928 to 1930, the Texas Bureau of Child Hygiene conducted sixty-three prenatal conferences with a doctor or nurse present and 1,071 individual conferences. The bureau performed ninety-seven conferences with a nurse present from 1931-1932 and 1,966 individual conferences were held. Preschool and infant conferences rose from 9,235 conferences reported in 1930 to 14,734 reported in 1932, including examinations by doctors and nurses.²⁴⁷ In 1935, the Bureau of Child Hygiene was reorganized in preparation for expansion under the Social Security Act of 1935. In 1936, the newly named Division of Maternal and Child Health conducted 81,058 individual conferences for infant- and preschool-aged children.²⁴⁸ Thus, the Texas State Department of Health successfully provided the services initiated under Sheppard-Towner until federal funds continued under the Social Security Act of 1935. Much like the Rockefeller public health programs, Sheppard-Towner succeeded in supporting the development of an infrastructure which continue to perform autonomously.

Whether or not Sheppard-Towner fundamentally impacted the infant mortality rate in Texas, Sheppard-Towner unquestionably accomplished the dissemination of the knowledge of scientific parenting. Although the decline in infant mortality rates generally reflected an established trend, one study has concluded that Sheppard-Towner positively affected the infant mortality rate by decreasing 1 death per 1,000 births. That study also found that blacks benefitted more from the program than whites.²⁴⁹ Grace Abbott,

²⁴⁷ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years of 1928-1930*, 23-25; J.C. Anderson, M.D., *Biennial Report of the Texas State Department of Health for the Fiscal Years of 1931-1932* (Austin: Capital Printing Company), 101-103.

²⁴⁸ Geo. W. Cox, M.D. *Biennial Report of Texas State Department of Health for the Fiscal Years of 1935-1936* (Austin: Capital Printing Company), 116-117.

²⁴⁹ Moehling, *Saving the Babies*, 15.

director of the Children's Bureau, observed that the benefits to children extended beyond lower mortality rates:

the value of parental education in the scientific care of children cannot be adequately measured by lowered death rates. Children not only are kept alive but are in far better general physical condition as a result of better care, but no statistical comparison of these gains is possible. The best measure of what will prove of greatest value is the extent to which practical education in child care is being made available to all parents.²⁵⁰

Indeed, whether or not the infant mortality rate significantly decreased due to the Sheppard-Towner Act, the Children's Bureau undoubtedly accomplished the purpose of reaching as many women as possible on the proper scientific way to raise their children in Texas.

Beyond maternal education, Sheppard-Towner introduced reform empowering government to regulate the quality of care received by poor mothers in maternity homes. The Texas Department of Health used Sheppard-Towner funds to hire maternity home inspectors and agents inspected any institutions where women delivered their babies. This included hospitals as well as maternity homes, which sometimes carried the more derogatory label of "baby farms." Maternity homes offered a place for unwed women who did not enjoy the support of friends and family to have their babies. The maternity homes also often provided adoption services for those who did not wish to keep their babies. Baby farms acquired a more nefarious reputation for coercing women into abandoning their babies and in other ways taking advantage of their plight. One article on maternity homes in Chicago noted that mothers were forced to sign a release stating that they were abandoning the baby forever. The mothers were then hired out as wet nurses to

²⁵⁰ CB 186, v.

wealthy families in the area.²⁵¹ Another article in Texas noted the deplorable conditions of many of the maternity homes and the high infant mortality rates, but it recognized that such homes provided a service and generally obeyed the law.²⁵² Sheppard-Towner supplied the funds for maternity home inspector and the licensing of such institutions.

Consequently, the use of a maternity home inspector improved the condition of many maternity homes. In 1922, a new maternity home inspector for the State noted that “the conditions in the majority of institutes of this character were poor and some disreputable.”²⁵³ She recognized the help of city and local authorities in improving the conditions of many of the maternity homes and put those unwilling to comply out of business. No doubt, the act was imperfectly enforced and there may have been class and cultural bias in the nature of such inspections. However, overall the existence of a law requiring the licensing of maternity homes helped to regulate the environment in which many women gave birth. The law also required the registration of children born in the homes and the use of prophylactic drops to prevent blindness. This would have been most beneficial for poor women, who had no other champion to regulate the quality of the conditions in which they experienced child birth. Furthermore, licensing and birth registration helped protect women against the coercion and exploitation associated with such homes.

The success of midwife licensing and instruction was more limited and carried ambivalent implications. In 1930, the Texas State Department of Health expressed frustration that only approximately sixteen midwives were properly licensed out of a

²⁵¹ “Maternity Homes Under Probe,” *Dallas Morning News*, April 19, 1913.; “Will Ask Grand Jury to Probe “Baby Farms,” *Fort Worth Star-Telegram*, February 9, 1910.

²⁵² “Baby Farm Keepers Not Law Breakers,” *Fort Worth Star Telegram*, February 15, 1910.

²⁵³ Florence, 14.

probable total of 4,000. These numbers reflect a general impotency on the part of the health department to enforce the law and a resistance on the part of midwives to the law. However, greater numbers attended the midwife classes and probably gleaned some knowledge that they deemed useful, even if they remained officially unlicensed. According to the department, the state medical-practice act should have prohibited the practice of obstetric medicine among unlicensed midwives.²⁵⁴ As the department recognized, most midwives served the Hispanic and black communities; therefore, historians have assigned an unmistakable cultural bias to the licensing of midwives.

The intention of the act was not to attack cultural customs. From the perspective of positive effects of the Sheppard-Towner funds, the midwife provision served two primary purposes, better birth registration and the consistent use of prophylactic drops. The Texas State Department of Health noted only these two provisions when discussing the need for midwives to be licensed at all.²⁵⁵ Both birth registration and the use of prophylactic drops held a medical value irrespective of cultural considerations. Silver nitrate in infant's eyes was proven to reduce cases of infant blindness.²⁵⁶ To that end, the Texas Health Department increased the distribution of silver nitrate, the prophylactic drops used to prevent blindness due to infection, from 1,064 boxes in 1922 to 80,417 small boxes in 1928.²⁵⁷

Public health nurses also emphasized cleanliness. Physicians attending child births tended to be more intrusive than midwives by employing the use of forceps or

²⁵⁴ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1929-1930*, 22.

²⁵⁵ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1929-1930*, 22.

²⁵⁶ "Health Board Asks Midwives to Register," *Dallas Morning News*, August 2, 1925.

²⁵⁷ Florence, 9; Anderson, *Biennial Report of the Texas State Department of the Health for the Fiscal Years 1927-1928*, 84.

surgical birth; therefore, cleanliness was more important for them. However, even without intervention, women often tore during child birth causing risk for infection. Puerperal septicemia or child bed fever contributed significantly to maternal mortality well before physicians began overseeing child birth. Historian William Link related the story of one midwife who could not locate her knife during a birth and went out the woodpile to borrow her husband's. They took the precaution of wiping the knife on his trousers before employing it.²⁵⁸ Clearly, instructions for cleanliness held some value for midwives as well. As midwife licensing and classes catered specifically to African-American and Hispanic mothers in Texas, the greater decline in infant mortality among non-whites found by public health researchers Carolyn M. Moehling and Melissa A. Thomasson substantiates the importance of such programs.²⁵⁹

Increased acceptance of the government as responsible for public health, especially the health of women and children, demonstrated a less palpable consequence of Sheppard-Towner. Belief in scientific motherhood helped to transform the popular understanding of charity from a local community-based project to a function of government. In Dallas, as in many areas across the country, originally local community based groups provided all assistance to poor. Dallas charities included the German Ladies' Aid Society, which provided aid to German immigrants, the Men's and Women's Orthodox Jewish Benevolent Society that worked primarily with Jewish immigrants, and the Men's and Women's Hebrew Benevolent Society that typically aided Hebrew residents of the city.²⁶⁰ In the late 1800s, most of the charities took care of their own and

²⁵⁸ Link, 225.

²⁵⁹ Moehling, "Saving the Babies."

²⁶⁰ "Social Service Work in Dallas," *Dallas Morning News* October, 1, 1911.

generally mobilized for specific crises, such as natural disasters.²⁶¹ By the early 1900s, community organizations worked more routinely across ethnic lines and the responsibility of all the indigent belonged to the community as whole.

The principles of scientific parenting enabled and then demanded that government become involved in delivering sufficient child hygiene education to its public. One article in the TPTA bulletin in 1924 observed that because of the scientific nature of health work, citizens increasingly demanded that government assume responsibility:

Health work as a scientific principle obviates the usual difference of opinion and places the mark of authority where it belongs, and for that reason, marvelous strides are being made and our position is becoming less difficult. In fact it has now become a question of the people demanding of the state protection due them.²⁶²

For members of the TPTA, science reflected fact, not opinion. If science offered the possibility of good health for all citizens, government should provide it. As the Texas Department of Health declared in 1928, "Public Health is Purchasable."²⁶³ In 1925, the TPTA quoted the American Health Association in recognizing the health of children "as of fundamental importance to the physical, mental and moral soundness of our nation and to its economic stability."²⁶⁴ The TPTA came to believe that the condition of the public health directly related to the welfare of the community; therefore, the responsibility of child hygiene belonged with the government. Of course, the TPTA would be extremely divided as to what level of government should assume such a responsibility

²⁶¹ Enstam, 118.

²⁶² "State Department of Health Pleased with Cooperation of PTA," *State Bulletin: The Texas Congress of Mothers and Parent-Teacher Association, Inc.* 3 (April 1924)

²⁶³ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1927-1928*, 21.

²⁶⁴ "Child Welfare Day Suggestions," *State Bulletin: Texas Congress of Mothers and Parent-Teacher Association, Inc.* 4 (Jan 1925).

Based on the understanding that science could provide solutions, the TPTA began to delineate specific services the community should expect from the government. One article laid out the expectations of the TPTA: mothers should not die or be injured from preventable child birth complications, babies should be given a “good start,” and children should have good living conditions, freedom from defects, and education in good hygiene habits. The TPTA expected the community to provide safe water, safe milk, sewage, and protective legislation. Finally, the TPTA listed the following as “must haves”: a full-time health officer, nursing personnel, medical and dental services through school and health conferences, play facilities, and a wholesome home.²⁶⁵ For the TPTA, Sheppard-Towner became a logical expression of government rightly assuming responsibility for the indigent.

Physicians and club women cooperated to a notable degree based on their shared belief that scientific motherhood would reduce infant mortality and improve the health of children across Texas. Physicians overcame their prejudice of the act itself and formed a vital volunteer force for the success of numerous child welfare conferences and examinations of school children. The Children’s Bureau recognized the generous support of volunteer physicians as most states were unable to pay them even a nominal fee²⁶⁶ In Texas, the only paid physician was the director of the Bureau of Child Hygiene. In 1925, the bureau reported more than 700 physicians volunteering their time for Sheppard-

²⁶⁵ “The Child Health Platform,” *State Bulletin: The Texas Congress of Mothers and Parent-Teacher Association, Inc.* 4 (January 1925), 14.

²⁶⁶ CB146, 18.

Towner programs.²⁶⁷ As the 1920 census reported 6,143 physicians in Texas, more than eleven percent of the states' physicians volunteered their time. In addition, the 1928 Children's Bureau report on Sheppard-Towner officially recognized the state medical association and auxiliary as first among the organizations applauded for cooperative work.²⁶⁸

Club women certainly encouraged this participation in their own subtle ways. The TPTA requested that the Texas State Medical Association help defray the costs of their "Summer Round-up" Campaign by contributing \$150 and the state health department paid the postage. The physicians graciously complied with their wishes. The TPTA knew how to influence the local medical community; one TPTA article recommended that clubs appoint a doctor's wife to chair their child health committees. The article explained that such an appointment would ensure the cooperation of the medical community.²⁶⁹

Physicians also cooperated with the programs based on the need that they perceived for scientific instruction, especially for prenatal and infant care. One doctor wrote to the *Texas Journal of Medicine* stating, "whether or not the policy of accepting Federal supervision in such affairs is sound, [it] has had to be ignored by the medical profession heretofore, in order that there may be money to carry on this important work." The physician later reflected that the compromises that already had been made in the creation of Sheppard-Towner addressed some of the concerns of the medical community. For instance, the maternity board included the United States Surgeon General. The writer

²⁶⁷ United States Children's Bureau, *The Promotion of the Welfare and Hygiene of Maternity and Infancy*, Bureau Publication No. 156 (Washington, United States Government Printing Office, 1926), 68. [hereinafter: CB 156]

²⁶⁸ CB 194, 137.

²⁶⁹ Mrs. F.E. Ledbetter, "Recommendations of the Director of Health," *Parent-Teacher Convention* (November 14, 1928).

also noted that the bureau's work was done in cooperation with the medical community. He concluded by noting that the medical community should be prepared to temporarily put aside principles such as protection from federal intervention into family affairs for the sake of public health and the practice of medicine.²⁷⁰ Based on their participation in the act, it appears that the medical community did just that.

The TPTA formed the other, much larger, volunteer force crucial to the Sheppard-Towner Act. Women's involvement influenced the nature of Sheppard-Towner programs in Texas and the use of Sheppard-Towner funds. Middle-class white women undoubtedly contributed to the success of Sheppard-Towner in Texas through other organizations as well. In 1922, the Texas League of Women Voters (TLWV) held a meeting in San Antonio and discussed the relative inactivity of Sheppard-Towner in Texas, deploring the fact that Sheppard-Towner had been passed nearly a year prior and was "practically inoperative in Texas."²⁷¹ No doubt due to the protests of club women, the Texas State Department of Health created an advisory council in 1923 to plan the most efficient use of Sheppard-Towner funds and to "coordinate all forces in the state working in behalf of better babies and healthier mothers." Mrs. S.M.N. Marrs, the presiding president of the TPTA, was named president and the council included representatives from many women's organizations, including the TFWC, TLWV, and the Texas Nurses' Association.²⁷² Thus, the state government readily accepted the volunteer efforts of women in the practical implementation of the act. Club women, particularly members of the TPTA, played a huge role in three primary programs funded partially by Sheppard-

²⁷⁰ "Cooperation Under the Sheppard-Towner Act," editorial, *Texas State Journal of Medicine* 20 (February 1925), 530.

²⁷¹ "Women to Discuss State Problems," *San Antonio Express*, 10-08-1923.

²⁷² "Mrs. Marrs Named Council President," *Dallas Morning News*, July 12, 1923.

Towner: the Summer Round-Up, birth registration, and the establishment of public health nurses in each county or county health units.

Club women had been involved in birth registration campaigns since the Children's Bureau was established in 1912.²⁷³ Due to the bureau's limited personnel, Lathrop called upon the voluntary services of women's clubs across the country to check the accuracy of birth records.²⁷⁴ Accurate records were important, as they provided the government with much needed information on infant mortality and highlighted areas of particular need. By the passage of Sheppard-Towner, the government had already repeatedly requested and received the aid of women's clubs in birth registration campaigns.²⁷⁵ In January of 1923, J.F. Paulonis, an assistant surgeon general with the Public Health Service, visited Texas and made numerous recommendations. He noted that a careful record of births would be reflected in funds from Sheppard-Towner, and once again, he recommended that woman's clubs establish committees for the purpose of producing a better birth registration record.²⁷⁶ Thus, even the representative of the Public Health Service recognized club women as those most capable of fulfilling the birth registration goals. Despite women's efforts, in 1925 Texas was still not included in the national registration area, which required accurate reporting of 75 percent of births. Only 70 percent of births were recorded in Texas at this time.²⁷⁷

²⁷³ Klaus, 161.

²⁷⁴ Skocpol, *Protecting Soldiers and Mothers*, 488.

²⁷⁵ Ella Caruthers Porter, "Aims and Objects of the Congress of Mothers," *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 2 (January 1916), 92.

²⁷⁶ "Registration of All Births is Urged by Paulonis," *Dallas Morning News*, January 19, 1923.

²⁷⁷ "Maternity and Infancy Act Has Decreased Deaths Due to Childbirth, Doctor Says," *Dallas Morning News*, April 19, 1926.

The pet project of the Texas Congress of Mothers was the Summer Round-Up campaign. The Summer Round-Up was a child health clinic designed to ensure that children, primarily first-grade children, entered school “without defect.” The campaign started in 1923 and grew substantially in popularity throughout Sheppard-Towner. To help encourage participation, the National Parent-Teacher Association held a contest for each state organization to try to achieve the most number of state associations registered. In 1927, Texas came in second in the nation for registering 216 organizations to the cause. Dr. H.N. Barnett, M.D, director of the Texas Bureau of Child Health, found this achievement worthy of including in his biennial report to the State Health Officer.²⁷⁸ Each association also tried to achieve 100 percent perfection of the students entering the first grade. The children of club women were certainly involved in the Round-Up; however, descriptions in *Texas Motherhood Magazine* suggest that club women used their children as examples to be followed, rather than as recipients of screenings. Those students who were without defect were named “Blue Ribbon Scholars” and club women were encouraged to use their own “Blue Ribbon Scholars” as examples for the larger community.²⁷⁹

The TPTA also hired public health nurses for different counties and established child welfare conferences. Part of the beauty of the Sheppard-Towner programs in the South was the considerable degree of community autonomy in the acceptance of funds and involvement. In Texas, local communities had to request much of the aid and be willing to provide matching funds. The Texas Board of Health had funds through

²⁷⁸ Anderson, “Biennial Report of the Texas State Department of Health for the Fiscal Years 1927-1928,” 77.

²⁷⁹ “The National President’s Message,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Association, Inc.* 4 (July 1925): 9.

Sheppard-Towner to match county funds for the purpose of a public health nurse. This left a significant degree of control to local communities and correspondingly increased their willingness to accept the government aid and intervention. The system also allowed club women significant control over the direction of funds. Funds had to be applied for and the women's club members guided many counties through the application process.²⁸⁰ Furthermore, the TPTA sometimes even footed the bill for the county's portion of the public health nurse salary, covering continued inadequacies on the part of government.²⁸¹ In 1922, the director of the bureau noted the role of the TPTA in planning the itinerary for one itinerant nurse. They assumed the responsibility of arranging the child health conferences in each community that the nurse visited.²⁸² By 1928, an itinerant nurse was being "assigned" to the TPTA for their Summer Round-Up campaign.²⁸³

Several editions of *Texas Motherhood Magazine* included instructions on how to set up a child welfare conference, demonstrating the role of the TPTA in these events and the emphasis on scientific motherhood. The instructions included notes about sending for information from the Bureau of Child Hygiene and seeking aid from local physicians, public health nurses, and Red Cross nurses. The article then instructed the club women to "follow up the examination with an education in hygiene" and to send the defective children to community clinics outside of federal funds. The article noted that "All cities have clinics where such work is done for those who cannot afford the expense, and any community however small has a big hearted physician who will do the work cheerfully

²⁸⁰ "Messages from Department Chairmen, Child Hygiene Department," *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 23 (April 1924), 2-3.

²⁸¹ "1920-1924 History of the Administration of Marrs," TPTA, Box 2.325/U120.

²⁸² Florence, 12.

²⁸³ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1927-1928*, 80-81.

and gladly.”²⁸⁴ Such instructions suggest several important points about the role of club women in the administration of the Sheppard-Towner Act. First, the article revealed that the club women were directly responsible for establishing such clinics under the Sheppard-Towner Act with the approval of the Bureau of Child Hygiene. Second, the women directly educated the mothers who attended the clinics. Finally, the article further demonstrated the ability of club women to provide more material aid for the recipients in the form of free medical care, or at least to tell them where it may be provided.

The government and TPTA interaction extended beyond simple co-operation. As noted, women served on an advisory council quite similar to those established for the private organizations in Dallas, with Mrs. S.M.N. Marrs acting as president. Club women also used their connections with professional women in government to coordinate their activities with the Texas State Department of Health. The TPTA recognized this advantage and even printed an article noting the club women who were employed by the government. For example, the TPTA Department of Education Director was a member of the Texas A & M Extension Service and the Chairman of the TPTA School Education Department was a member of the Texas State Department of Education. Finally, and most importantly, the Texas Secretary of the Bureau of Child Hygiene, Mrs. L.E. Ledbetter, was the Director of Child Health for the TPTA.²⁸⁵ The TPTA Director of Child Health directed the efforts of the TPTA in administering the Sheppard-Towner funds more efficiently because of her close association with the Texas Department of Health. She had access to information on club activity that she included in her reports for

²⁸⁴ TPTA, *Child Hygiene*, 2-3.

²⁸⁵ “President’s Message,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 3 (May 1924), 1-3.

the state. Furthermore, she had access to information gathered by the state that she used to better direct the efforts of the TPTA.²⁸⁶ Such roles streamlined the coordination of efforts between the state and the volunteers of the TPTA. They also allowed the TPTA considerable influence in the implementation of Sheppard-Towner.

In fact, club women were so deeply engaged in the administration of government-sponsored maternal education that it was sometimes difficult to determine which institution was in charge, at least from the perspective of the TPTA. In December of 1923, *Texas Motherhood Magazine* wrote that “we still have other mediums through which to spread the gospel of the Parent-Teacher Association. The State Board of Health, the University Extension Bureau, the State Department of Labor, the State Department of Education. . . the Texas Public Health Association. . . each one believes in our work and gives us hearty and loyal support.”²⁸⁷ In 1931, the TPTA described the Bureau of Child Hygiene as a “child of Texas Parent-Teacher Association,” which still required the guidance of the TPTA to grow to maturity.²⁸⁸ From the perspective of the Parent-Teacher Association, the government acted according to their wishes and legislation such as Sheppard-Towner promoted the agenda of the TPTA, not the other way around. *Texas Motherhood Magazine* reported that the “State Health Department is greatly gratified at the splendid cooperation given it by the thinking mothers of the state.”²⁸⁹ The Texas State Board of Health certainly recognized the efforts of the Congress of Mothers as well,

²⁸⁶ *Parent Teacher Convention* 4 (November 11, 1931), 12.

²⁸⁷ “President’s Message,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 2 (December 1923), 2.

²⁸⁸ Miscellaneous, *Parent-Teacher Conference News* 4 (November 11, 1931), 12.

²⁸⁹ “State Health Officer Pleased with P.T.A. Cooperation,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 3 (November 1924), 16.

though they appreciated the TPTA as volunteers. The reports of the State Health Officer often included various programs of the TPTA.²⁹⁰

In addition to their extensive volunteer work, female professional accomplishments through Sheppard-Towner appeared considerable. By 1930, the Texas Department of Health employed 34 public health nurses. As mentioned, Mrs. L.E. Ledbetter held an important administrative position with the bureau. Perhaps most impressive, the first few directors appointed to the bureau of child hygiene were women: Mrs. Ethel Parsons in 1919 and Mrs. Lyda King in 1921. Parsons previously served as district director of American Red Cross.²⁹¹ King was also a nurse with the Red Cross who was stationed in France until 1919, and had experience teaching public health nursing with the group.²⁹² Thus, at the beginning of the 1920s, women appeared to be making considerable strides towards governmental leadership positions, especially within child welfare.

Nonetheless, by the mid-1920s those advances appeared to stop. For example, beginning in 1922, the State Officer appointed a male physician as director of the bureau of child hygiene instead of a female nurse. In 1923, the Texas advisory council for Sheppard-Towner included two to three physicians, most likely male.²⁹³ The Texas Department of Health may have chosen to appoint male physicians because increased appropriations made it affordable and more desirable to male physicians. However, it is more likely that the medical community exerted pressure on the Department of Health to

²⁹⁰ Florence, 11.

²⁹¹ "Mrs. Parsons to be Head of Bureau of Child Hygiene," *Dallas Morning News*, September 11, 1919.

²⁹² "New Director of Bureau of Child Hygiene in Texas," *Dallas Morning News*, May 24, 1921.

²⁹³ CB 156, 57.

name a male physician due to their belief that male physicians should be considered the ultimate authority on issues of child health.

Though women controlled many of the Sheppard-Towner programs in practice, men continued to provide oversight and authority in Texas. On the local level, men remained the acknowledged experts in medical authority. Even though females in the Children's Bureau administered the entire Sheppard-Towner project, much of the work accomplished by the Texas Bureau of Child Hygiene was overseen by a male representative from the PHS child hygiene division, Assistant Surgeon General Dr. Joseph F. Paulonis. Paulonis arrived in Texas in 1922 and he worked closely with the bureau and attended child welfare conferences and fairs. He even assisted in some of the child hygiene work by personally examining children at several conferences.²⁹⁴ The PHS demonstrated a willingness to cooperate with work being accomplished for Sheppard-Towner by assigning Paulonis to such tasks. Furthermore, Paulonis' role reveals the growing demand, based on the physician's objections to Sheppard-Towner, that male physicians maintain authority over child hygiene. Regardless of the male oversight, which women encouraged and accepted, club women had directed and influenced the more practical elements of Sheppard-Towner implementation. Indeed, in their eyes, the government was working for them to accomplish their goals. The flexibility of Sheppard-Towner made this true to a large extent.

The election of a female Governor in Texas in 1925 demonstrated the complicated dissimulation often required in female political activity. Miriam Amanda Ferguson was elected primarily because her husband, former governor Jim Ferguson, had been

²⁹⁴ Florence, 12.

impeached and was no longer able to run for public office. Jim actually planned Miriam's campaign before even consulting her on the matter, though she came to appreciate the move. At the beginning of her campaign, she appeared to play the role of puppet governor behind the real governor. At the same time, Miriam was a competent and capable woman and began to earnestly campaign for her position. In the role of governor, she certainly took advice from her husband and assigned him important positions; however, she very much took her role seriously. She did apply maternalistic justifications for her position. In speaking of her role as governor, she claimed "It's like running a family, just a little common sense, a little teamwork, a lot of patience, a little give and take," associating the position with femininity to avoid offending the Southern regard for a female's proper position. A maid of the Fergusons later observed, "of course Mrs. Ferguson is the real governor, why she was always the boss." Historians have observed that she was "pretending to be pretending to run for office."²⁹⁵ In order to acquire an office of such political importance, Ferguson had to appease the generally held beliefs regarding the female place.

Although Ferguson did not attract the appreciation of many Texas women, she did offer a compelling example of the difficulties of female political involvement in general. Interestingly, as a female governor, Miriam managed to largely alienate the active female political groups in Texas early on. She was opposed to many reforms females generally held dear. Although she was personally against consumption of alcohol, politically she was anti-prohibition. Both she and her husband believed that prohibition laws would do nothing to prevent consumption and instead would only punish the "little people." She

²⁹⁵ Paulissen, *Miriam*, 96-128.

rejected an anti-child labor law because of the federal funding involved. With regard to Sheppard-Towner, she vetoed some of the appropriations set aside for itinerant nurses, traveling expenses, silver nitrate, and a maternity home enforcement officer.²⁹⁶ Needless to say, she was not a favorite of Jane McCallum, the head of the Texas Women's Joint Legislative Council, who actively supported her opponent in the following gubernatorial election. At the same time, Miriam did support better administration of penitentiaries and aid to county public schools, reform measures more in keeping with the general female agenda. Interestingly, Miriam was vocally opposed to the KKK, and her election was considered a death blow to their power in Texas at the time. One of her early acts was to encourage the passage of an anti-mask bill to prevent the KKK from participating in their infamous activities. Miriam's example offers compelling insight into the Texas female political experience in general. Women who wanted to engage in public life had to be willing to cater to Southern expectations of women's behavior and position; yet, if a woman was willing and capable of playing such a game, her political control could be prodigious.²⁹⁷

In spite of its many successes made possible through such female activity, Sheppard-Towner produced some notable negative effects. Theda Skocpol has argued that the Sheppard-Towner Act was a valiant effort on the part of the reformers and an almost successful attempt to create a maternalist welfare state in which all mothers are entitled to aid for their service to the country.²⁹⁸ Yet, aid was negligible to the more informed middle-class women who served as administrators and often relative experts. In

²⁹⁶ "Says Child Hygiene Work has Been Hurt by Vetoes," *Dallas Morning News*, April 13, 1925.

²⁹⁷ Paulissen, 120-190.

²⁹⁸ Skocpol, 522-524.

addition, socioeconomic concerns were largely neglected, leaving the working-class mothers educated in child hygiene, aware of the ideal standard set by the middle-class mothers, informed about their children's "defects," but practically unable to manage any significant improvement. Thus, Sheppard-Towner most certainly did not reveal itself as a nascent maternalist state. Instead, the stigma of charity became associated with the recipients of government aid, perhaps even more so as the middle class consciously rejected most of the aid as only suitable for the poorer families rather than being forcefully excluded from it.

The Sheppard-Towner Act was relatively useless to the middle class because it was limited to education and preventative health care. Middle-class women already were well versed in the principles of scientific motherhood. Aid offered through the government would have been supplemental at best. Middle-class women in Texas had access to such knowledge through many mediums. *Texas Motherhood Magazine* had been publishing articles on child hygiene since at least as early as 1910, and it regularly printed advertisements for University Extension courses offered through University of Texas or the College of Industrial Arts. Moreover, many of the pamphlets received by middle-class women were received involuntarily. The Bureau of Child Hygiene automatically sent out such pamphlets following the registration of a birth; therefore, the fact that they received the publications can hardly be defined as participation.²⁹⁹

In addition, evidence suggests that middle-class women engaged in preventative care with their physicians. When club women worked to provide the service of

²⁹⁹ "Public Health Lessons Taken Into the Home," *Dallas Morning News*, July 29, 1930; Children's Bureau 136-137; Florence, 11.

preventative health care in clinics, it seemed a service that they were familiar with and wanted to share with the less fortunate. One article relating the opening of a milk station in Dallas celebrated the existence of visiting nurses for the early care of the infants. The 1916 article gushed, “And so instead of dreading the coming of little ones these mothers look forward with happiness as do we more fortunate women, to the time when we will hold our new treasures to our hearts.”³⁰⁰ Moreover, middle-class women knew the basics of germ theory and probably recognized that a free government conference to screen children for possible defects and illness may not have been the safest place to bring their healthy, well nourished little ones. On the other hand, these events offered them confirmation of their maternal superiority.

Physicians in Texas certainly were aware of the idea of preventative wellness exams prior to the Sheppard-Towner Act. For example, one 1912 article in the *Texas State Journal of Medicine* read, “Our conception of medicine today has gone so far beyond that of preceding generations, that no physician’s duty is wholly performed who does not counsel his clientele in at least the rudiments of hygiene, who does not instruct a young mother in infant feeding before her discharge from the obstetric ward.”³⁰¹ Births in hospital wards had increased significantly and provided a valuable realm opportunity for indoctrination into the world of scientific parenting. Between the information passed around the medical profession and similar information being spread through women’s clubs, it seems highly likely that the advice was followed and middle-class women had

³⁰⁰ “What is Being Done for Baby,” *Texas Motherhood Magazine* 23 (February 1916): 128-129.

³⁰¹ J. W. Ames, M.D., “Responsibilities of the Profession in the Conservation of Child Life,” *Texas State Journal of Medicine* 8 (October 1912): 161.

established such relationships with their physicians, receiving advice on prenatal care, infant feeding and hygiene.

Finally, middle-class references to the Sheppard-Towner Act generally depict the act as a service for the less fortunate. George W. Dixon, a social and prison reform advocate from Houston, explained the act as “a wise provision for the aid and protection of destitute mothers and children, and is a forward step toward the conservation of human life and the protection of public health.”³⁰² Jane C. McCallum defended the act in her march to Austin, stating that it helped “Texas’ needy mothers” to have proper attention and instruction during childbirth.³⁰³

Sheppard-Towner did little to alleviate these class differences and furthered the stratification between the middle and working-class mothers. First, Sheppard-Towner provided the wisdom of scientific motherhood without as much material backing as local efforts were capable of supplying. Second, Sheppard-Towner provided numerous situations where middle-class women were presented the example of good motherhood. Instructions on the Summer Round-Up Campaign of 1926 further demonstrate the divide between educated middle-class women and the other women of the community. An article in *Texas Motherhood Magazine* celebrated bringing “intelligent insight to some homes where perhaps only mother instinct held sway before.” Of course, the homes where mother instinct held sway were most likely the poorer homes. The article instructed club women to call all mothers of children who will be entering the first grade and “tactfully” remind them that their children were expected to enter the next school

³⁰² “Child Hygiene Law Discussed by Dixon,” *Dallas Morning News*, September 10, 1922.

³⁰³ “Women on Warpath as Repeal of Maternity Act Provision is Proposed,” *Dallas Morning News*, January 29, 1925.

year without defect. It also reminded women to keep on hand a list of locations where parents could receive free health care if they did not have their own “pediatrist.”³⁰⁴ One can only imagine the frustration a mother who was unable to offer her child the necessary nutrition and environment may have felt upon receiving such a call. Even though the mother may have been grateful for the advice of a physician, she may have had little ability to follow it. Scientific motherhood placed an extensive degree of responsibility of good motherhood on the parents. Any deficiency in a child would be blamed on the mother, even if the failure to provide was outside the mother’s control.

Clearly, the Summer Round-Up Campaigns neglected the socio-economic needs of the disadvantaged mothers and children targeted. Local child hygiene programs, such as those in Dallas, had been able to adjust their programs to offset the class bias implicit in scientific motherhood. The legal and constitutional constraints associated with Sheppard-Towner prevented the funds from materially supporting mothers; therefore, the scientific motherhood taught through Sheppard-Towner maintained a more visible and detrimental class division. The campaigns perpetuated key discriminatory perceptions of club women: that less privileged mothers simply needed to be enlightened in the proper methods of scientific child rearing, pointed to the door of the nearest charity physician, and their children would be magically without defect. The reality for many working women was that knowledge of proper nutrition did not provide the food. Physicians’ advice could not always be followed.

³⁰⁴ “Department of Preschool Circles,” *State Bulletin: The Texas Congress of Mothers and Parent Teacher Associations, Inc.* 4 (November 1925), 10.

The Sheppard-Towner Act has a mixed legacy of racial bias as well. As a legislative manifestation of scientific motherhood, it expanded services available to non-whites extraordinarily. As noted, attempts to educate midwives probably did affect the infant mortality rates among non-whites. Furthermore, Texas employed three black nurses, two of which served as itinerant nurses who traveled from county to county. Brazos County hired a black nurse for the service of their county alone.³⁰⁵ The itinerant nurses could establish health committees or health clubs among the black community and the white county public nurses would assist those clubs while the black itinerant nurse visited other counties.³⁰⁶ While services could be segregated, the fact that the Sheppard-Towner programs routinely directed specific state and federal funds to the non-white community represents a large departure from other social service programs provided by the state around the same time, such as mothers' pensions. Finally, non-whites received the same publications as whites upon request or after the birth of a child.

At the same time, racism permeated even the most innocent of programs. As noted, many of the programs were segregated. Praising the work of a black itinerant nurse, Dr. H. N. Barnett, the director of the bureau of child hygiene, stated that she communicated better with her people than a "white nurse" could. As a result, he believed that she accomplished more maternity work than any of the other nurses. As evidence of the nurse's effectiveness, the director noted that his shoe shine boy "announced to me one day that he would not live more than twenty-one years, since he had not been eating the proper food."³⁰⁷ Of course, the point of the director's anecdote was to demonstrate the

³⁰⁵ Florence, 12-13.

³⁰⁶ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1929-1930*, 21.

³⁰⁷ Florence, 12.

extent to which scientific motherhood information had been disseminated thanks to the black public health nurse. Still, the paternalistic racism was notable. The director largely neglected the tragedy of the child's life expectancy, while celebrating the fact that the child was aware of the information. True to Link's observations on Southern Progressivism, the director could happily engage in racial uplift while remaining entirely aloof to possibilities of equality.

Sheppard-Towner Act also supported the idea that Anglos represented a superior form of race and all other races and cultures should conform as best as possible to that standard. In many ways, the Sheppard-Towner Act represented attempts to conform society to Anglo-American traditions and culture. Perhaps the clearest example of this was the Sheppard-Towner campaign to license and register midwives. In the 1920s, midwives primarily served African-Americans, Hispanics, rural poor white women, and immigrants, whereas middle-class white women relied more consistently on physicians for childbirth.³⁰⁸ The use of midwives included several cultural elements of childbirth and the tradition of keeping the event within the realm of women.³⁰⁹ The medical community largely distrusted midwives because physicians associated them with superstitious practices that potentially could be harmful.³¹⁰ Public health officials accepted midwives as necessary because doctors could not provide care for all the Texas women, particularly in rural areas, but appeared to view them with a degree of contempt. A 1925 survey of Mexican midwives in Texas described them as:

³⁰⁸ Klaus, 224.

³⁰⁹ Molly Ladd-Taylor, "'Grannies' and 'Spinsters': Midwife Education under the Sheppard-Towner Act," *Journal of Social History* 22, no. 2 (Winter 1998), 256, 270.

³¹⁰ Klaus, 224. Klaus, interestingly enough, pointed out that even physicians had conducted studies that revealed the interference of physicians was often more dangerous than that of midwives. However, physicians interpreted this to mean that better obstetrical education was needed, rather than believing that midwives were more capable.

illiterate, usually dirty and in rags, gesticulating, oftentimes not able to talk or understand the English language, superstitious and suspicious, often with the only knowledge of obstetrics and nursing as handed down to them by their mothers who usually had been midwives themselves, and inherited customs as to the practice of their work which is seldom, if ever in accord with modern science.³¹¹

As this quote illustrates, many believed the use of midwives to be the antithesis of scientific motherhood. It represented a cultural relic only necessary due to the lack of doctors. Ladd-Taylor placed much emphasis on the cultural ramifications of the midwife provisions of Sheppard-Towner. In practice, public health nurses teaching the midwife classes did discourage some cultural traditions of midwives, such as herbal remedies, but in practice the state health department had difficulty enforcing the midwife provision. Additionally, midwives often only accepted the teachings that they found helpful and rejected those they did not. Still, midwife licensing was legally compulsory, which made government assertions of cultural control appear paternalistic and moderately bigoted.

Sheppard-Towner supported the spread of scientific motherhood to the benefit of many. Publications abounded and many mothers received instructions on child hygiene who had no previous access to such expertise. It considerably extended the paternal attention of the government on the nonwhite population. At first, Sheppard-Towner appeared to extend the leadership opportunities of women in public health. The programs supported and encouraged the expectation for government involvement in the health of women and children despite general local hostility to such intervention. The system of providing aid through Sheppard Towner proved particularly suited to the Southern distrust of government involvement because local autonomy remained largely intact. The

³¹¹ Ladd-Taylor, *Grannies and Spinners*, 256-260, “quote from 260.”

system also allowed club women a significant degree of influence over the actual implementation of act, though they continued to recognize the authority of physicians locally. Much of the success of Sheppard-Towner also rested on the willingness of physicians to disregard objections to the legislation and participate in its programs. Of course, they were given wide discretion as physicians to conduct conferences as reigning experts. For their part, club women willingly accepted the authority of male physicians, while exerting substantial power over Sheppard-Towner in practice. Club women commanded control over the direction of funds, which was Sheppard-Towner's ultimate source of power.

Yet, Sheppard-Towner had some disadvantages. The physician's position as the authority in child health eventually challenged the professional leadership positions of women originally hired in the bureau of child health. In addition, Sheppard-Towner reinforced some of the unintentional class bias incorporated in the middle-class understanding of scientific motherhood. Club women could not adapt the federal programs to address the more material needs of working-class mothers as they had been able to do on a local level. Furthermore, Sheppard-Towner reinforced class stratification by identifying the middle-class mothers as the examples of good motherhood and establishing government aid as a form of charity for the ignorant. Finally, Sheppard-Towner federally recognized eugenics as a scientific basis for racism. Though men and women disagreed on some minor legislative points, the story of Sheppard-Towner in Texas is primarily one of extraordinary cooperation and success. Male physicians and female club members agreed on the importance of public health and maternal education and worked to remedy the problem of infant mortality. Furthermore, Sheppard-Towner

experienced success in establishing lasting programs and institutions for the benefit of women and children. The act served to increase popular acceptance of government responsibility for the health of its most vulnerable citizens. The act allowed federal intervention without threatening local autonomy and in practice it conformed itself to the Southern traditions by maintaining a proper gender hierarchy. In the process, Sheppard-Towner did much to improve public health and expectations for government assistance in Texas.

CHAPTER FIVE

CONCLUSION

The provisions of the Sheppard-Towner Act, which focused on providing instruction and health screenings to rural populations, seemed ideally suited for Texas. Texas had a large population contained in an even larger geographical space and many rural areas. The Texas Department of Health faced 262,000 square miles, a long border with a foreign country, a lengthy coast (including multiple ports of entry), and almost every type of climate and topography.³¹² In addition to geographic challenges, Texas also contained a significant black and Hispanic population as well as other nationalities. In addition, by 1923, the state had a developing health system, but the infrastructure was still weak and public health officials continued to fight advocates of local autonomy. The most common argument in opposition to Sheppard-Towner in Texas was that it represented a forceful imposition of federal government into the state and the private homes of citizens.

Despite the general apprehension concerning abuse of federal power, Sheppard-Towner programs accomplished much in Texas. Greater numbers of women and children received hygiene education and examinations by medically-trained personnel. Public

³¹² J.H. Florence, *Annual Report of the State Health Department for the Year 1922* (Austin: Von Boeckmann-Jones Co., 1922), 11.

health nurses reached a considerable amount of women who had no other means of accessing information on child hygiene. Sheppard-Towner implemented inspections of maternity homes and licensing of midwives, offering greater oversight of institutions and standardizing an expectation of care for even the poorest working family. The act funneled money for the express purpose of expanding aid to minority populations. Although the aid carried a decisive paternalistic tone typical of Southern progressive attempts at uplift, the use of taxpayer money for the benefit of minorities was still quite an anomaly.

Sheppard-Towner also managed to circumvent the misgivings of rural Texans regarding the intentions of the federal government by complementing the political conditions of Texas. By the time Texas accepted funds through Sheppard-Towner, local citizens had become more open to limited government intervention into public health. Public school inspections had increased but physicians still faced hostility. The method by which the federal and state government dispersed Sheppard-Towner funds calmed the general angst. By allowing the local communities to largely control their participation, the act served to increase acceptance for government responsibility over women and infant health. The Sheppard-Towner Act also accustomed the general public to the idea that basic health care knowledge was a right that should be provided by the government and it educated the general public on the need for preventative care, a feat all the more stunning when viewed in terms of regional antipathy towards any government intervention.

Even considering its achievements, the Sheppard-Towner Act had several notable disadvantages in Texas. First of all, the class bias inherent in the demands of scientific

parenting became more evident in the implementation of Sheppard-Towner. Public health officials could not attend to the material and medical needs that would equalize the experience of scientific motherhood between middle- and working-class mothers. The act reinforced class stratification by neglecting socioeconomic factors in infant mortality and federally recognizing middle-class laywomen as parenting experts. While club women were able to direct funds, they were unable to adjust the programs to meet socioeconomic needs because of the constitutional limitations of the federally funded act. The class bias contained in scientific motherhood could not be evaded as it had been in locally based programs. Therefore, working-class mothers emerged with a better knowledge of child hygiene but were still handicapped by the inability to follow all the instructions given. Finally, Sheppard-Towner extended aid across race, but federally recognized racism by accepting eugenics as a scientific truth.

Other scientific ideologies, such as scientific motherhood, guided the course of infant welfare programs in general. Texas club women became staunch advocates of Sheppard-Towner in part because the program integrated the ideology of scientific motherhood. They used maternalist arguments to support the act, but they believed that the scientific nature of the program rendered it a necessity for the prevention of infant mortality. The problem of infant mortality was a national concern and the nation needed to take responsibility for providing maternal education to all mothers. The solution of maternal education was considered a scientific absolute; therefore, many women supported the Sheppard-Towner act as loftily apolitical and an unquestionable responsibility of government.

The Sheppard-Towner Act also dovetailed with the growth of female political involvement in Texas. Women played key volunteer roles, held a number of professional positions, but secured no positions of leadership within the government. The act's commitment to scientific motherhood justified and encouraged women's political involvement on issues surrounding child welfare; however, scientific motherhood also maintained a reverence for a gender hierarchy that placed male experts at the top and kept women in a more subjugated role. This hierarchy was compatible with Southern traditions regarding gender. Yet, women's acceptance of male dominance in the South did not preclude their meaningful participation in the administration of the act. Women publically acknowledged the expert physician, but actually attained powerful roles in determining which communities would be able to receive aid. Since the government infrastructure in Texas was quite weak, club women were also largely responsible for implementing programs such as child welfare conferences and public health nurses. Women wielded much more power than their mostly volunteer positions suggested. While they respected the ultimate authority of males in theory, they managed significant control over child welfare policy in practice.

At the same time, the issue of child hygiene had attracted the attention of male public health reformers from the onset. Female social welfare reformers and social workers claimed expertise over social welfare reforms, such as mother's pensions, day nursery movements, and child labor reform. However, with regard to infant and maternal mortality and morbidity, social reformers vied for control with the predominantly male-dominated medical field. Physicians had already established some degree of authority over the public health movement as well as considerable professional control over child

hygiene in general. Interestingly, not all physicians opposed Sheppard-Towner. Female physicians and the newly developing specialty of pediatricians generally supported it. In fact, the formation of the American Academy of Pediatrics (AAP) was partially due to their disagreement with the AMA over the matter. Members of the American Pediatric Society (APS), formed much earlier in 1888, had expressed concern with regard to the Children's Bureau itself as unscientific.³¹³ Although the program was developed and primarily administered by women, the Sheppard-Towner Act did not fall entirely under the female dominion suggested by Robyn Muncy. Male physicians infiltrated the "female dominion" much more directly than was the case with other reforms, in which men played a more limiting role in the legislative or judicial stages of social reform.³¹⁴ However, in Texas, where women were accustomed to operating under male authority, women enlisted the aid and cooperation of men in programs of their choosing without appearing to challenge their authority.

Physicians and women eventually cooperated based on the shared understanding that maternal education was critical to public health and solidifying class similarities. Male physicians participated willingly in Sheppard-Towner programs with the understanding that they maintained considerable control over the medical elements. Women provided critical support to the administration of Sheppard-Towner in Texas, particularly through the volunteerism of the TPTA. Women used maternalism and scientific motherhood to promote both professional and political activities. Ultimately, their contributions as volunteers and even professional nurses continued to be accepted by physicians as long as they represented no threat to authority. Though operating under

³¹³ Alexandra Minna Stern and Howard Markel, ed. *Formative Years: Children's Health in the United States: 1880-2000* (Ann Arbor: University of Michigan Press, 2004), 7-10.

³¹⁴ Muncy, xii.

the image of male authority, female club members managed to secure considerable control over the direction of Sheppard-Towner funds and the method of implementation. Members of the TPTA even held official positions within the government agencies responsible for administering the act professionally.

This study focused primarily on the cooperation between middle-class white women, white male physicians, and white male public health reformers. A more expansive study including the involvement of minority groups in the prevention of infant mortality in Texas would offer greater insight into the cooperative nature of the Texas infant welfare campaigns. There is some evidence of cooperation between middle-class white women and their fellow black middle-class mothers. For example, black middle-class women helped operate black health clubs, which supplemented the activities of the black public health nurses.³¹⁵ A study of this aspect of the infant welfare campaigns would broaden an understanding of the role men and women.

The history of Sheppard-Towner in Texas demonstrates much about the political power of women in Texas and the ability of men and women to coordinate their efforts and achieve notable results. History constantly reminds us that people are much too complex to be easily categorized as protagonists and antagonists. Although the legislative history suggests a fierce political battle between the selfish-male AMA and the philanthropic-female Children's Bureau, for those who experienced the implementation of Sheppard-Towner in the cities and towns, a story of cooperation and adaptability emerges. Club women invoked their political power as mothers and Southern ladies to secure the passage of Sheppard-Towner legislation and ensure the success of the

³¹⁵ Anderson, *Biennial Report of the Texas State Department of Health for the Fiscal Years 1929-1930*, 21.

programs in towns and cities across Texas. Male physicians rejected the act from a legislative standpoint. White men and women disagreed on the best legislative solution to infant mortality. In the end, white middle-class women and male physicians in Texas were more unified by class than they were divided over the gendering of professions. They disregarded their political differences and worked together to provide a better education in maternal, infant, and child hygiene to mothers and secure a more established public health system for the general good. Through their combined efforts, they enabled the success of Sheppard-Towner in Texas despite the federal defeat over funding. The existence of Sheppard-Towner in Texas secured solid institutions for the benefit of women and children. Perhaps more importantly, it altered public understandings of government intervention and made the general public more open to the influence of state government over matters of public health.

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