

‘If We Are to Believe the Psychologists . . .’: Medicine, Psychoanalysis and Breastfeeding in Britain, 1900–55

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Abstract: In 1942, the British Minister of Health commissioned a report from the newly established Advisory Committee on Mothers and Young Children into ‘What can be done to intensify the effort to secure more breast feeding of infants?’. To make their case, the members of the sub-committee put in charge of the report sought expert testimony on the benefits of breastfeeding. They consulted medical officers of health, maternity and child-welfare officers, health visitors, midwives, obstetricians, paediatricians and a physician in private practice. They also consulted five ‘psychologists’ (a contemporary umbrella term for psychologists, psychoanalysts and psychiatrists). It is not surprising that the committee turned to medical professionals, as infant feeding had long been an area of their expertise. However, seeking the views of ‘psychologists’ when establishing the benefits of breastfeeding marked a more innovative development, one which suggested that a shift in conceptualising the significance of breastfeeding was gathering pace. In the interwar period, psychoanalysts and psychoanalytically oriented psychiatrists showed growing interest in early infancy. It led to an extensive psychoanalytic engagement with contemporary feeding advice disseminated by the medical profession. This article will explore the divergences and intersections of medical and psychoanalytic theories on breastfeeding in the first half of the twentieth century, concluding with a consideration of how medical ideas on breastfeeding had absorbed some of the contentions of ‘psy’-approaches to infant feeding by the post-war period.

Keywords: Breastfeeding, Medical profession, Behaviourism, Psychoanalysis

In 1942, the Minister of Health Ernest Brown commissioned a report into ‘What can be done to intensify the effort to secure more breast feeding of infants?’ by the newly established Advisory Committee on Mothers and Young Children. A sub-committee responsible for health campaigns was put in charge, and the final report

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was published in 1943.¹ To make their case, the members of the sub-committee sought expert testimony on the benefits of breastfeeding. They consulted medical officers of health, maternity and child-welfare officers, health visitors, midwives, obstetricians, paediatricians and a physician in private practice. They also consulted five ‘psychologists’ (a contemporary umbrella term for psychologists, psychoanalysts and psychiatrists). It is not surprising that the sub-committee turned to medical professionals, as infant feeding had long been an area of their expertise. However, seeking the views of ‘psychologists’ when establishing the benefits of breastfeeding marked a more innovative development. It suggests a shift in conceptualising the significance of breastfeeding was slowly gathering pace. Infant feeding came to be seen not only as pivotal to the healthy physical development of babies, but also as integral to their emotional and psychological development.

Infant feeding had become an area of medical expertise at the turn of the twentieth century when physicians made a claim for authority in matters of infant mortality and welfare. Historians have fruitfully explored the history of the infant welfare movement, but less attention has hitherto been paid to the theories on infant feeding that underpinned the movement.² In the United States, as historians have shown, the medical profession oversaw a transfer from breast- to bottle-feeding in the early twentieth century. In Britain, this was not the case.³ This article will explore how medical opinion steadfastly advocated maternal breastfeeding as the best way to nourish babies from the beginning of the twentieth century until after the Second World War. However, medical approaches to infant feeding nonetheless underwent transformation in this period: the benefits attributed to breastfeeding saw significant change.

The inclusion of the testimony of psychoanalysts and psychiatrists in the report on breastfeeding of 1943 was indicative of changes occurring in approaches to infant feeding. From the late 1920s onwards, a new group of experts on babyhood emerged. Psychoanalysts, accompanied by some psychoanalytically oriented psychiatrists, showed increasing interest in early infancy. Recent historical work has provided rich insights into the development of notions of infantile subjectivity in psychoanalytic theories.⁴

¹ Ministry of Health, *Report of Advisory Committee on Mothers and Young Children on the Breast Feeding of Infants* (London: HMSO, 1943).

² See Deborah Dwork, *War Is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England 1898–1918* (London: Tavistock, 1987); Elizabeth Peretz, ‘Maternal and Child Welfare in England between the Wars: A Comparative Regional Study’ (PhD, University of Middlesex, 1992); Valerie Fildes, Lara Marks and Hilary Marland (eds), *Women and Children First: International Maternal and Infant Welfare, 1870–1945* (London: Routledge, 1992). For a history of infant feeding in Western Europe from antiquity to 1800, see Valerie A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986). For the twentieth century, see Linda Bryder, ‘From Breast to Bottle: A History of Modern Infant Feeding’, *Endeavour*, 33 (2009), 54–9; for an enlightening comparative study, see Linda Bryder, ‘Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900–70’, *Medical History*, 49 (2005), 179–96.

³ Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950* (Madison, WI: University of Wisconsin Press, 1987); Jacqueline H. Wolf, *Don’t Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth and Twentieth Centuries* (Columbus, OH: Ohio State University Press, 2001). See also Bryder, ‘Breastfeeding’, *op. cit.* (note 2).

⁴ For instance, Cathy Urwin and Elaine Sharland, ‘From bodies to minds in childcare literature: advice to parents in inter-war Britain’, in Roger Cooter (ed.), *In the Name of the Child: Health and Welfare, 1880–1940* (London and New York: Routledge, 1992), 174–99; Sally Alexander, ‘Primary maternal preoccupation: D.W. Winnicott and social democracy in mid-twentieth century Britain’, in Sally Alexander and Barbara Taylor (eds), *History and Psyche: Culture, Psychoanalysis, and the Past* (Houndmills: Palgrave Macmillan, 2012), 149–72; Michal Shapira, *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar*

This article will address a gap in this research. In developing their theories, psychoanalysts during the 1930s and 1940s extensively discussed pressing contemporary infant welfare concerns, namely what and how to feed babies. In what ways, then, did psychoanalysts engage with feeding and weaning advice disseminated by the medical profession? In her illuminating study of the ‘return’ of breastfeeding in the United States in the second half of the twentieth century, Jessica Martucci has demonstrated how, in the 1950s, a small number of mothers appropriated and reformulated ideas of ‘psy’-professionals on the infant–mother relationship to support their decision to breastfeed in the American context of widespread acceptance of bottle-feeding. Martucci suggests, however, that psychoanalysts’ own theories were ambiguous if not completely neutral in relation to the breast-versus-bottle controversy.⁵ Focusing on an earlier period, this article will present a different argument. In 1955, the influential psychoanalyst Melanie Klein (1882–1960) indeed posited the bottle as a reasonable substitute of the breast.⁶ This was, however, a new departure. During the 1930s and 1940s, psychoanalysts (in Britain, at least) explicitly engaged with and took clear stands on various questions relating to infant feeding. This included the issue of breast versus bottle.

A discussion of psychoanalysts’ involvement in debates on infant feeding extends the scope of scholarship considering the diffusion of psychoanalytic thought in Britain. Graham Richards, for instance, has shown how Freudian language had percolated into everyday English by the 1930s.⁷ More recently, scholars have explored the impact of psychoanalytic ideas on social policies relating to children, in areas such as the institutional care of children, parental visiting in hospitals and juvenile delinquency.⁸ This analysis addresses another area of influence: that conceptualisations of infancy put forward by psychoanalysts and psychiatrists contributed to changing paediatric understandings of babyhood and the nature of ‘good mothering’. This becomes evident in the changing reasoning underlying the medical profession’s promotion of breastfeeding. ‘Psy’ concepts helped alter medical discourse on the benefits of breastfeeding in the context of changing understandings of infancy in the war and immediate post-war years.

This article, then, will explore medical ideas on breastfeeding in Britain from the beginning of the twentieth century to mid-century and consider the divergences and intersections with psychoanalytic theories as they were developed from the late 1920s onwards. It will conclude by examining how by the post-war period medical ideas on breastfeeding had absorbed some contentions of ‘psy’-approaches to the feeding question.

The Medical Profession and Breastfeeding Prior to the Second World War

When the Minister of Health commissioned a report into breastfeeding in 1942, infant feeding had long been an area of medical expertise. The medical profession had claimed

Britain (Cambridge: Cambridge University Press, 2013); Michael Roper, ‘From Shell-Shocked Soldier to the Nervous Child: Psychoanalysis in the Aftermath of the First World War’, *Psychoanalysis and History*, 18, 1 (2016), 39–69.

⁵ Jessica Martucci, *Back to the Breast: Natural Motherhood and Breastfeeding in America* (Chicago: University of Chicago Press, 2015), 34–5.

⁶ Melanie Klein, ‘The psychoanalytic play technique: its history and significance’, in Juliet Mitchell (ed.), *The Selected Melanie Klein* (London: Hogarth Press, 1986), 52, in Martucci, *op. cit.* (note 5).

⁷ Graham Richards, ‘Britain on the Couch: The Popularization of Psychoanalysis in Britain 1918–40’, *Science in Context*, 13, 2 (2000), 183–230.

⁸ Mathew Thomson, *Lost Freedom: The Landscape of the Child and the British Post-War Settlement*, (Oxford: Oxford University Press, 2013) ch. 3; Shapira, *op. cit.* (note 4).

authority in matters of infant mortality and came to play a vital role in the emerging infant welfare movement at the beginning of the twentieth century. Fuelled by anxieties about the future of the Empire and bolstered by economic, political and humanitarian considerations, the movement received a boost from the 1904 report of the Inter-Departmental Committee on Physical Deterioration established in the wake of the South African War of 1899–1902, which singled out infant mortality as a major national problem. Infant rearing became a matter of national importance. The First World War provided a further impetus for the expansion of infant welfare provisions (leading Deborah Dwork to conclude that ‘war is good for babies’).⁹

From the outset, feeding was given singular importance in infant welfare efforts. There were converging strands of thinking about infant mortality, highlighting the problems of poverty, bad housing, poor sanitation and the importance of educating poor mothers in ‘modern’ methods of infant care (giving rise to the concept of ‘mothercraft’).¹⁰ A medical consensus formed that breast milk provided the best infant nutrition and gave babies a better chance of survival and healthy physical development. A number of studies revealed that the infant death rate from all causes, but in particular from diarrhoea, was noticeably higher amongst bottle-fed as compared with breastfed babies.¹¹ To early twentieth-century physicians, concerned with decreasing the infant-mortality rate and carving out a specialism in infant welfare, the survival and healthy physical development of babies were at the core of their advocacy of breastfeeding.

Physicians’ promotion of breastfeeding over bottle-feeding was underpinned by the medicalisation of infant care and the emergence of an ideology of ‘scientific motherhood’, in which medical expert knowledge was to inform the rearing of babies.¹² In this process, breastfeeding was transformed into a practice to be undertaken following the guidance of physicians. The roots of this went back to the decades before the First World War. At the beginning of the century, Eric Pritchard (1864–1943), physician and figurehead of the infant welfare movement, explained that ‘scientific breastfeeding’ entailed observance of cleanliness, regularity in times of feeding and regulation of the amount taken.¹³ In the early twentieth century, physicians commonly endorsed two issues when it came to feeding babies. Firstly, breastfeeding was the best way to nourish infants. There was a common acceptance that nursing was not always possible, and research into and advice on safe feeding alternatives received considerable attention, but there was a widely held understanding that breastfeeding was most beneficial to babies’ health. Secondly, physicians agreed that babies ought to be fed on a schedule. The St Pancras School for Mothers, for instance, founded in 1907 and a model for subsequent infant-welfare centres, made encouragement of maternal nursing its central aim. It offered only breastfeeding mothers cheap dinners, and women looking for advice on alternative feeding were expected to provide a medical certificate that they were either unable to or had been

⁹ Dwork, *op. cit.* (note 2).

¹⁰ Pat Thane, ‘Infant welfare in England and Wales, 1870s to 1930s’, in Michael B. Katz and Christoph Sachse (eds), *The Mixed Economy of Social Welfare* (Baden-Baden: Nomos, 1996), 258.

¹¹ For instance, George Newman, *Infant Mortality: A Social Problem* (London: Methuen & Co., 1906), ch. viii. See Alice Reid, ‘Infant Feeding and Child Health in Survival in Derbyshire in the Early Twentieth Century’, *Women’s Studies International Forum*, 60 (2017), 111–19.

¹² For the concept of scientific motherhood, see, for instance, Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers University Press, 2006); Hilary Marland, ‘The medicalization of motherhood: doctors and infant welfare in the Netherlands, 1901–30’, in Fildes, Marks and Marland (eds), *op. cit.* (note 2), 74–96.

¹³ Eric Pritchard, *The Physiological Feeding of Infants: A Handbook of the Principles and Practice of Infant Feeding*, 3rd rev. edn (London: Henry Kimpton, 1909), 20.

advised not to nurse. Posters put up on the walls reminded mothers to ‘Feed your baby by the clock’.¹⁴

After the First World War, the dissemination of the ideas and methods advocated by Frederic Truby King (1858–1938), a New Zealand physician, became particularly influential in the process of promoting breastfeeding over bottle-feeding and of insisting on adhering to a strict feeding routine. Having trained as a physician in Edinburgh in the 1880s, Truby King subsequently became the Medical Superintendent of the Seacliff Lunatic Asylum in Dunedin. He went on to become the driving force behind the establishment of the Society for the Promotion of the Health of Women and Children in New Zealand, which became known as the Plunket Society, after its patron, the Governor’s wife, Lady Plunket.¹⁵ In 1917, Lord and Lady Plunket, and Evelyn and Winifride Wrench of the Over-Seas Club, invited Truby King to come to London to set up an infant welfare centre. It became the Babies of the Empire Society, later renamed the Mothercraft Training Society. Following the enormous loss of life at the war front and with the intention of solving ‘one of the great problems of national reconstruction’, the Society sought to provide training in ‘mothercraft’ to reduce infant mortality. It functioned as an infant welfare clinic, a dietetic hospital and provided training to midwives, nurses, health visitors and nursery nurses, as well as expectant mothers.¹⁶ It also produced a successful childcare advice manual, *The Mothercraft Manual*, which went through twelve editions, the last published in 1954.¹⁷

A fervent advocate of breastfeeding, Truby King was less inclined than most of his colleagues to accept that nursing was not always possible. He insisted that ‘the breast-feeding of babies should be, and could be, universal’.¹⁸ (He still, however, marketed products to ‘humanise’ cow’s milk). According to Truby King, to be breastfed was a baby’s ‘birthright’ and no mother had the right to refuse to do so.¹⁹ In addition to the emphasis on breastfeeding, the ‘Truby King method’ became particularly associated with rigid feeding by the clock. Truby King was not the first, nor the only one, to advocate a feeding routine. He did, however, promote an altered schedule. Before the First World War, medical opinion commonly recommended regular two- or three-hour feeding intervals. Eric Pritchard, for instance, believed that babies should be started on a two-hourly routine that should be stretched to three hours by the fourth month. One feed a night was allowed until the fourth month. Feeding on a schedule was to train the stomach into ‘rhythmical and automatic habit’ and was seen to ensure that the baby was neither under- nor overfed. The stomach needed to be empty between feeds to ensure the proper functioning of the digestive system and to avoid illness or even death. According to Pritchard, ‘many breastfed infants are killed annually by want of observance of this rule, and many more who are not killed suffer from a permanent impairment of the digestion.’²⁰ Frederic Truby King, on the other hand, insisted that babies be fed in four-hourly intervals from birth, although ‘a few’ were found

¹⁴ Evelyn Bunting, Dora Bunting, Annie Barnes and Blanche Gardiner, *A School for Mothers* (London: Horace Marshall & Son, 1907), 2, 15; St Pancras School for Mothers, Scrap Book, Camden Local Studies and Archives Centre.

¹⁵ Linda Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare, 1907–2000* (Auckland: Auckland University Press, 2003), xv, 4.

¹⁶ *Report of the Babies of the Empire Society* (1919), 6.

¹⁷ Mabel Liddiard, *The Mothercraft Manual* (London: J. & A. Churchill, 1924).

¹⁸ Frederic Truby King, *Natural Feeding of Infants* (London: Whitcombe & Tombs, 1918), 7.

¹⁹ M. Liddiard, ‘What Exactly Is the Truby King Method?’, *The Nursery World*, 430 (31 March 1926).

²⁰ Pritchard, *op. cit.* (note 13), 13, 14.

to do better initially on three-hourly intervals. Night feeds were not permitted.²¹ Drawing up his feeding table on the ‘practical and scientific data supplied by American and German investigators’, the theory that ‘overfeeding’ could have serious health implications was deeply embedded in Truby King’s ideas and informed the advice on regulating feeding more widely.²² In the 1930s, the London Hospital, for instance, claimed that overfeeding was one of the most common causes of disturbance in breastfed babies.²³

For Truby King, a pronatalist and eugenicist, feeding on a stretched routine also addressed another problem. As he saw it, it eased the burdens of mothering in early infancy. In consequence, breastfeeding in regular four-hourly intervals without night feeds would help raise the birth-rate and safeguard the future of the Empire.²⁴ Shorter feeding intervals, on the other hand, risked alienating mothers from breastfeeding. As Mabel Liddiard, the matron of the Mothercraft Training Society, put it: ‘what wonder that breast feeding went out of fashion’ when two-hourly intervals were recommended.²⁵

If a feeding routine was needed to maintain a healthy body, it was also deemed to shape a child’s character. Already before the First World War, a feeding routine was understood to lead to desirable habit-formation in babies; as such it involved educating the infant.²⁶ The American psychologist and author of a childcare manual John B. Watson popularised the application to infant rearing of behaviourist psychology, which originated in the conditioning experiments of Ivan Pavlov.²⁷ It also informed Truby King’s insistence on routine and habit-formation. Regularity not only in feeding but also sleep, evacuation and mother–infant interaction was to shape the character of the infant and future adult. As Mabel Liddiard put it: proper management of babies would avoid ‘the mental disorders of adult life’.²⁸ Mothering involving feeding on a strict routine was associated with the maintenance and development of physical health of individuals and thus the future ‘race’, as well as with affecting the mental health and individual stability of the poor. Lack of health and stability, to Truby King, meant ‘unemployableness’ leading to ‘loafing, vice and crime’.²⁹

Truby King’s methods and ideas did not go uncontested by fellow physicians: there was significant opposition to his view on what babies who were not breastfed ought to be fed.³⁰ The insistence on breastfeeding and a four- or, in some cases, a three-hourly

²¹ Frederic Truby King, *Feeding and Care of Baby* (London: Macmillan, 1924), 33–4.

²² Mary Truby King, *Truby King – The Man: A Biography* (London: George Allen & Unwin, 1948), 217.

²³ The Children’s Department, The London Hospital. E.1, *Notes on the Feeding of Normal Infants* (London: Taylor and Francis, published between 1931 and 1939), 15.

²⁴ Frederic Truby King in ‘Babies of the Empire: Public Meeting at the Mansion House. December 17th, 1918’, Archives of the Highgate Literary and Scientific Institution; Mabel Liddiard, *The Mothercraft Manual*, 10th edn (London: J. & A. Churchill, 1940), 47; For Truby King’s eugenic beliefs, see Philippa Mein Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia, 1880–1950* (Houndmills: Macmillan, 1997), 90–1.

²⁵ Liddiard, *op. cit.* (note 17), 50.

²⁶ Eric Pritchard, *Infant Education*, (London: Kimpton, 1907) ch. 3.

²⁷ J.B. Watson, *Psychological Care of Infant and Child* (New York, 1928). For the impact of behaviourism on childcare advice, see Urwin and Sharland, *op. cit.* (note 4), 179–81.

²⁸ Liddiard, *op. cit.* (note 19).

²⁹ Truby King, *op. cit.* (note 21), 104.

³⁰ See, for instance, Eric Pritchard, ‘Discussion of Dr F. Truby King’s paper’, in *Report of the Proceeding of the English-Speaking Conference on Infant Mortality, held at Caxton Hall, Westminster, on August 4 and 5, 1913* (London: National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, 1913), 268–9; ‘The Standardised Infant’, *The Lancet* (13 April 1918), 542–3; Hector Cameron, ‘Therapeutic Modification of the Diet in Infancy’, *The British Medical Journal* (24 December 1927), 1172.

routine, however, provoked less objection. Writing in *The British Medical Journal* in 1919, the physician G.D. Laing felt that the four-hourly feeding rhythm advocated in some infant welfare centres was cruel and amounted to a system of starvation.³¹ But, as Laing's frustration indicated, feeding in four-hourly intervals became increasingly common advice. It was widely accepted in the interwar years as underpinning healthy physical development. Furthermore, medical opinion continued steadily to promote the health benefits of breastfeeding over bottle-feeding. Before the Second World War, the understanding that 'encouragement of breastfeeding is one of the methods of combating the excessive infant mortality' and that 'breast-fed infants show a greater freedom from disease and a greater power of recovery from disease than artificially fed infants', as James Spence (1892–1954), the director of the Mother's and Babies' Hospital in Newcastle, declared in 1938, was not questioned.³²

Changing Ideas on Breastfeeding Babies

The Second World War brought renewed attention to infant and maternal health, amidst increasing concern about fostering the growth of the British population.³³ Before the war, there already had been alarm that the breastfeeding rate was decreasing. This intensified after the outbreak of hostilities as it was feared that general war conditions and women's war work would lead to a further decline.³⁴ After the establishment of the Advisory Committee on Mothers and Young Children in 1942, it was therefore soon suggested that this was an issue that needed attention. A sub-committee dealing with health campaigns was put in charge of producing a report on how the breastfeeding rate could be increased.³⁵ The sub-committee looked mostly at evidence presented by professionals working in maternal and infant health. In the event, the report shone a light on newly emerging complexities in the relationship between medicine and breastfeeding advocacy.

Infant mortality had declined steadily from the beginning of the twentieth century so that by 1939 it had reached its lowest point in England and Wales since records began.³⁶ While breastfeeding had been foregrounded by physicians in their endeavours to lower the infant mortality rate, breastfeeding rates had also decreased in the years before the war. Some studies appeared that established that the first years of the war did not affect the incidence of breastfeeding. This was the conclusion of a survey conducted on behalf of the British Paediatric Association in Birmingham in 1942. In communities where mothers had traditionally undertaken paid employment outside of the home, the same patterns as before the war continued; where this was not the case, women commonly waited until their babies were at least a year old before starting work.³⁷ Another study, conducted

³¹ G.D. Laing, 'A Criticism of Some Modern Methods of Infant Feeding', *British Medical Journal*, 150 (8 February 1919).

³² J.C. Spence, 'The Modern Decline of Breast-Feeding', *The British Medical Journal*, (8 October 1938), 729, 730.

³³ Angela Davis, 'Wartime Women Giving Birth: Narratives of Pregnancy and Childbirth, Britain c. 1939–60', *Studies in History and Philosophy of Biomedical Sciences*, 47 (2014), 257; Harold L. Smith, *Britain in the Second World War: A Social History* (Manchester: Manchester University Press, 1996), 5.

³⁴ 'Breast-Feeding', *Mother and Child*, 12 (November 1941), 151.

³⁵ 'Advisory Committee on the Welfare of Young Children', London Metropolitan Archives, City of London: PH/GEN/3/10; 'Alan Moncrieff to Ernest Brown', 1 July 1942, TNA: MH 55/1536.

³⁶ In 1939, the infant mortality rate (in England and Wales) was 50 per 1000; in 1918 it had been 97 per 1000. See 'Advisory Committee on Mothers and Young Children', TNA: MH 55/1536.

³⁷ See 'Breastfeeding in Relation to Female Labour as It Particularly Affects Birmingham', *Archives of Diseases in Childhood*, 18 (1943), 59–64.

in Ilford, concluded that the heavy aerial bombardment of the area had not affected the breastfeeding rate.³⁸ There were, however, studies that pointed to a decline in breastfeeding in the years before the war, not so much in the incidence as in the average time of duration of breastfeeding.³⁹ The authors of the 1943 report interpreted the simultaneously declining infant-death and breastfeeding rates as indicating that while there were health benefits associated with breastfeeding, it was not a ‘panacea for all the evils of infancy’.⁴⁰ In the years to come, the infant-feeding literature continued to emphasise the health benefits of breastfeeding, but references to the prevention of infant death became gradually more muted.

The years of the Second World War were at a crossroads in infant-feeding advice. The 1943 report teased out a contradiction in the medical management of breastfeeding that had long existed. The authors declared:

‘Breast feeding is best feeding because it is the natural method’ is a statement often contradicted by evidence that in hospitals breast feeding tends to become regimented, over-scientific, and unnatural.⁴¹

Questioning regimented and ‘scientific’ – or, indeed, ‘over-scientific’ – breastfeeding management continued to be a controversial proposition. It proved to be the most contentious aspect of the report in internal committee discussions and after publication. The paediatrician Alan Moncrieff, soon to be appointed the first Nuffield Chair in Child Health at the University of London, asserted in an internal discussion that Frederic Truby King’s strict feeding routine had had ‘wide and beneficial effects’.⁴² In a generally positive editorial about the published report, the *British Medical Journal* likewise held that ‘some doubts will arise’ when it came to the recommendation for more elasticity in the whole routine of infant management’, as the Truby King method was supremely successful in supporting breastfeeding.⁴³

A strict feeding routine hence continued to garner medical support. Nonetheless, questions started to be raised by some physicians, who voiced the belief that ‘over-mechanisation’ was not conducive to the successful establishment of breastfeeding. Physicians such as James Spence (whose testimony was considered in the 1943 report) and Harold Waller (a consultant physician to the British Hospital for Mothers and Babies in Woolwich, well known for his research on and advocacy of breastfeeding) suggested that in the early days and weeks flexibility in feeding intervals was required to fulfil babies’ and mothers’ needs.⁴⁴ The gentle criticism of ‘over-scientific’ breastfeeding management contained in the 1943 report reflected these views.

Such criticism was also influenced by the formulation of new ideas on breastfeeding and mother–child relations in the interwar period. Indicative of this change was that the sub-committee in charge of the report on breastfeeding not only consulted medical

³⁸ I. Gordon, ‘Some Social Aspects of Infant Feeding’, *Archives of Disease in Childhood*, 17, 91 (September 1942), 139–46; ‘Notes on Investigation into the Incidence of Breast Feeding’, TNA: MH55/1539.

³⁹ ‘Advisory Committee on Mothers and Young Children. Health Campaigns Sub-Committee. Paper M.C.10’, TNA: MH55/1536. From the studies consulted, the sub-committee estimated that 80% of babies born in hospital and 95% of babies born at home were breastfed at two weeks. By the end of three months, around 50% continued to be breastfed and by the end of six months, approximately 40%. See Ministry of Health, *op. cit.* (note 1), 2–3.

⁴⁰ Ministry of Health, *op. cit.* (note 1), 1.

⁴¹ Ministry of Health, *op. cit.* (note 1), 4.

⁴² ‘The Fifth Meeting of the Advisory Committee on Mothers and Young Children’, TNA: MH 55/1536.

⁴³ ‘Breast-Feeding’, *The British Medical Journal* (12 February 1944), 226.

⁴⁴ Spence, *op. cit.* (note 32), 732–3; Harold Waller, *Clinical Studies in Lactation* (London: William Heinemann, 1938), ch. xi.

professionals but also introduced a new group of experts on babies and how to feed them. The report accordingly included the testimony of five ‘psychologists’. These were the psychoanalyst Anna Freud (who had recently opened the Hampstead war nurseries), Grace Calver (a psychiatrist at the Tavistock and Maidenhead Child Guidance Clinic), Aubrey Lewis (Clinical Director at the Maudsley Hospital), Kathleen Todd (the director of the London Child Guidance Clinic and Training Centre) and, more puzzlingly, Grantly Dick-Read, an obstetrician who ran a private clinic in Harley Street and was known for advocating ‘natural’ and pain-free childbirth.⁴⁵

In the event, the sub-committee members were cautious not to overemphasise the evidence they had gathered. They found that the assessments were not sufficiently unanimous and that accounts of the psychological effects of breastfeeding appeared mostly to be a matter of ‘theory and assumption’.⁴⁶ But the report did endorse the view, expressed by Anna Freud (1895–1982), that there existed a relationship between breastfeeding and the psychological well-being of babies: breastfeeding supported the physical health of babies, and this in turn favourably affected their psychological well-being.⁴⁷ It was a point the psychoanalyst Melanie Klein had also made in a well-known article in 1936.⁴⁸ What is most noteworthy, however, is that the sub-committee collected this testimony in the first place. Engaging with what psychoanalysts and psychiatrists had to say on the merits of breastfeeding was a reflection of a growing number of ‘psy’-professionals’ focus on early infancy and the slowly expanding reach of their ideas.

Scholars have shown that in the interwar period psychoanalytic theory underwent a turn to the maternal. First pioneered by the Budapest School of Psychoanalysis, this approach placed the mother at the centre of psychic development.⁴⁹ The concomitant emphasis on early infancy entailed a focus on feeding and weaning. Psychoanalysts came to introduce a new layer of thinking about infant feeding. While the immediate effects of the First World War had been to deepen a child-rearing orthodoxy based on routine, habit-formation and discipline, it also catalysed, as Cathy Urwin and Elaine Sharland have shown, the emergence of movements that foregrounded children’s ‘emotions, motivation and resistances’.⁵⁰ Michael Roper has recently explored how the Great War indirectly stimulated the emergence of child analysis by providing some of the material on the aggressive and anxious urges that came to preoccupy analysts in the interwar period. ‘Having discovered the child in the shell-shocked soldier in the closing years of the war,’ Roper points out, ‘during the 1920s child analysts would go on to discover the war in the child.’⁵¹ Theories of child subjectivity that were elaborated in the wake of the Great War became of national concern during the Second World War. As the rise of Nazism and the outbreak of war brought the problem of human nature to the fore, children were

⁴⁵ Advisory Committee on Mothers and Young Children: Health Campaigns Sub-Committee: ‘H.C. Paper 12’; ‘H.C. Paper 14’; ‘H.C. Paper 16’; ‘H.C. Paper 21’, TNA: MH 55/1539.

⁴⁶ ‘Advisory Committee on Mothers and Young Children: Health Campaign Sub-Committee. Final Report (First Draft). H.C. Paper 37’, TNA: MH 55/1539.

⁴⁷ ‘Advisory Committee on Mothers and Young Children: Health Campaign Sub-Committee. The Views of Psychologists on Breast-feeding’, TNA: MH 55/1539; Ministry of Health, *op. cit.* (note 1), 9.

⁴⁸ Melanie Klein, ‘Weaning (1936)’, *Love, Guilt and Reparation and Other Works 1921–45* (London: Vintage, 1998), 298.

⁴⁹ Shaul Bar-Haim, ‘The Maternalizing Movement: Psychoanalysis, Motherhood and the British Welfare State c. 1920–50’ (PhD thesis, University of London, 2015); Sally Alexander, ‘Psychoanalysis in Britain in the Early Twentieth Century: An Introductory Note’, *History Workshop Journal*, issue 45 (1998), 139.

⁵⁰ Urwin and Sharland, *op. cit.* (note 4), 184.

⁵¹ Roper, *op. cit.* (note 4), 40–1, 55.

more and more understood as psychologically complex and fuelled by inner conflicts. They were also increasingly seen as psychologically vulnerable and fragile.⁵² A growing concern with children's vulnerability and a psychoanalytic focus on the mother–infant dyad eventually came to be reflected in a burgeoning perception of babies as emotionally fragile too. A developing sense that the formation of democratic and peaceful citizens started in the cradle further strengthened such shifting understandings of infancy.⁵³ Laura Hutton, a former suffragist and psychoanalyst, thus asked in 1942, 'Is there a connexion between world-wide war and . . . methods of baby culture' that entailed 'anxiously cold and remote' handling of babies?⁵⁴ Theories formulated by psychoanalysts played a central role in reformulating ideas on the nature of infancy and mother–child relations; they also had a profound effect on the re-conceptualisation of breastfeeding.

The 'Psy' Disciplines and Infant Feeding in the 1930s and 1940s

The theoretical and personal disagreements amongst psychoanalysts expressed in the 'Controversial Discussions' between Anna Freudians and Kleinians have been studied in detail.⁵⁵ What will be explored here are not these differences but how by the post-war period medical ideas on babies and their feeding had absorbed aspects of psychoanalysts' and psychoanalytically oriented psychiatrists' theories. Psychoanalysts intervening in questions of infant feeding and care often explicitly rejected paediatricians' understandings of infancy. Physicians, so Melanie Klein declared in 1936, 'are mostly concerned with the physical development of the child' and ignore that even tiny babies are already human beings whose 'emotional development is of the highest importance'.⁵⁶ Donald Winnicott, a paediatrician and psychoanalyst, in the same year thought that psychoanalysts' insights into infant rearing made 'sore reading for a doctor', because in the important matter of 'the emotional development of infants . . . paediatricians have not yet started to look, let alone to see'.⁵⁷ When later in life he reflected on starting work as a paediatrician in the early 1920s, Winnicott recalled that he had had 'great difficulty in seeing a baby as human at all'. It was through analysis that he eventually became able to do so.⁵⁸ The understanding of 'babies as human beings' – the title of a childcare manual published in the United States in 1938 – underpinned psychoanalytic ideas.⁵⁹ This entailed criticism of how medical ideas were in agreement with behaviourist approaches to baby care. Psychoanalysis, Susan Isaacs pointed out, showed that there was 'much more . . . in the young infant's mind than mere reflex response'.⁶⁰ Or in the words of Klein's estranged daughter, Melitta Schmideberg, a baby could not be 'regarded and treated merely as a sort of reflex automaton'.⁶¹

⁵² Thomson, *op. cit.* (note 8), 77.

⁵³ Urwin and Sharland, *op. cit.* (note 4), 192; Shapira, *op. cit.* (note 4), 136.

⁵⁴ Laura Hutton, 'Loneliness in Infancy', *British Medical Journal*, 558 (7 November 1942).

⁵⁵ Pearl King and Ricardo Steiner (eds), *The Freud–Klein Controversies, 1941–5* (London: Routledge, 1991).

⁵⁶ Klein, *op. cit.* (note 48), 297.

⁵⁷ D.W. Winnicott, 'Review: On the Bringing Up of Children', *The Collected Works of D.W. Winnicott*, vol. 1 (Oxford: Oxford University Press, 2017), 438.

⁵⁸ D.W. Winnicott, 'D. W. W. on D. W. W.', in Clare Winnicott, Ray Shepherd and Madeleine Davis (eds), *D. W. Winnicott: Psycho-Analytic Explorations* (London: Karnac, 1989), 574.

⁵⁹ C. Anderson and Mary M. Aldrich, *Babies are Human Beings* (New York: The Macmillan Company, 1907).

⁶⁰ Susan Isaacs, 'Habit: with particular reference to training in cleanliness', in John Rickman (ed.), *On the Bringing Up of Children* (London: Kegan Paul, 1936), 127.

⁶¹ Melitta Schmideberg, 'The Psychological Care of the Baby', *Mother & Child*, 6, 8 (1935), 305.

Psychoanalysts argued that babies in the first year of life were not ‘dull of feeling or unconscious of their surroundings’, as doctors posited.⁶² This understanding was crucial to new conceptualisations of infancy and infant feeding. Nonetheless, there were some continuities between psychoanalytic and medical views on babies and their feeding. Importantly, in the 1930s and 1940s, psychoanalytic theories reinforced the medical model that favoured breastfeeding over bottle-feeding. Psychoanalysts did so on different grounds, however. While physicians prioritised the relationship between feeding and physical health, psychoanalysts attributed to breastfeeding an important role in the emotional development of the child. Susan Isaacs (1885–1948) made this clear early on in her childcare manual, first published in 1929. A trained psychologist, psychoanalyst and progressive educationalist, Isaacs in the manual encouraged raising children by considering their emotions and emotional difficulties.⁶³ When it came to feeding babies, she declared that ‘To give the bottle or spoon instead of the breast, makes feeding a cold and heartless thing, a mere affair of satisfying hunger.’⁶⁴ In a later revised edition, she added: ‘To give the breast is to the babe’s mind in these early days to give love; to withdraw or withhold it is to withdraw or withhold love’; ‘... to lose the breast means to lose love...’⁶⁵

For all their theoretical differences, a recurrent theme in psychoanalysts’ conceptualisations of babyhood in this period was that bottle-feeding could not fully replicate the emotional and psychological effects of a breastfeeding relationship. When the Health Campaigns Sub-Committee asked Anna Freud in 1942 whether breastfeeding was preferable to bottle-feeding, she answered with a simple ‘yes’. She went on to elaborate that since nutritional satisfaction was one of the main gratifications experienced in early life, it was ‘no matter of indifference’ whether this gratification was felt in connection with an inanimate object or the ‘animate organ of the mother’s breast’. Breastfeeding, she explained, ‘affords a sound pattern of desire and gratification accompanied by a satisfactory human relationship’; the absence of breastfeeding, on the other hand, ‘may impoverish and restrict instinctual development to a certain degree’.⁶⁶ In an article of 1946, she went on to suggest that for breastfed infants the transition from narcissism to object love was easier and smoother.⁶⁷ Melanie Klein was less definite in articulating differences between breastfeeding and bottle-feeding, but also posited maternal breastfeeding as important in infant development. Klein, who ascribed to babies from birth a complex internal world in which destructive fantasies coexisted with feelings of love, guilt and reparation, in 1936 contributed a chapter to a collection on *Bringing up Children*.⁶⁸ Here, she partially provided a practical guide to feeding and weaning and attributed more influence to the external environment than in her clinical writings.⁶⁹ She allowed that

⁶² Merrell P. Middlemore, *The Nursing Couple*, first published 1941 (London: Cassell & Company, 1953), 4.

⁶³ Urwin and Sharland, *op. cit.* (note 4), 185.

⁶⁴ Susan Isaacs, *The Nursery Years* (London: George Routledge & Sons, 1929), 28.

⁶⁵ Susan Isaacs, *The Nursery Years*, rev. edn (New York: Vanguard Press, 1938), 24, 34.

⁶⁶ Advisory Committee on Mothers and Young Children: Health Campaigns Sub-Committee: ‘H.C. Paper 21’, TNA: MH 55/1539.

⁶⁷ Anna Freud, ‘The Psychoanalytic Study of Infantile Feeding Disturbances’, *Psychoanalytic Study of the Child*, 2 (1946), 125.

⁶⁸ Melanie Klein, ‘Weaning’, in John Rickman (ed.), *On the Bringing Up of Children* (London: Kegan Paul, 1936), 31–56.

⁶⁹ Phyllis Grosskurth, *Melanie Klein: Her World and Her Work* (London: Maresfield Library, 1986), 232.

a bottle-fed child could develop ‘quite well’, but still ‘in analysis one will always discover in such people a deep longing for the breast which has never been fulfilled’.⁷⁰

Donald Winnicott (1896–1971) explored the question of breastfeeding versus bottle-feeding in depth and often returned to it in his writings and BBC radio broadcasts. Bottle-fed babies could thrive physically, he believed, and the ‘mother whose breast milk fails can do almost all that is needed in the course of bottle feeding’.⁷¹ It was only ‘almost all’, however: on the whole ‘bottles are not good breast substitutes’.⁷² Winnicott, for whom the early relationship between mother and baby was vital to subsequent development, saw breastfeeding as providing babies with a more intense and richer early experience. He proposed that providing the conditions for the richest possible experience had ‘long-term results in increased depth and value in the character and personality of the individual’.⁷³ In short, according to Winnicott, a successful breastfeeding experience was a good basis for life.⁷⁴

As psychic development was traced to the beginning of life, babies’ experiences of feeding were imbued with meaning for long-term development and with laying the foundation of mental health.⁷⁵ The feeding experience, Edward Glover (1888–1972) explained, ‘can really affect the infant all through life’.⁷⁶ In a posthumously published book on *The Nursing Couple*, Merrell Middlemore explored in detail nursing experiences in a lying-in-hospital ward.⁷⁷ Middlemore (1898–1938) had trained at the London School of Medicine for Women and was a qualified obstetrician (she worked for a while with Donald Winnicott at Paddington Green Hospital), as well as a trained psychoanalyst. The book was influential in psychoanalytic circles: Donald Winnicott acknowledged the importance of Middlemore’s notion of the ‘nursing couple’ for his leitmotif that ‘there is no such thing as a baby’; the baby was part of a relationship.⁷⁸ The book also received a favourable reception in the medical press, perhaps helped by the fact that Middlemore was an obstetrician, and her work contained detailed mother–infant observations.⁷⁹

According to Middlemore, successful breastfeeding exerted a favourable influence on a child’s later emotional development. The ‘nursing relationship’, however, could also be troubled. This, Middlemore believed, could be due to physical reasons, inadequate breastfeeding support (which could be rooted in emotional difficulties founded in doctors or nurses confronting their past) or unconscious fears of the mother related to her own breastfeeding experiences. Such difficulties were of consequence. When suckling was sternly or injudiciously managed, infants’ emotional development was likely to be turbulent.⁸⁰ The understanding that a nursing relationship was not inevitably satisfactory led Donald Winnicott to stress that if mothers for whatever reason could not adapt to their babies’ needs, it was ill advised to persevere with breastfeeding. In such cases, transfer

⁷⁰ Klein, *op. cit.* (note 48), 302.

⁷¹ D.W. Winnicott, ‘Further Thoughts on Babies as Persons (1947)’, in *op. cit.*, vol. 2 (note 57), 100.

⁷² D.W. Winnicott, ‘Breast feeding’ (1945, rev. 1954), in *ibid.*, 393.

⁷³ Winnicott, *ibid.* (note 72), 395.

⁷⁴ Winnicott, ‘Weaning’ (1949), in *op. cit.*, vol. 3 (note 71), 304.

⁷⁵ D.W. Winnicott, ‘The value of breast feeding (psychological)’, in *op. cit.* (note 71), 389.

⁷⁶ Edward Glover, ‘Introduction’, in Middlemore, *op. cit.* (note 62), vi.

⁷⁷ Middlemore, *op. cit.* (note 62), 5, 170.

⁷⁸ Winnicott, *op. cit.* (note 72), 98. See also King and Steiner, *op. cit.* (note 55), 181.

⁷⁹ ‘Psychology of Breast-Feeding’, *The British Medical Journal* (2 August 1941), 162; Violet Russell, ‘Breast-Feeding’, *The British Medical Journal* (26 September 1942), 378; ‘Notes, Comments and Abstracts’, *The Lancet*, 238 (December 1941), 781–2.

⁸⁰ Middlemore, *op. cit.* (note 62), 5, 71, 112, 146, 170.

to bottle-feeding produced necessary relief for the baby and was a much better option.⁸¹ The establishment of a successful relationship between mother and baby was of prime importance; even the rule that babies should be breastfed should not come before this.⁸²

The growing interest in infants' internal worlds found further expression in the development of the notion that babies had an innate need for security. This was an understanding that was eventually widely taken up outside of 'psy' circles. Associates of the Tavistock Clinic, a psychoanalytically oriented child-guidance centre, were influential in developing such theories.⁸³ By emphasising external relationships, loss of connection with the mother was associated with psychopathology. A child, the psychiatrist Henry Dicks (1900–77) explained, 'begins life completely helpless and dependent, and . . . responds with every expression of terror to certain situations which can all be summed up by the term of "loss of the mother"' and therefore has 'a tendency to seek security and love'.⁸⁴ Ian Suttie, the author of *The Origins of Love and Hate* (a book to which John Bowlby was to feel greatly indebted in the development of his theories), proposed that there existed an 'innate need-for-companionship which is the infant's only way of self-preservation', which he put in place of the Freudian libido.⁸⁵

Some theorists of babies' innate need for security and connection to the mother did not give importance to the manner of feeding. This was most notably true of John Bowlby, who later commented: 'There was a lot of fancy talk about breast-feeding and bottle-feeding and so on; I regarded it all as rubbish. It was completely contrary to my clinic experience. . . . It seemed to me that the feeding variable was totally irrelevant, or almost totally irrelevant.'⁸⁶ Others, however, linked the fulfilment of a need for security to breastfeeding. The psychiatrist and founder of the Tavistock Clinic, Hugh Crichton Miller, for instance, declared in 1938 that

medical psychologists are discovering daily the permanent damage that can be inflicted in connexion with infant feeding. No doubt ill-conducted breast feeding can cause psychic traumata of great severity. So can bottle feeding. It, however, lacks in addition the great opportunity which breast feeding affords. That opportunity is no less than the conditioning of nascent social sense. Thereby the infant begins to differentiate the non-ego from the ego under conditions of instinctual satisfaction, physical well-being, and above all, perfect security. This is the beginning of all sound social adjustment.⁸⁷

There were substantial differences and disagreements between the broader positions developed by the theorists cited here. However, they commonly established a relationship between feeding experiences and infant psychological and emotional development and posited a (satisfactory) breastfeeding relationship as the best way to meet the emotional needs of babies.

⁸¹ Winnicott, *op. cit.* (note 72), 392.

⁸² D.W. Winnicott, 'Infant feeding' (1945), in *op. cit.* (note 71), 297.

⁸³ Frank C.P. van der Horst and René van der Veer, 'The Ontogeny of an Idea: John Bowlby and Contemporaries on Mother–Child Separation', *History of Psychology*, 13, 1 (2010), 25–45.

⁸⁴ Henry V. Dicks, *Clinical Studies in Psychopathology: A Contribution to the Aetiology of Neurotic Illness* (London: Edward Arnold & Co., 1939), 20.

⁸⁵ John Bowlby, 'Foreword', in Ian D. Suttie (ed.), *The Origins of Love and Hate*, first published 1935 (London: Free Association Books, 1988).

⁸⁶ A. Smuts, *Interview with Dr John Bowlby*, unpublished manuscript (1977), cited in Robert Karen, *Becoming Attached: First Relationships and How They Shape Our Capacity to Love* (Oxford: Oxford University Press, 1998), 89.

⁸⁷ H. Crichton Miller, 'Decline in Breast-feeding', *The British Medical Journal*, 812 (15 October 1938).

Should Babies Be Fed on a Schedule?

Babies' emotions had entered conceptualisations of infant feeding. But how, then, should babies be (breast)fed? When Melanie Klein wrote an autobiographical fragment in 1959, she recorded that she had been fed 'on demand' by a wet-nurse. This, she said, had been at a time when 'Truby King had not yet done his devastating work'.⁸⁸ Psychoanalysts, as discussed above, were critical of behaviourist approaches to infant care. Susan Isaacs thus delivered a blistering rejection of behaviourist toilet-training in John Rickman's volume, and, popularising Kleinian theories, provided a consistent voice against behaviourist and disciplinarian methods of parenting in an advice column for the parenting magazine *The Nursery World*.⁸⁹ But what about feeding? An important element of behaviourist infant-care advice promoted by medical commentators insisted on a strict feeding routine. However, it was not only the behaviourist theory of character formation that underpinned the concept of feeding by the clock: insistence on strict routine when it came to feeding was deeply entangled with a long-standing understanding that it was necessary for keeping babies healthy. It meant that psychoanalysts' engagement with this feeding issue was complex and led to diverse responses in the 1930s and 1940s. Overall, psychoanalysts' rejection of this element of behaviourist infant management was more hesitant, and eventual refutation went hand in hand with changing medical understandings of the health benefits, or lack thereof, of a feeding routine.

There were some early critics of feeding by the clock. Edward Glover in 1941 scathingly attacked physicians' 'fantastic theory' that one should not feed a baby 'when it's hungry, unless the hunger falls at a given moment in a time-table drawn up by adults'. According to Glover, it was a way of feeding that was responsible 'for more psychic suffering to children than the physical neglect or positive cruelties of earlier ages'.⁹⁰ More commonly, however, approaches were complex, and the practice was not entirely rejected until the 1950s. In 1934, for instance, the year he qualified as a psychoanalyst, Donald Winnicott saw feeding on a schedule as integral to structuring babies' lives and as contributing to their psychic development. He suggested that a feeding routine which evoked frustration and rage in the baby was part of the 'loving management and training of an infant' and part and parcel of the baby's emotional development.⁹¹ In his famous BBC broadcasts on child rearing, he continued to assume that babies were fed on a schedule: 'As it is half past nine I suppose nearly all babies are a bit disturbed. In my imagination I can hear hundreds of babies crying . . .'.⁹²

While psychoanalysts were critical of physicians' sole focus on babies' bodies, the understanding that a feeding routine was important to infant health influenced approaches to this issue. Susan Isaacs in her childcare manual equated a three- or four-hourly feeding routine with respecting the baby's stomach and giving 'him' a greater chance of escaping infantile diarrhoea and living through the first year.⁹³ Melanie Klein in 1936 argued that

⁸⁸ Melanie Klein, 'The Autobiography of Melanie Klein', transcribed and annotated by Janet Sayers, *Psychoanalysis and History*, 15 (2013), 138.

⁸⁹ Isaacs, *op. cit.* (note 60); Michal Shapira, "'Speaking Kleinian": Susan Isaacs as Ursula Wise and the Inter-War Popularisation of Psychoanalysis', *Medical History*, 61 (2017), 525–47.

⁹⁰ Glover, *op. cit.* (note 76), vii.

⁹¹ D.W. Winnicott, 'Does Your Child Sleep Well?', *Parents*, 77 (1934).

⁹² D.W. Winnicott, 'Where the food goes', in *The Ordinary Devoted Mother and Her Baby: Nine Broadcast Talks* (London: C.A. Brook, 1950), 12. Ten o'clock was the time for a feed on Truby King's four-hourly schedule. See Truby King, *op. cit.* (note 21), 35.

⁹³ Isaacs, *op. cit.* (note 64), 1. It was not changed in the revised edition, first published in 1931.

a feeding routine had physical benefits for the baby that should not be dismissed. She explained that ‘a balance must be kept between the physical and psychical necessities. The regularity of feeding has proved to be of great value for the baby’s physical well-being, and this again influences the psychical development’.⁹⁴

An argument also, however, developed for flexibility in feeding times during the establishment of breastfeeding, a suggestion which also had some medical supporters, as discussed above.⁹⁵ Klein explained that

there are many children who, in the early days at any rate, cannot sustain breaks of too long duration between feeds; in these cases it is better not to keep rigidly to rules, and to feed the baby every three hours or even under this, and, if necessary, to give a sip of dill-water or sugar in between times.⁹⁶

Winnicott concurred: ‘Fancy starting off feeding a baby by the clock before he has gained the feeling that there really is anything outside himself and his desires at all.’⁹⁷ Instead, there should be a ‘first brief period’ during which the mother followed the desires of the baby. On this foundation, the baby could start to compromise with the mother and accept regular feeding.⁹⁸ Merrell Middlemore addressed the question extensively in *The Nursing Couple*. In her research on the establishment of breastfeeding, Middlemore was clear that while a routine during breastfeeding in the early days worked well for some ‘nursing couples’, this was not the case with others. Her plea was for watchful and sympathetic treatment of and adaptation to individual babies’ and mothers’ needs, not only regarding feeding intervals but also in all other aspects of breastfeeding management. It remained to be seen if principles of technique could be formulated that were ‘consonant with the requirements of scientific breast feeding’ but had more regard for the emotions of mothers and babies.⁹⁹ Middlemore’s focus, however, was on the period of breastfeeding establishment (her observations took place on a lying-in ward). After this initial period, she thought, the ‘principles of scientific breast feeding are easier to apply’.¹⁰⁰

The belief that flexibility should characterise the establishment of breastfeeding gave way eventually to the position that feeding times should be flexible throughout. In 1950, Emanuel Miller (1892–1970), a psychiatrist with a strong psychoanalytic leaning, explained that flexibility in feeding times, as much as in sleep times and elimination, should be mothers’ first concern.¹⁰¹ By this point, it had become far more common for physicians to question a feeding routine. As discussed above, when the report on breastfeeding of the Advisory Committee was put together in 1942, its light criticism of routine-feeding proved to be one of its most controversial aspects for medical commentators. In subsequent years, however, an increasing number of physicians came to question the belief that a feeding routine provided health benefits. Indeed, this was an issue on which psychoanalytic and medical approaches changed concurrently.

The medical distancing from a feeding routine was driven by growing doubts about the assumption that ‘overfeeding’ could lead to (potentially fatal) diarrhoea.¹⁰² An increasing

⁹⁴ Klein, *op. cit.* (note 48), 298.

⁹⁵ See note 44.

⁹⁶ Klein, *op. cit.* (note 48), 298.

⁹⁷ Winnicott, *op. cit.* (note 82), 295.

⁹⁸ Winnicott, *op. cit.* (note 82), 295–6; Winnicott, ‘Getting to Know Your Baby’ (1945), *op. cit.* (note 71), 224.

⁹⁹ Middlemore, *op. cit.* (note 62), 165–8.

¹⁰⁰ Middlemore, *op. cit.* (note 62), 172.

¹⁰¹ Emanuel Miller, ‘The Fundamental Psychological Needs of the Child’, *Mother & Child*, 21 (August 1950), 131.

¹⁰² See, eg, ‘British Medical Association Meeting in Oxford: Wasting in Infancy’, contribution by C.K.J. Hamilton, *The Lancet* (19 September 1936), 685; P.R. Boucher, ‘Infant Feeding’, *British Medical Journal*

number of physicians rejected Truby King's insistence that overfeeding was even more dangerous than underfeeding, so that when the consultant paediatrician at the North Middlesex Hospital, Ian Wickes, provided an overview of the history of infant feeding in 1953, he declared that Truby King's positive impact on infant welfare had been 'marred by the gross over-emphasis of the dangers of overfeeding'. Indeed, an 'acme of stupidity' had been reached with such teachings.¹⁰³ It became more common for physicians to suggest that some flexibility in feeding intervals could be a sensible way to proceed with feeding, gradually giving way to endorsing feeding on demand.¹⁰⁴ The shift towards promoting flexibility in feeding times was informed by a changing understanding of the health implications of a feeding routine, as much as by new conceptualisations of infancy and mother-child relations in approaches to infant feeding.

The Medical Profession and the Feeding of the Emotionally Fragile Baby: 'Quite as Intellectually Satisfying as the Story of Scurvy and Vitamin C'

Medical opinion throughout the first half of the twentieth century continued to stress the benefits of breastfeeding over bottle-feeding. There was, however, a shift in the medical advocacy of breastfeeding. Starting in the early 1940s but accelerating after the war, there were a growing number of medical professionals who claimed that breastfeeding bestowed more than physical benefits on infants. Psychologists were called upon to make this case. The general practitioner Charlotte Naish, for example, explained in 1947 in a prize-winning book on breastfeeding:

If we are to believe the psychologists when they say that our complexes and adult mental make-up are dependent upon our infantile associations, then we should strive our utmost to make those associations as happy as possible.¹⁰⁵

According to Naish, breastfeeding would enable this. The physicians Robert and Cynthia Illingworth pointed out in a popular infant-care advice book that 'Psychologists say that breastfeeding is of psychological advantage to both mother and child – particularly to the latter'.¹⁰⁶

The aggressive and anxious urges attributed to infants by psychoanalysts found little resonance in medical writings; however, the contention that babies had an innate need for security, which maternal breastfeeding could fulfil, proved persuasive. Victoria Bennett, a paediatrician and medical officer to infant welfare clinics, provides an interesting example.

(29 July 1944), 60; Alan Brown, 'The Scientific Construction of the Normal Child's Diet', *The Lancet* (4 December 1948), 878; Ian G. Wickes, 'Overfeeding in Early Infancy', *British Medical Journal* (29 November 1952), 1178–9.

¹⁰³ Ian G. Wickes, 'A History of Infant Feeding. Part V: Nineteenth Century Concluded and Twentieth Century', *Archives of Disease in Childhood*, 142 (1953), 500; Ian G. Wickes, 'Breast Feeding – A Historical Review', *Mother & Child*, 26, 4 (1955), 91.

¹⁰⁴ R.S. Illingworth, 'Common Difficulties in Infant Feeding', *British Medical Journal* (12 November 1949), 1079; Alan Moncrieff (ed.), *Practical Motherhood and Parentcraft: A Comprehensive Guide to Successful Parenthood* (London: Odhams Press, 1951), 110, 140; Philip Rainsford Evans and Ronald MacKeith, *Infant Feeding and Feeding Difficulties*, 2nd edn (London: J. & A. Churchill, 1954), 102, 107ff; 'Changing Ideas in Infant Feeding', *British Medical Journal* (18 December 1954), 1469–70.

¹⁰⁵ Charlotte Naish, *Breast Feeding: A Guide to the Natural Feeding of Infants* (London: Oxford University Press, 1948), 14. See also Grantly Dick-Read, *Childbirth without Fear: The Principles and Practice of Natural Childbirth*, 3rd rev. edn (London: William Heinemann, 1954), 162.

¹⁰⁶ Ronald S. Illingworth and Cynthia M. Illingworth, *Babies and Young Children: Feeding, Management and Care* (London: J. & A. Churchill, 1954), 37.

In the early 1930s, Bennett promoted breastfeeding by endorsing Truby King's ideas and methods: breastfeeding had health benefits for babies and bottle-feeding was a poor substitute, which at its worst was the cause of much infant sickness and death.¹⁰⁷ In 1940, however, Bennett gave a new meaning to the claim that breastfeeding was babies' 'birthright': 'breast-feeding', she said, 'helps the child from the outset to acquire a sense of security so necessary for him in this changing world, as nothing else can'.¹⁰⁸

The understanding that breastfeeding affected not only physical but also psychological development became more and more integral to medical approaches to infant feeding in the post-war years. The Medical Women's Federation, for instance, confidently claimed in 1947 that 'the lack of true mothering and of breastfeeding is a real deprivation to the emotional life of the child, the results of which may be difficult to foretell'.¹⁰⁹ The executive committee of the Royal College of Midwives issued a declaration in 1949 that asserted that 'artificial feeding cannot equal the natural, either physically or psychologically'.¹¹⁰ Indeed, bottle-feeding now could imply greater psychological than physical deprivation. Evelyn Pantin, a midwife, nurse and author of infant-care manuals, declared in 1949 that by bottle-feeding '... it is more from the psychological aspect than the physical aspect that the child is "deprived of natural feeding benefits"'.¹¹¹

How greatly the focal point of discussion on infant feeding had changed became apparent when in 1953 two doctors, Alice Stewart and Celia Westropp, challenged the long-held assumption that breastfeeding led to better health outcomes and published a study in which they concluded that artificial feeding was now 'safe and easy' and might have some health benefits over breastfeeding.¹¹² Other doctors challenged the validity of the claims about the health benefits of bottle-feeding. But not only that: the fact that the authors of the study had neglected to consider the psychological advantages of breastfeeding was also noted disapprovingly.¹¹³ The new understanding was summed up by the physician Duncan Leys, when he explained that doctors commonly advanced two arguments in favour of breastfeeding: firstly, that breastfed babies were less susceptible to infections; and, secondly, and more recently, based on 'rapidly accumulating evidence', that breastfeeding laid the foundations 'of a good personality'. Leys found the latter conception 'quite as intellectually satisfying as the story of scurvy and vitamin C'.¹¹⁴

The interwar concern that absence of a feeding routine might lead to the development of 'mental disorders' in later life gave way to a preoccupation in the post-war years that not experiencing maternal breastfeeding could be detrimental to mental health.¹¹⁵ Just as the health benefits bestowed by breastfeeding were thought to reach into adulthood, the

¹⁰⁷ Victoria Bennett, *The Welfare of the Infant and Child* (London: George Routledge & Sons, 1932), 69.

¹⁰⁸ Victoria E.M. Bennett, 'Baby's Birthright', *Parents*, (1940), 226.

¹⁰⁹ 'Factors Influencing the Future Provision of Day Nurseries: Long-Term Policy. A Statement by the Day Nurseries Committee of the Medical Women's Federation Adopted by the Council of the Federation', *British Medical Journal* (9 August 1947), 209.

¹¹⁰ 'The Importance of Breast Feeding', *Mother & Child*, 20 (April 1949), 22.

¹¹¹ Evelyn Pantin, 'Artificial Feeding', *Parents* (October 1949), 112.

¹¹² Alice Stewart and Celia Westropp, 'Breast-Feeding in the Oxford Child Health Survey. Part II – Comparison of Bottle- and Breast-Fed Babies', *The British Medical Journal* (8 August 1953), 305–8.

¹¹³ R.S. Illingworth, 'Breast-Feeding in Oxford', *BMJ* (22 August 1953), 441; Duncan Leys, 'Breast-Feeding in the Oxford Survey', *BMJ* (29 August 1953), 509.

¹¹⁴ Duncan Leys, *ibid.* (note 113), 509.

¹¹⁵ See, for instance, Joyce Garland, 'Psychological Aspects of Breast Feeding', *Mother & Child*, 26, 4 (1955), 108.

psychological impact was said to go well beyond infancy. ‘As one watches the later life of breastfed children,’ Victoria Bennett maintained

and contrasts their attitudes to problems, people and things with that of the artificially fed, one is driven to the conclusion that this early sense of security helps them in a marvellous way to a better balance, not only physically, but also mentally and spiritually in their dealings with what life holds for them.¹¹⁶

A relationship between breastfeeding and psychological health in later life was strongly endorsed by James Halliday, the Regional Medical Officer with the Scottish Department of Health. A pioneer in the development of psychosocial medicine, Halliday’s work outlines the increasing impact of psychological thought on mainstream medicine.¹¹⁷ Infant feeding occupied an important position in Halliday’s thinking. According to him, not only had interwar babies been fed by the clock (now an increasingly questionable practice), but a diminishing number had been fed at the breast. To Halliday the implications were profound: as he saw it, the frustrated emotional experiences of interwar babyhoods would soon lead to the emergence of an adult generation with psychophysiological dysfunction.¹¹⁸

Psychoanalysts carefully elaborated the view that the experiences of infancy affected not only individual lives but also the shape of society. After the Second World War, physicians followed suit with a less complex understanding of the emotional impact of the breastfeeding experience. There was nothing unusual about Ian Wickes suggesting that there was a correlation between feeding methods and later development of personality types and psychoneurotic reactions, meaning that infant care had an impact on social structure.¹¹⁹ ‘Good mothering’, pivoting around the practice of breastfeeding, would determine the shape of post-war Britain. This was a theme that was extensively explored by the obstetrician Grantly Dick-Read (1890–1959), who became known for his ideas on ‘natural’ and pain-free childbirth that formed the basis of the formation of the Natural Childbirth Trust (later the National Childbirth Trust, or NCT) in 1956 by Priscilla Briance.¹²⁰ A social reformer with interest in preventive medicine, Dick-Read had an often antagonistic relationship with other members of his profession and a belief that a woman’s emancipation lay in the ‘freedom to fulfil her biological purpose’.¹²¹ Dick-Read started to develop his ideas on childbirth in the 1930s; by the beginning of the 1950s breastfeeding was included in his vision of ‘natural motherhood’. Proper mothering included feeding babies at the breast: no bottle could replace ‘the physiological character formation of the breast-fed baby’.¹²² The roots of some of Dick-Read’s ideas on natural childbirth in interwar eugenic, pro-natalist and anti-feminist discourses have been noted.¹²³ However, in the post-war period, Dick-Read also made an energetic contribution to the medical re-imagining of mothering and infant-feeding practices that associated breastfeeding with the collective emotional health of the nation, still reeling from the upheavals of the

¹¹⁶ Bennett, *op. cit.* (note 108), 226.

¹¹⁷ Rhodri Hayward, *The Transformation of the Psyche in British Primary Care, 1880–1970* (London: Bloomsbury, 2014), 75–7.

¹¹⁸ James Halliday, *Psychosocial Medicine: A Study of the Sick Society* (London: William Heinemann, 1948), 115–20.

¹¹⁹ Ian G. Wickes, ‘A History of Infant Feeding: Part I’, *Archives of Disease in Childhood*, 142 (1953), 153.

¹²⁰ Ornella Moscucci, ‘Holistic Obstetrics: The Origin of “Natural Childbirth” in Britain’, *Postgraduate Medical Journal*, 79 (2002), 168–73.

¹²¹ Grantly Dick-Read, *Introduction to Motherhood* (London: William Heinemann, 1950), 44.

¹²² Dick-Read, *op. cit.* (note 105), 162.

¹²³ Moscucci, *op. cit.* (note 120).

Second World War. Breastfeeding, Dick-Read explained, gave babies a sense of security. Without the proper mothering that breastfeeding provided

a nation of gladiators can arise, as we have seen in the last two generations; but if the seeds of early mother-love had been implanted in early infancy . . . , should we have seen the tragedies and the indescribable horrors of the last fifteen to twenty years?

He concluded that breastfeeding ‘has a sociological value far greater than is generally recognised’.¹²⁴

Conclusion

After the closure of the Mothercraft Training Society headquarters in London in 1951, Dr W.C. Petherbridge of the Royal Society for the Welfare of Mothers and Babies and the Mothercraft Training Society in Australia wrote to its former matron, Mabel Liddiard, expressing the hope that mothercraft clinics would nonetheless continue to flourish. As Petherbridge saw it, there was a great need for them, as the influence of ‘psychologists who are largely unfamiliar with the practical side of infant feeding and care seems to extend through G.B.’.¹²⁵ This article has argued that by the time Petherbridge wrote his letter, medical understandings of and approaches to infant feeding had long absorbed aspects of ‘psy’ theories. When infant feeding became an area of medical expertise at the beginning of the twentieth century, physicians represented ‘good mothering’ in early infancy as consisting of ensuring infant survival and good health. Mothers’ milk was represented as the source of healthy individual, as well as national, development. By the post-war period, however, physicians had reconceptualised the nature of good mothering. Medical opinion continued to associate breastfeeding with safeguarding the physical health of babies. In addition, however, it was now seen to affect the emotional and psychological development of babies. Psychoanalytic concepts had found an echo in medical views on infant feeding.

Advocacy of breastfeeding over bottle-feeding continued throughout the first half of the twentieth century. This did not change with the emergence of a new group of experts on infancy. In the 1930s and 1940s, psychoanalysts commonly reinforced the medical prioritisation of the maternal breast. They did, however, present new reasons for elevating breastfeeding over bottle-feeding (and developed nuanced engagements with the complexities and potential difficulties of the mother–infant breastfeeding relationship). Exploration of the impact of psychoanalytic theories on medical conceptualisations of infant feeding provides a new avenue of understanding the diffusion of psychoanalytic thought in wartime and post-war Britain. Recent scholarship has traced the dissemination of childcare advice by psychoanalysts such as Susan Isaacs and Donald Winnicott through parenting-magazine advice columns and BBC radio broadcasts.¹²⁶ The analysis here showcases a different way in which infant-care advice came to integrate psychoanalysts’ views: via physicians’ (selective) uptake of their ideas.

For a long time, one of the knottiest issues in considerations of infant feeding was the question of the manner of administering feeds. What was the relevance of a feeding routine in the context of changing understandings of babyhood? In their groundbreaking

¹²⁴ Dick-Read, *op. cit.* (note 105), 162.

¹²⁵ Dr W.C. Petherbridge to Mabel Liddiard, 18.6.1956, Archives of the Highgate Literary and Scientific Institution.

¹²⁶ Shapira, *op. cit.* (note 89); Anne Karpf, ‘Constructing and Addressing the “Ordinary Devoted Mother”’, *History Workshop Journal*, 78 (2014), 82–106.

study of changing childcare advice in interwar Britain, Cathy Urwin and Elaine Sharland first outlined the role of psychoanalysts and new psychologists in displacing the rigid inculcation of habits promoted by behaviourism, increasingly identified with 'Prussianism' and totalitarian cultures in the face of the rise of Nazism and the Second World War.¹²⁷ The exploration of psychoanalysts' engagement with behaviourist advice on infant feeding (which closely chimed with medical prescriptions) complicates this story. While psychoanalysts rejected behaviourism, they were not at the clear forefront of the rejection of a core element of behaviourist infant-care advice: scheduled feeding. The conceptualisation of feeding by the clock was too deeply enmeshed with an understanding that it supported babies' healthy physical development. Instead, there is evidence that questioning and eventual rejection of the practice developed simultaneously in medical and psychoanalytic theories. This, then, queries historians' tendency to portray medical and psychoanalytic discourses on children as discrete: the former focused on bodies and the latter on minds. Exploration of the infant-feeding question reveals that for all their profound differences, aspects of psychoanalytic and medical theories could be mutually constitutive. Some medical ideas on babies and their feeding affected the formulation of elements of psychoanalytic theories, while some aspects of psychoanalytic theories came to inform medical approaches to infant feeding.

By the 1940s, medical writings increasingly represented babies as undergoing complex emotional and psychological development that needed careful attention from the mother. The growing preoccupation of the war and post-war years with the relationship between infancy, mothering and democratic society was reflected in a reconceptualisation of the nature of babyhood in medical discourse. Babies came to be imbued with an emotional interiority that had been largely absent in the early twentieth century. The environment created by the 'good mother' was still a physical environment of proper nutrition, as well as cleanliness and fresh air. It also, however, came to include the creation of an environment of emotional security for what was seen to be an increasingly psychologically complex baby. While the medical profession in Britain commonly promoted breastfeeding over bottle-feeding before, during and after the Second World War, the meanings attached to breastfeeding underwent significant change during the war and in the immediate post-war period. The 'good mother' continued to be the breastfeeding mother, but the maternal breast came to be seen as providing not only ideal physical nourishment but also vital emotional sustenance. Breastfeeding came to be posited not only at the core of the creation of healthy and well-adjusted individuals but also by extension the nurture of (emotionally) healthy societies.

Imbuing putting babies to the breast with such far-reaching effects did not persist for long. By the beginning of the 1960s, John Bowlby's ideas on 'babies' ties to their mothers', as he had laid them out in 1958 to the Psychoanalytic Society, had become more influential. Feeding was just one of a range of factors that informed a process of attachment, according to Bowlby.¹²⁸ The maternal breast lost some of the powers attributed to it. Pointing out that breastfeeding rates had significantly declined since the end of the Second World War, an editorial in *Mother and Child* in 1961 declared it unlikely that lack of breastfeeding would seriously harm the emotional development of the child. Rather, what was of significance was whether infants grew up in an environment characterised by 'affection, security,

¹²⁷ Urwin and Sharland, *op. cit.* (note 4).

¹²⁸ John Bowlby, 'The Nature of the Child's Tie to the Mother', *The International Journal of Psychoanalysis*, 39 (1958), 350–78.

and sensible discipline' or by 'rejection, oppression or over-indulgence'.¹²⁹ The maternal breast was no longer primarily responsible for babies' physical well-being, emotional health and personality development. Mothers, however, continued to be positioned at the heart of these processes.

¹²⁹ 'Commentary', *Mother & Child*, 32 (1961), 188.