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“An Army of Little Mothers”: Progressive Era Eugenic Maternalism and the Medicalization of Motherhood

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Abstract

This article explores the role of the Little Mothers’ Leagues in New York City, clubs created by public health authorities to educate working-class girls as young as eight years old who took care of their younger siblings while their parents worked. The Little Mothers’ Leagues served as an essential link between social reform and eugenic public health programming during the first two decades of the twentieth century. Eugenic maternalism, as articulated by the Little Mothers’ Leagues, distilled a sense of Americanness into a set of hygienic practices and rituals that could be easily understood and imitated. Through the Little Mothers’ Leagues, eugenic maternalist reformers addressed essential questions regarding the role of social reform in the “Americanization” process, the role of young girls as citizens and as entry points to the immigrant home, and the extent to which environmental reform could regulate the immigrant family. Examining the Little Mothers’ Leagues as a project that was both eugenic and maternalist allows us to better understand the ways that eugenic thinking permeated popular discourse through child welfare reform and domestic science.

Keywords: domestic science; eugenics; maternalism; public health; social reform

On June 22, 1916, every school child in New York City was “enlisted” by the Department of Health to participate in a baby welfare campaign. In both public and parochial schools, teachers read their class a letter on behalf of the mayor detailing the seriousness of the city’s infant mortality crisis. As “future citizens,” he claimed the children had a special duty to “help save the lives of babies in this city,” especially the girls.¹ Known as Little Mothers’ Day, this event was part of a weeklong campaign to lower infant mortality sponsored by the city’s Bureau of Child Hygiene. As the name implied, the day was meant to honor the “little mother,” working-class girls as young as eight years old who cared for their younger siblings while their parents worked. To S. Josephine Baker, M.D., Chief of the New York City Bureau of Child Hygiene, these “little mothers” were a potential antidote to the critically high rates of infant mortality. If properly trained, little mothers could improve the health outcomes of their younger siblings and

those of their future children since, it was assumed, these girls would eventually become mothers themselves.

The Bureau founded the Little Mothers' Leagues in 1909 to serve as mothers-in-training clubs for young working-class girls who were left in charge of their younger siblings while their parents worked. By 1916, the Leagues had expanded statewide and later became a national project, organized locally through state and city public health departments and sponsored by the Federal Children's Bureau, established in 1912.² Through a series of formative lectures, educational activities, and guidance from public health professionals, children volunteers were "made powerful missionaries in saving baby lives."³ The Leagues were also supported by the Little Mothers' Aid Association, a private philanthropic group that hosted "Home Making Circles" for young girls throughout New York City. With their support and that of the Bureau of Child Hygiene, the Little Mothers' Leagues melded public health practices with domestic duties. Their initiatives reflected and repurposed the white, middle-class practice of "mothercraft," which encouraged women to view motherhood as a profession rather than a natural process for working-class immigrant girls. Like any serious profession, these reformers argued that mothercraft had to be learned. Imbued with the respectability of scientific training, Progressive Era mothercraft was a calling that required standardized hygienic and homemaking practices approved by experts.⁴ Rather than focus on training the mother, however, the Little Mothers' Leagues mobilized the child. In addition to attending lectures and demonstrations from doctors and experts in public health and domestic science, the child participants learned how to evangelize the "gospel of germs" in their own neighborhoods, white-ethnic immigrant communities in tenement housing.

The Leagues joined a wide array of Progressive Era programs that aimed to promote healthier and more robust families. These programs were heavily imbued with early twentieth-century conceptions of heredity and eugenic fitness. While eugenics in the twentieth-century United States is best known for so-called "negative" eugenics, which drew on Mendelian conceptions of heredity to limit the reproduction of the supposedly unfit, for the first two decades of the twentieth century, eugenic reformers continued to draw on a decades-long history of hereditarian social thought that prioritized nurture as well as nature. Historian Kathy J. Cooke has demonstrated the significance of the environment in early twentieth-century eugenics. These early eugenic reformers understood environmental reform, including sanitation and child hygiene, as going "hand in hand" with eugenic practices that restricted reproduction.⁵ These practices were part of a broader form of "positive" eugenics, which aimed to promote the reproduction of the fit.

Environmental reforms were also essential tools for public health reformers concerned with child welfare. Sanitation, nutrition, housekeeping, and childcare were essential tools for combating infant mortality and preventing the spread of communicable diseases. Women reformers frequently placed these practices within a framework of domesticity, advancing both maternalist and environmental reform. According to Linda Gordon, maternalism was characterized by three primary principles: first, women's social value was intrinsically tied to their domestic and familial roles; second, women ought to apply their innate nurturing capacity toward the poor; and third, this maternal instinct made them uniquely qualified to engage in social reform and moral work.⁶ As Laura Lovett has made clear, by the beginning of the twentieth century, maternalism "addressed women's biological roles as mothers and the interest of elite reformers and the state in maintaining that role." Maternalist reformers expressed their pronatalism in biological terms, concerned with the ways domestic conditions shaped the physical development of existing children as well as potential future offspring.⁷ In other words, maternalist reformers situated women's

contribution to public and private life through their physical qualities and ability to shape their domestic environment, a framework shared with positive eugenics.

As Daniel Kevles has argued, within the broader umbrella of mainline “positive” eugenics, there were varied and occasionally competing schools of thought, particularly regarding the effectiveness of relying on environmental reforms for “regenerating” desirable populations.⁸ Maternalist reform was similarly in flux. As Sonya Michel and Robyn Rosen have demonstrated, early twentieth-century maternalism was also rife with conflicting and often competing political ideologies.⁹ This article examines the roles of public health professionals and social reformers within this nebulous and evolving landscape, in which eugenic practices and maternalist strategies were constantly being tested and contested. Examining the Little Mothers’ Leagues as a project that was both eugenic and maternalist allows us to better understand the ways that eugenic thinking permeated popular discourse through child welfare reform and domestic science. Within this framework, these “eugenic maternalists” understood environmental reforms as a direct means to improving future heredity, especially for children.¹⁰

Like other eugenic maternalists in child welfare work, the Bureau of Child Hygiene justified its work by emphasizing both its scientific rigor and inherent domesticity. As Ira S. Wile explained in a 1909 article on the containment of tuberculosis in the *Journal of Home Economics*, “The subject of physiology and hygiene contains much really belonging to domestic science, and in so far as the hygiene of the home is the collective effort resulting from individual hygiene, hygiene as it should be taught in the lower classes is distinctively a part of the work of domestic science.”¹¹ Historians of home economics have demonstrated the centrality of domestic science to early twentieth-century maternalist social reform movements. Emma Seifrit Weigley’s work on the origin of home economics demonstrates that eugenic theory was central to Ellen Swallow Richards, who founded the Home Economics movement and even suggested it be called *euthenics*, the “sister science” of eugenics.¹² Nancy Tomes has argued that sanitary science was not only inextricable from the emerging field of public health but also that it was a science primarily practiced by women.¹³ Since these domestic sciences intended to improve the environmental conditions of the family and promote healthier childrearing, domestic science meshed easily with popular conceptions of positive eugenics.

Domestic science projects, such as the Little Mothers’ Leagues, promoted domesticity, motherhood, and childcare through programs imbued with eugenic notions of fitness, worthiness, and citizenship. This article situates the New York City Little Mothers’ Leagues within this broader moment in eugenic theory and practice.¹⁴ Eugenic maternalism, as articulated by the Little Mothers’ Leagues, distilled a sense of Americanness into a set of hygienic practices and rituals that could be easily understood and imitated with domestic science training. As such, the Leagues offered a solution to heightened anxieties surrounding immigration, fears of decreasing birthrates of “native-born” Americans, and the moral corruption of urban life.¹⁵ Through the Little Mothers’ Leagues, eugenic maternalist reformers addressed essential questions regarding the role of social reform in the “Americanization” process, the role of young girls as citizens and as entry points to the immigrant home, and the extent to which environmental reform could regulate the immigrant family.

Eugenic Maternalism and the Creation of the Little Mothers’ Leagues

Though the Leagues were the first to harness the energies of so-called “little mothers” for public health, they did not invent the term. “Little Mothers” originated in the mid-nineteenth century. The term became part of the public imagination after the publication

of John Spargo's book *The Bitter Cry of the Children* in 1906, which featured a haunting photograph of a girl holding her infant sibling as they sat in squalid conditions outside their tenement home.¹⁶ Perhaps with this image in mind, League organizers never questioned why young girls might be interested in volunteering for such a program. The existence of little mothers seemed an inevitable element of working-class life, and the maternal impulse seemed ingrained in these young girls as much biologically as it was socially.¹⁷ As one reporter explained, "The maternal instinct is strongly developed in the children of the poor by the time they are 12 years old; they know the joys and the sorrows of caring for the little ones. The girls come to the leagues because it is pleasant, truly, but mostly because they honestly feel the responsibility that fate has put upon them."¹⁸

While the Leagues emphasized the "joys" of such a fate, prior philanthropic groups, like the Little Mothers' Aid Association, emphasized the sorrows. During the first decade of the twentieth century, these philanthropic organizations positioned little mothers as pitiable figures. Little motherhood was not simply "worse than child labor," it was akin to "child slavery" and certainly led to a life of physical and moral corruption.¹⁹ From its inception, therefore, the problem of the little mother was directly tied to eugenic logic. Their wasted youth was particularly appalling to charitable reformers. Often as young as eight years old, the girls' youth made them especially susceptible to their environments, for better or worse, and, as reformers made clear, it was most often for the worse. Yet little mothers were considered an inevitable consequence of extreme poverty, a problem without a solution. As a result, the Little Mothers' Aid Association's early efforts simply aimed to provide food or entertainment as a temporary respite from life's cruelties before returning them to their original conditions.²⁰ The Bureau's Little Mothers' Leagues, however, aimed to harness the attention and labor of the little mothers themselves.

Somewhat paradoxically, many wage-earning eugenic maternalist reformers were dedicated to alleviating the ills of women and children's wage-earning, which was considered a threat to children's health and a dangerous moral challenge to the family hierarchy. Women workers, especially working-class married women, presented a unique challenge for eugenic maternalism. On the one hand, women's work outside the home represented unacceptable deviance from middle-class domesticity (their own work as reformers, of course, remained the exception). Further, it created an inversion of the familial hierarchy, potentially displacing the husband as the sole breadwinner or, even more dire, removing the need for a husband at all. Finally, it created the need for the "little mothers" in the first place by removing the mother from the home during working hours.²¹ Yet, on the other hand, the wages that working-class women earned were often necessary for their survival and that of their children.

In a pragmatic compromise, many maternalist reformers reluctantly supported philanthropic day nurseries, which at least offered reformers the opportunity to provide care for the child during working hours, at which time the child was not exposed to potential harms. While the day nursery enabled women to continue working outside the home, eugenic maternalists justified the practice by emphasizing its "Americanizing" potential. They argued that the day nursery offered a "family-adjustment," in which they could serve as an acculturating solution to the inversion of the family hierarchy created by working mothers and children.²² Day nurseries provided potential opportunities for public health reformers to maintain a presence in the lives of immigrant children since they most frequently provided care to preschool-age children, the supposedly "neglected period of child life"—the gap between the regularity of postpartum medical care and before enrolling in public school.²³ Yet their reach still remained limited. As one reformer

explained at a 1919 conference on day nurseries, “The character of the child can not be moulded in the four walls of the nursery; it is being affected throughout the twenty-four hours of its waking and sleeping day.”²⁴ The day nursery, therefore, was a wholly insufficient stopgap measure. The Little Mothers’ Leagues presented one enticing solution to this problem. While reformers themselves could not directly shape the child in its home, they could shape the little mother outside of it, who, in turn, would influence not only her younger siblings when under her care but, ideally, her parents and neighbors as well.

Though social reformers were deeply concerned with child labor, it was an expected element of childhood within tenement neighborhoods—one paradoxically at odds with the maternalist desire to Americanize immigrant childhood and yet essential for their success. Out of both economic necessity and cultural expectations, young girls were frequently enlisted by their families to help with shopping, cooking, and cleaning. Daughters of working mothers were primarily responsible for childcare, becoming a “little mother.”²⁵ The domestic labor inherent in tenement girls’ lives was the foundation on which the Leagues were created.

In a 1912 report on juvenile delinquency, social scientists Edith Abbott and Sophonisba Breckinridge observed an inversion of the immigrant parent-child relationship since children, who often picked up the English language quickly, assimilated faster than their parents.²⁶ As children learned English in schools and “on the streets,” their foreign-born parents became increasingly reliant on them to navigate American institutions and secure jobs.²⁷ According to Abbott and Breckinridge, this imbalance of authority undermined traditional family structure, which most often resulted in one of two unfortunate outcomes—child labor or juvenile delinquency, both considered forms of unacceptable social deviance. Further, social reformers understood such outcomes as having far more deleterious effects on girls than boys. By the early twentieth century, large numbers of women were living independently in cities and self-supporting with wage labor, upsetting traditional home and family life. Progressive reformers, influenced by the growing fields of psychiatry and social work, associated these cultural and economic shifts with a rise in women’s sexual impropriety. They understood women and girls as inherently more sexual and significantly more at risk of degeneration than their male counterparts.²⁸ Shrouded by fears over “immoral conduct,” mostly sexual impropriety, the girl wage-earner represented her parents’ moral and economic failures and was assumed to be facing a troubling sexual future. Yet unlike Abbott and Breckinridge, who feared the social consequences of an imbalanced family dynamic, the Leagues sought to capitalize on children’s feelings of cultural superiority over their parents. Though the Leagues did not address sexual conduct explicitly, they aimed to keep the young immigrant girl busy both inside and outside of meetings.

Regardless of gender, social reformers, such as Abbott and Breckinridge, understood the inversion of the parent-child dynamic to be a dangerous threat to the nuclear family structure. For Baker, however, if properly managed by the proper external authorities, an inverted parent-child relationship could become a useful tool for reformers. Within the first year of founding the Leagues, organizers began campaigning for formal affiliation with public schools. This reflected a foundational certainty about assimilation and public institutions: “the surest way to reach many of the older tenement women was through these keen little youngsters brought up more or less under the school system.”²⁹ The Little Mothers’ Leagues harnessed hierarchical imbalances in the immigrant home and reconfigured them so that the child became the vessel through which public health experts could exert their influence and authority.

The Little Mother as a Hygiene and Citizenship Ambassador

The Little Mothers' League was one of many programs and services sponsored by the city Bureau of Child Hygiene and run by members of the Babies' Welfare Association (BWA). The Bureau established the BWA in 1912 as a city-wide preventative care network comprised of hundreds of religious, philanthropic, and government-sponsored organizations. Through the BWA, Bureau programs, including the Leagues, were conducted by organizational members who served local communities under the Bureau's supervision. In addition to the Leagues, BWA members hosted educational lectures, hygiene courses, film screenings, vocational and educational courses, and Better Babies Contests for their local communities, all with the intent of Americanizing tenement families through public health and personal hygiene.³⁰ Within this broad and somewhat crowded network of offerings, the Little Mothers' Leagues served as both a public health initiative and a cultural education campaign for girls too young for industrial training yet too old for the philanthropic day nursery. Within this network, programs like the Leagues often overlapped with other offerings. For example, a Little Mothers' League might donate its sewing efforts to a baby hospital or be visited by a BWA nurse for a lecture on child hygiene. League organizers often hosted BWA Better Baby Contests and participated in city-wide "Baby Weeks." Through the members of the BWA, the Bureau was able to reach ethnic and religious communities that were otherwise suspicious of government interference and public health regulations and expose them to the full suite of their eugenic programs.³¹

Like other Progressive Era maternalist public health reform organizations, the BWA positioned mothers as the family's first line of defense against disease and, therefore, an essential part in preventing supposed "racial degeneration." As mentioned above, eugenic notions of heredity remained in flux for the first two decades of the twentieth century, especially amongst progressive reformers.³² For these reformers, poor health and disease resulted from ignorant or immoral behavior, and contagious diseases reflected how poverty and immigration could hinder the middle and upper classes. Behavior and environment, therefore, could not be separated from public health and hygiene. Reforms emphasizing child hygiene, sexual hygiene, mental hygiene, dental hygiene, and social hygiene (among others) proliferated, stressing the relevant medical aspects of a given health issue and the required rituals and regulations an individual citizen must adhere to in order to be considered hygienic.³³

Alongside and in collaboration with the Federal Children's Bureau,³⁴ the BWA tailored baby contests, milk stations, and Little Mothers' Leagues to appeal specifically to the white-ethnic immigrant woman and child.³⁵ Young girls were an ideal source of untapped potential for public health reformers. Alongside their mothers, children were prime targets for these interventions. The Girl Scouts and Camp Fire Girls, for example, also translated Americanness into an embodied set of rituals and practices for girls.³⁶ Official BWA literature frequently emphasized their ability to create fit citizens, medically and otherwise, and the Little Mothers' Leagues were no exception. Under Baker, the Little Mothers' Leagues recast little mothers as both impressionable immigrants and much-needed assimilation officers. Baker agreed with her predecessors that poverty was the ultimate cause of both the little mother and rampant infant mortality, and she too saw no feasible solution to ending the economic circumstances that rendered little mothers necessary, "innocently and ignorantly killing her thousands of children a year" as inexperienced and untrained caretakers. Yet, she argued, "Since thousands of poor families were in an economic situation which made the little mother necessary, we had to turn her into something that suited our purposes."³⁷

Whether little mothers viewed their role as a form of drudgery or a welcome sign of adult trust, baby-minding was often an expected and inevitable chore either way. Looking back on her childhood as an adult in 1930, former little mother Catharine Brody recalled accepting her duties with few questions: “Perhaps among the very poor the to-do about Little Mothers may have been justified, but I do not remember that baby-tending was a laborious task to us.” The effects of poor hygiene, however, had been a deeply ingrained source of shame among her childhood classmates. Inspection by school nurses or public health officials resulted: “All the children but the few bounded by certainty would turn their faces, silent and tense, to the White presence, and the insides of the little immigrants’ daughters would begin to slide, their brows to wrinkle and their eyes to burn with the humiliation that might come.”³⁸ The fear of stigma as a working-class immigrant child did not come from their need to work or serve as a little mother but rather from their perceived failure at embodying the standards of American hygiene—at being marked, potentially, as unfit (Figure 1).

Like in Brody’s memory, the Leagues positioned “healthy” not as a physical trait but rather as adherence to the strictures of institutionalized medicine. Similarly, expertise was not gained through personal experience or tradition. Rather, true expertise could only be acquired through institutionalized medical training. Little mothers, therefore, could overcome the limits of their heredity or familial upbringing through continued participation in the Leagues, which would foster their budding maternal senses. As Baker explained in her autobiography, little mothers often demonstrated that “they had a lot of common sense on their own to begin with.”³⁹ The standardized training of the Leagues



Figure 1. A class in child hygiene hosted by the Little Mothers’ Aid Association. *Yearbook of the Little Mothers’ Aid Association 1909–1910* (New York: Little Mothers’ Aid Association, 1910), The Rare Book and Manuscript Collection at the New York Academy of Medicine.

allowed these girls to demonstrate their capability for cultural conformity. Contextualized through child welfare and domestic science, the girl participants were taught that Americanness was embodied and easily recognizable through clothing, diet, weight, and physical development.

By all measures, the Leagues were very popular. They were open to girls between the ages of ten and sixteen who pledged to “endeavor to do some one thing each day to help a baby.”⁴⁰ By 1914, 150 local leagues were formed in New York City alone, with 12,811 enrollees.⁴¹ Adult observers often commented wryly on the seriousness of the bi-monthly meetings. The girl participants ran the meetings with official roll calls and elections for local chapter presidents and secretaries. Rewards and incentives accompanied almost all desired behavior. Once a girl attended several consecutive meetings, she would be awarded a blue enamel badge, which she was expected to wear proudly in her daily life. The badges were stamped with the state seal in gold gilding and read, “Little Mothers’ League; Keep the Baby Well.” During the meetings, the girls listened to lectures from domestic science and public health experts, participated in skills workshops, and worked together in teams to create plays, poems, and songs that showcased their new knowledge. Prizes were frequently awarded for best attendance or most improved. Plays and poems were intended to be publicly performed for their parents, friends, and neighbors. Each activity, prize, or lesson, therefore, had a practical and, more importantly, a highly public application.

Baker’s Leagues reframed the very meaning of the little mother by placing her within a eugenic maternalist framework. As historian Gwendolyn Mink has argued, eugenic maternalists worked to relieve white anxieties about immigration through domesticity. Americanization programs enabled cultural assimilation, even (or, perhaps, especially) for those deemed eugenically unfit.⁴² The Leagues operated within a highly contested philanthropic landscape. Reformers remained divided on essential questions regarding eugenic fitness, heredity, and assimilation. To what extent were assimilation projects effective in the face of heredity? To whom did the responsibility for alleviating poverty and poor health belong? Was there a difference between creating productive citizens and Americanizing immigrants?⁴³ The Little Mothers’ Leagues attempted to provide an answer grounded in hygienic rituals emphasizing young girls’ domestic and (future) reproductive labor. Though the Leagues offered their members the opportunity to become fully assimilated and Americanized, they also reinforced social and racial hierarchies that placed professional white women on the highest tier.

As a eugenic maternalist program, the Leagues also added medical justification for women’s and girls’ domestic citizenship. As one League organizer in New York State explained, quoting liberally from social evolutionary theorist Herbert Spencer, “We cannot ignore the fact that the girls of to-day will be the mothers of the future and it is a duty to see that they are properly equipped for their responsibilities in life.”⁴⁴ The eugenic nature of the Little Mothers’ Leagues was inherent to its appeal. It rested on a specific understanding of both women’s social and political roles rooted in their reproductive capacities and the assumed promise and adaptability of children as future citizens.

For eugenic maternalists, therefore, children were an ideal site for intervention. If one could Americanize children while they were still young, healthy, and malleable, they would grow into ideal future citizens. Baker designed the Little Mothers’ Leagues to instill a supposedly “American” reverence for science, expertise, and cultural practices in a future generation of fully assimilated and eugenically fit citizens. The Leagues created hygienic rituals and norms for the children to perform, embodying what historian Laura Lovett has termed “The Popeye Principle”: “That such social norms regarding food and

nutrition can have tremendous influence, especially on children.”⁴⁵ Within their practical lessons, the Little Mothers’ Leagues incorporated a broad body of existing domestic science programming for young children, including the standardization of nutrition, height and weight measures, and hygienic education. Children, Baker argued, were “natural ‘joiners.’” She believed children’s desire to belong coupled with the “fundamental strength of the mothering instinct” made childcare a “fascinating game” for young girls rather than a burdensome chore.⁴⁶

The Leagues offered the same eugenic maternalist programming that the BWA offered in all of their public health initiatives. Baby contests, for example, encouraged mothers to submit their children for judging by BWA doctors in the hopes of winning prizes for the healthiest or most improved baby. During a 1913 baby contest hosted by the Little Mother’s Aid Association, Italian babies were exhibited by the registration desk in traditional swaddling. A volunteer explained:

The bambino is the mummy baby, you know, the infant completely encased in a single strip of cloth ... and given absolutely no freedom for legs or arms. There are still such babies in this quarter, but if we can only manage so that the mothers may see them in competition with the unbound babies, the days of the bambino will be numbered.⁴⁷

In this scenario, the Italian mother was viewed as capable of assimilation—she was assumed malleable enough to change and improve her child’s condition through American motherhood practices (as opposed to her previous ethnic practice of tight swaddling). Yet not all mothers were interested in adapting to or available to participate in BWA programs. As Baker recalled, “Many mothers can be reached through their own children who cannot be reached in any other way, and the education of the little girls, with the resultant information they can bring home to their families, produces almost surely a stimulation of interest on the part of the mother and father, so that they seek the further information they need.”⁴⁸ The Little Mothers’ Leagues, therefore, also attempted to reach the parent through the child.

Within their neighborhood leagues, girls became useful agents of public health and social reform, not only for implementing Americanized hygienic and childcare practices in their own homes but also as a future generation of eugenic mothers. Properly educated women—trained in American hygiene and mothering—would make proper citizens out of the current population and guarantee the proliferation of future healthy American citizens. Like baby contests, the Leagues operated within an implicit American/ethnic, normal/pathological binary. By initiating young girls into scientific motherhood, the Leagues served to medicalize social reform aimed at assimilation.

Led by both volunteer and professional women, the Little Mothers’ Leagues centered on women and girls as the immediate solution to the nation’s problems, as health educators, like the League organizers, or as future mothers. As one journalist explained in 1916, “the life of a nation lies in the hands of its women – the women who bear children and care for them as best they can according to their lights, and those other women who mother the race by teaching ignorant motherhood.”⁴⁹ For the Leagues, ignorance was the ultimate source of poverty and racial degeneration. If it could be eliminated, then so, too, could future dysgenic offspring. As a malleable agent of assimilation, the little mother was rebuilt through eugenic maternalism. The Leagues served as a form of cultural habilitation for uninitiated young girls at the same time as the girls served to rehabilitate the existing cultural structures in which they operated.

Within the Leagues, *Americanness* became an embodied characteristic, marked not only by racialized physical features but also articulated through a medically standardized category of “health” that could be visually recognized, even by children. In this way, the Little Mothers’ Leagues created a eugenic maternalist ethos that embodied “American motherhood”; it positioned *Americanness* as equivalent to physical health and fitness, something that could be understood through observation and achieved through imitation.

Expertise, Domestic Science, and the Project of Assimilation

Ostensibly, the process of eugenic assimilation demonstrated who was biologically and mentally capable and, therefore, who was worthy of government aid and access to healthcare.⁵⁰ The Little Mothers’ Leagues aimed to demonstrate the eugenic malleability of immigrant families and the inherent promise of immigrant children. While the Little Mothers’ Leagues provided a solution to the rising birthrate of immigrant and other non-white populations, it also aimed to answer a question asked by many social reformers—whether middle-class standards could be effectively applied to immigrant families at all.⁵¹ At the heart of the Little Mothers’ Leagues’ mission, therefore, was a desire to demonstrate the centrality of environment in eugenic reform, made possible through the work of highly skilled, well-trained domestic and medical experts.

By 1909, when the Little Mothers’ Leagues were founded, many public health officials understood infant mortality as strongly correlated with ethnic domestic practices and racial predispositions to weakness, a claim seemingly (yet wrongly) borne out by public health data about mortality by race and ethnicity.⁵² Yet reformers argued that scientific motherhood could be extended to white-ethnic immigrants and working-class women as long as they agreed to submit themselves and their children to the oversight of an approved medical authority. If healthy children became healthy future citizens, then engaging with public health programs presented immigrant women with the opportunity to distinguish themselves from the eugenically unfit and align themselves with native-born whites.⁵³ Eugenic maternalism claimed to offer immigrant women the opportunity to demonstrate their capability and willingness to contribute to the American project, articulated by properly caring for children who would grow up physically capable of doing the economic and reproductive labor required for productive citizens. The Little Mothers’ Leagues created a program that synthesized domestic science and scientific motherhood to certify the little mother as a productive future citizen.

Historian Rima Apple has argued that scientific motherhood is an embodied practice that “reinforced and reinforces, it reproduced and reproduces patriarchal sex roles: women in the domestic sphere, men outside; women instructed by the scientific and medical authorities, males. Scientific motherhood was and is disseminated through cultural forms.”⁵⁴ Scientific motherhood in the Progressive Era, articulated through mothercraft and domestic science, presented a critical paradox of maternalist reform. Despite being putatively committed to a divide between public and domestic spheres, eugenic maternalism blurred the distinctions between domestic motherhood and professional childcare. Mothercraft promised middle- and upper-class women the respect and intellectual stimulation of the professions while retaining the respectability associated with domesticity and the home.⁵⁵ Yet mothercraft required vocational training in home economics, domestic science, childcare, and hygiene. By relying on the expertise of physicians, scientists, sociologists, club women, and future mothers (the assumed role

of all young women and girls), they could be trained to be “cultured” and “refined” “mothers’ helpers.”⁵⁶

Despite the localized practice in the home, however, mothercraft was more than a means of individual reform and gratification. The benefits of scientific domestic training were a matter of national significance. As a 1914 article in *Good Housekeeping* explained, “The destiny of the nation lies far more in the hands of women – the mothers – than in the hands of those who possess power. We must cultivate women, who are the educators of the human race, else a new generation cannot accomplish its task.”⁵⁷ By placing middle-class white women on the frontlines of racial fitness, scientific motherhood made visible the inextricable connections between productive labor and reproductive capacity. As economic labor became increasingly bifurcated along racial, ethnic, and class lines, however, ethnic motherhood came to be seen as a looming threat to American productivity (Figure 2).

The Little Mothers’ Leagues offered a hybrid solution to the problems of poverty, but rather than inserting a social worker or social reformer into the home, the Leagues provided spaces to train the child to take over the role of the social worker in their absence. The Leagues did not just train young girls in mothercraft; they made pride in Americanized domestic skills an essential product of participation. Lessons focused on infant care and development, with practical exercises on how to feed, clothe, and bathe a baby, as well as sewing, cooking, and cleaning. The 1910 Yearbook from the Little Mothers’ Aid Association offers rich insight into the day-to-day experiences of the little mothers. Each meeting focused on a different area of domestic expertise, allowing the girls to hear from experts and practice with hands-on workshops that attempted to mimic their home



Figure 2. A cooking demonstration, 1909, the Little Mothers’ Aid Association. *Yearbook of the Little Mothers’ Aid Association 1909–1910* (New York: Little Mothers’ Aid Association, 1910), The Rare Book and Manuscript Collection at the New York Academy of Medicine.

environment. In a cooking class, for example, little mothers might learn how to bake bread on a budget or broil ground beef “to look like a real steak” on “fireless cookers,” paying as much attention to their cooking technique as to their finances. After cleaning up their stations, the little mothers would wrap up any leftovers to “take home for the mother to taste,” bringing much-needed food into the home as well as (the League hoped) a compelling example of achievable, nutritious American cuisine. Lessons in child hygiene included talks and demonstrations on “How to Keep Well,” “How to Behave,” and “How to Care for the Baby,” in which the girls learned how to care for their siblings as well as remedy some of their own ailments, including malnutrition, insect bites, and discomfort due to ill-fitting clothing. Though less common across the Leagues, The Little Mothers’ Aid League also offered instruction in laundry, giving each girl their own tub for washing, ironing, and starching clothing, linens, and towels.⁵⁸

Local physicians, as well as childcare and home economic experts, frequently gave talks and oversaw the girls in the hands-on workshops. The Leagues also taught the little mothers how to share the information they learned with others in their communities. Presenting the little mothers as “missionaries” or “little armies,” the League organizers hoped to spread the gospel of germs to the immigrant mother through the evangelizing of the child.

Mothers were encouraged to attend meetings, and girl participants were encouraged to be assertive and vocal in their daily home lives, not only to their own mothers but also to any caretaker they might encounter in their neighborhood. As they progressed in the courses, girls were expected to give their own practical demonstrations and write articles on related subjects, such as how to feed, clothe, or bathe an infant. These exercises aimed to capture a child’s attention and often consisted of group-written plays, poems, and letters that the girls publicly performed. In 1910, for example, a local Manhattan league performed a series of plays at Public School 22 about the importance of proper ventilation in the home:

Acted by two girls and a baby in a dark, uncomfortable room, with the windows shut up as tightly as possible.

Miss Smith – (Coming into Mrs. Jones’s, as usual.) – Good morning, Mrs. Jones. Why does your baby cry so heartily?

Mrs. Jones, (somewhat terrified) – She seems to have some fever, and I do not know what to do with her.

Miss Smith – Well, why do you not go to see a doctor about it? (Looking at the windows and at the baby’s wrappings.) I know what it is. She feels too warm. You need to open the windows and take some of her wrappings off her. Then you will see how more comfortable she will feel, and she will also begin to play around on the floor.

Mrs. Jones (takes some of the wrappings off the baby and opens the windows. Then, seeing how the baby stops crying and begins to play around on the floor, she says) – Miss Smith, I thank you very much for your kind advice, and I would like to know where you have learned all of these useful things.

Miss Smith – (showing her badge to Mrs. Jones) – Why, Mrs. Jones, I am a member of the Little Mothers’ Leagues, and there is where I learn all of these very useful things.⁵⁹

Plays like these were common, simultaneously highlighting the girls’ childcare capabilities, the expertise of medical professionals, and the inadequacy of the cultural practices of their parents and neighbors. Through the process of hygienic education, the Leagues

reinforced raced and classed categories of “normal,” turning alternative behavior, practice, appearance, and health into unacceptable behaviors. As a little mother, young immigrant girls were taught to recognize ethnic practices as cultural deviance, diagnose them as a pathology, and administer corrective treatment.

Though rarely explicitly invoked, the eugenic stakes of the Little Mothers’ Leagues were clearly defined. The League organizers promoted their infant care policies as scientific “common sense”—in direct opposition to traditional practices of the foreign-born communities in which they operated.⁶⁰ Common sense was not to be found in a home practicing traditional ethnic childcare. For Baker, in particular, common sense consisted of regular feeding, attention to “proper methods” of hygiene, and most importantly, “proper adherence to the rules”—the right clothes, the right air, the right exercise, and the right sleep schedule.⁶¹ Like the characters in the play above, one could identify the dysgenic mother by her willingness to deviate from expected “American” norms—to swaddle her baby the wrong way or to feed her child the wrong foods. The newly formed army of little mothers rigidly reinforced this message. One twelve-year-old girl’s play captured the tension inherent in the state of cultural hybridity little mothers were expected to embody. In the play, when a mother tells the doctor that she has been taking her neighbors’ advice, he replies, “Ha! Ha! Ha! How ridiculous! Why, my dear woman, those neighbors of yours are actually telling you to kill your child.” The solution was simple: “Do not listen to any of your neighbors any longer . . . they know nothing about it. Ask the doctor, he is the only one who knows.”⁶² This advice was a common refrain from the Bureau of Child Hygiene. In a nationally syndicated column in 1913, for example, Baker advised mothers to avoid taking their neighbor’s advice: “No two neighbors will tell you exactly the same thing. That shows how much their advice is worth.”⁶³ Medically trained professionals, she insisted, were the only true childcare experts. “Doctors and nurses have studied hundreds of babies and know how to tell one kind of baby from the other.” While the little mother served as the most immediate authority in her tenement home, her true expertise was knowing the importance of deferring to approved medical experts and directing the caretakers in her community to do the same.

In their own homes, these children served as missionaries of assimilation on behalf of the Bureau of Child Hygiene. Their association with the League outweighed their connection to the ethnic community of their parents or any previous instructions they may have been given in their own homes.⁶⁴ While they were not viewed as true professional experts, they became certified as expert enough for their local communities. Marked by the blue-enamel badges, little mothers served not just as “missionaries” but as homegrown cultural and maternal authorities. The Leagues called upon little mothers to demonstrate their families’ worth as citizens by embracing scientific motherhood. As children of parents whose ethnicities and native languages barred them from full acceptance in American life, the ability to demonstrate their Americanness was a significant incentive for participation. In this way, the Little Mothers’ Leagues challenged the assertion that physical and mental fitness were fixed biological traits. For eugenic maternalists, the shift of little mothers from “pitiable children of the slums” to American children who could eventually participate in American social and political life demonstrated how effective environmental change could be. Americanness, however, remained rigidly defined within the context of eugenic maternalism. Little mothers did not become American simply by joining a League. Rather, their continued participation and ability to embody the practices and standards required for a little mother ultimately marked them as assimilable as Americans. Through this process, the Leagues also taught young girls

how to determine who else was capable, and therefore worthy, of implementing the instruction of government-sponsored experts.

Like maternalist reform itself, the Little Mothers' Leagues represented an inherent paradox—at once enlisting young girls into public service to promote domestic duties while simultaneously aiming to correct the social ills associated with mothers, so often used synonymously with *women*, in the workplace. Nevertheless, Baker viewed the Leagues as a pragmatic solution to both poverty and wage-earning mothers. As she told the *Buffalo Courier* in 1914, the “army of Little Mothers” offered public health professionals unparalleled “potential possibilities” to promote “intelligent motherhood.”⁶⁵

Conclusion

As both immigrants and assimilation officers, the Little Mothers' Leagues created a progressive eugenic maternalist framework for young tenement girls. As children of white-ethnic immigrants, these little mothers became unique vehicles for the desired cultural reform of public health experts. As children trained in American institutions, their cultural hybridity enabled them to operate within a liminal space between the binary of ethnic motherhood and American childhood, serving as cultural translators and—at least within the limited boundaries of their tenement home—as lay medical experts, wielding their official training to usurp the authority of the ethnic mother in the service of science. The Little Mothers' Leagues demonstrate how mothercraft was repurposed for very specific working-class communities. True participation in the Leagues required that both the children and their mothers fit the social, cultural, and racial categories of assimilation. Yet, this transformation was achieved by actively inverting the long-held parental order of the domestic sphere. Instead of moral reform, medical and public health intervention became the methodology of assimilation, not only by public health professionals but also by the assimilated little mothers themselves. This form of continued, constitutive habilitation and rehabilitation reframed the immigrant body as a collection of medical signs and symptoms reflecting both cultural and medical deviance from the American norm.

Just as middle-class mothercraft challenged assumptions of domesticity by “professionalizing” it, the Little Mothers' Leagues challenged conventional medical assumptions about working-class immigrant families. In this way, the Leagues operated as self-contained social laboratories. These social laboratories produced a conformity that required the specialized labor of all participants (children, doctors, volunteers) to manufacture standardized subject-citizens through domestic science. Within the League's socially constructed American/ethnic and normal/pathological binaries, it became the individual responsibility of the immigrant girl to conform to the standards of American health and wellness and demonstrate her fitness for citizenship.

The Little Mothers' Leagues were unique spaces that leveraged collective eugenic anxieties to medicalize cultural norms and Americanize hygienic practices. The Leagues presented cultural assimilation as both achievable and desirable, made possible through the repetition of hygienic rituals and by acquiring a set of domestic skills with scientific training. The Little Mothers' League graduate would know how to run a household, find suitable employment, and recognize who among them was embodying eugenic traits and practices. While eugenics is frequently associated with programs targeting scientific motherhood and reproductive practices, the emphasis on environmental reform, articulated through domestic duties and cultural behaviors, highlights the ways that immigrant women and girls played active roles in Progressive Era scientific and eugenic

discourse surrounding mental and physical fitness, health, and hygiene, as well as the question of who exactly was allowed to be considered American.

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Notes

- 1 The New York Milk Committee, *Greater New York Baby Week June 20–26, 1914* (New York: New York Milk Committee, 1914), 11.
- 2 Elizabeth Rennert, “Little Mothers’ Leagues of New York State,” *The American Journal of Nursing* 16 (Jan. 1916): 306–10.
- 3 Rennert, “Little Mothers’ Leagues of New York State,” 307.
- 4 See Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998); and Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950* (Madison: University of Wisconsin Press, 1987).
- 5 See Kathy J. Cooke, “The Limits of Heredity: Nature and Nurture in American Eugenics Before 1915,” *Journal of the History of Biology* 31 (June 1998): 263–78; and Charles E. Rosenberg, “The Bitter Fruit: Heredity, Disease, and Social Thought in Nineteenth Century America,” *Perspectives in American History* 8 (1974): 189–235.
- 6 Linda Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare, 1890–1935* (Cambridge, MA: Harvard University Press, 1999), 55.
- 7 Laura Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890–1938* (Chapel Hill: University of North Carolina Press, 2007), 4–10.
- 8 Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley: University of California Press, 1985), 85–90.
- 9 Sonya Michel and Robyn Rosen, “The Paradox of Maternalism: Elizabeth Lowell Putnam and the American Welfare State,” *Gender & History* 4 (Sept. 1992): 364–86.
- 10 Though I am not the first person to use the term “eugenic maternalism,” it has been primarily referenced in broader conversations of eugenic feminism and has not yet been explored as an ideological movement worth unique consideration. This study is the first to contextualize eugenic maternalism within the context of the broader Progressive Era children’s welfare movement. See, for example, Alys Eve Weinbaum, “Writing Feminist Genealogy: Charlotte Perkins Gilman, Racial Nationalism, and the Reproduction of Maternalist Feminism,” *Feminist Studies* 27 (Summer 2001): 271–302.
- 11 Ira S. Wile, “Domestic Science Teachers in the Campaign Against Tuberculosis,” *The Journal of Home Economics* 1 (Apr. 1909): 117–124.
- 12 Emma Seifrit Weigley, “It Might Have Been Euthenics: The Lake Placid Conferences and the Home Economics Movement,” *American Quarterly* 26 (Mar. 1974): 79–96.
- 13 Nancy Tomes, “Spreading the Germ Theory: Sanitary Science and Home Economics, 1880–1930,” in *Rethinking Home Economics: Women and the History of a Profession*, ed. Sarah Stage and Virginia B. Vincenti (Ithaca, NY: Cornell University Press, 2018), 34–54.
- 14 Kyla Schuller, *The Biopolitics of Feeling: Race, Sex, and Science in the Nineteenth Century* (Durham, NC: Duke University Press, 2017), 21.
- 15 Questions surrounding ethnicity, race, and class not only influenced the approaches of maternalist reformers but also deeply shaped the political and social context of the Progressive Era. There is a vast body of scholarship on the ways increased immigration led to social reform work intending to encourage cultural assimilation among immigrant communities. This article is indebted to this scholarship. However, in order to center the role of domestic science as a vehicle for social reform, it has limited its engagement with broader histories of immigration. For more on the relationship between social reform, baby-saving campaigns, and immigration, see: Richard A. Meckel, “Save the Babies”: *American Public Health Reform and the Prevention of Infant Mortality, 1850–1929* (Baltimore: Johns Hopkins University Press, 1990); Daniel E. Bender, *American Abyss: Savagery and Civilization in the Age of Industry* (Ithaca, NY: Cornell University Press, 2009); and

Roger Daniels, *Guarding the Golden Door: American Immigration Policy and Immigrants Since 1882* (New York: Hill and Wang, 2004).

16 John Spargo, *The Bitter Cry of the Children* (New York: Macmillan, 1906).

17 Along with many eugenic maternalists, Baker was instrumental in organizing prenatal hygiene programs throughout New York City. The budding science claimed that the prenatal environment—understood as a combination of heredity and parental choices and behaviors—had a profound influence on the fetus during the intrauterine period and throughout the lifespan after birth. While the Leagues worked with young girls, the hygienic rituals they instilled would shape their future ability to care for themselves and their children before, during, and after pregnancy. Sarah S. Richardson, *The Maternal Imprint: The Contested Science of Maternal-Fetal Effects* (Chicago: University of Chicago Press, 2021), 60–64.

18 *New York Times*, July 10, 1910.

19 *Chicago Tribune*, Sept. 27, 1908.

20 See *Evening World*, Dec. 18, 1901; *New York Times*, Dec. 23, 1900; *New York Tribune*, Dec. 23, 1905; *New York Times*, Mar. 4, 1900; and *Chicago Daily Tribune*, Aug. 2, 1903.

21 See Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890–1930* (Urbana: University of Illinois Press, 1994), 75; and Linda Gordon, “Putting Children First: Women, Maternalism and Welfare in the Early Twentieth Century,” in *U.S. History as Women’s History: New Feminist Essays*, ed. Linda K. Kerber and Alice Kessler-Harris (Chapel Hill: University of North Carolina Press, 1995), 63–87.

22 Sonya Michel, “The Limits of Maternalism: Policies Towards American Wage-Earning Mothers During the Progressive Era,” in *Mothers of a New World: Maternalist Politics and the Origins of the Welfare State*, ed. Seth Koven and Sonya Michel (London: Routledge, 1993), 292.

23 Josephine Baker, “Standards of Child Welfare: Day Nursery Standards, with Discussion,” in *Standards of Child Welfare: A Report of the Children’s Bureau Conferences* (Washington, DC: United States Children’s Bureau, June 1919): 219–33.

24 New York Centre of Day Nursery Associations and Day Nurseries, *Conference of the New York Centre of Day Nursery Associations and Day Nurseries, Friday, November 21st, 1919* (New York, 1919), The Rare Book Room and Manuscript Collection at the New York Academy of Medicine, New York, NY.

25 David Nasaw, *Children of the City: At Work and at Play* (New York: Anchor Books, 2012), 143.

26 Both Abbott and Breckinridge were pioneers in social work as an academic discipline, trained at the University of Chicago. This report, *The Delinquent Child and the Home* was commissioned by the Russell Sage Foundation, a philanthropic organization in close communication with the New York City Bureau of Child Hygiene. The original publication also featured an introduction from Julia Lathrop of the Federal Children’s Bureau.

27 This phenomenon has been well documented by historians of childhood, including Steven Mintz, *Huck’s Raft: A History of American Childhood* (Cambridge, MA: Belknap Press of Harvard University Press, 2004), 200–12; Claire Gallagher, “‘I Was So Glad to Be in School Here’: Religious Organizations and the School on Ellis Island in the Early 1900s,” in *Children and Youth During the Gilded Age and Progressive Era*, ed. James Marten and Paula S. Fass (New York: New York University Press, 2014); and Melissa R. Klapper, *Small Strangers: The Experiences of Immigrant Children in America, 1880–1925* (Chicago: Ivan R. Dee, 2007).

28 Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, NJ: Princeton University Press, 1994), 185–91.

29 *New York Times*, May 16, 1909.

30 Babies Welfare Organization, *Report of the Babies’ Welfare Association of New York City, 1912–1915* (New York: Department of Child Helping of the Russell Sage Foundation, 1915).

31 See especially, Alan M. Kraut, *Silent Travelers: Germs, Genes, and the “Immigrant Menace”* (Baltimore: Johns Hopkins University Press, 1994), 104–35; and Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public’s Health* (Boston: Beacon Press, 1996).

32 See Cooke, “Limits of Heredity”; and Schuller, *Biopolitics of Feeling*.

33 Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 2020).

34 The New York City Bureau of Child Hygiene was founded in 1908, four years before the Federal Children’s Bureau. Though Baker is rarely featured as a key player in the development of the child hygiene movement, her work as a public health professional and a social reformer placed her in the social and professional networks of women like Jane Addams, Julia Lathrop, and Lillian Wald. The work of the NYC Children’s Bureau and the BWA should be understood as both an influence on and influenced by the work of

the Federal Children's Bureau. Little Mothers' Leagues would be adopted by the Federal Children's Bureau as early as 1913. They ultimately were implemented nationwide. See Kriste Lindenmeyer, "A Right to Childhood": The U.S. Children's Bureau and Child Welfare 1912–46 (Urbana: University of Illinois Press, 1997), 50, 97.

35 *Evening World*, June 25, 1914.

36 Lovett, *Conceiving the Future*; Leslie Hahner, "Practical Patriotism: Camp Fire Girls, Girl Scouts, and Americanization," *Communication and Critical/Cultural Studies* 5 (June 2008): 113–34.

37 Josephine Baker, *Fighting for Life* (New York: New York Review of Books, 2013), 134.

38 Catharine Brody, "A New York Childhood," *The American Mercury* 14 (May 1928): 57.

39 Baker, *Fighting for Life*, 137.

40 Rennert, "Little Mothers' Leagues of New York State," 307.

41 Babies Welfare Association of New York, *Weekly Bulletin of the Babies' Welfare Association* (New York: Babies Welfare Association of New York, 1914), The Rare Book and Manuscript Collection at the New York Academy of Medicine, New York, NY.

42 Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917–1942* (Ithaca, NY: Cornell University Press, 2006), 7.

43 See Kraut, *Silent Travelers*; and Matthew Frye Jacobsen, *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (Cambridge, MA: Harvard University Press, 1998).

44 Rennert, "Little Mothers' Leagues of New York State," 307.

45 Laura Lovett, "The Popeye Principle: Selling Child Health in the First Nutrition Crisis," *Journal of Health Politics, Policy and Law* 30 (Oct. 2005): 805.

46 Baker, *Fighting for Life*, 134.

47 *Evening World*, Aug. 15, 1913.

48 Josephine Baker, *Child Hygiene* (New York: Harper & Brothers, 1925), 233.

49 *New York Tribune*, Nov. 12, 1916.

50 See Gordon, *Pitied but Not Entitled*, 288; and Nancy Leys Stepan, "Race, Gender, Science and Citizenship," *Gender & History* 10 (Dec. 1998): 26–52.

51 Ladd-Taylor, *Mother-Work*, 75.

52 P. R. Eastman, "The Relation of Parental Nativity to the Infant Mortality of New York State," *American Journal of Diseases of Children* 17 (Mar. 1919): 195–211.

53 The BWA was not consistent in its engagement with African American neighborhoods, and it is not clear whether the Leagues allowed the participation of Black children or if any Leagues were developed specifically for Black children during these years. However, the BWA was certainly not the only organization that promoted eugenic public health programs within those communities. Historians such as Michelle Mitchell, Evelyn Brooks Higginbotham, Ayah Nuriddin, and Vanessa Northington Gamble have demonstrated the ways African American women created their own autonomous charitable organizations to promote public health, eugenic reform, and sexual morality movements. See Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004); Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880–1920* (Cambridge, MA: Harvard University Press, 2005); Ayah Nuriddin, "Engineering Uplift: Black Eugenics as Black Liberation." In *Nature Remade: Engineering Life, Envisioning Worlds*, ed. Luis A. Campos, Michael R. Deitrich, Tiago Saraiva, and Christian C. Young (Chicago: University of Chicago Press, 2021), 186–286; and Vanessa Northington Gamble, "'There Wasn't a Lot of Comforts in Those Days': African Americans, Public Health, and the 1918 Influenza Epidemic," *Public Health Reports* 125 (Apr. 2010): 114–22.

54 Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries," *Social History of Medicine* 8 (Aug. 1995): 161–78.

55 Apple, *Mothers and Medicine*, 114–16.

56 The rise of elite professions for women in public health and other sanitary sciences fostered collective social anxieties over gender roles and responsibilities and connected them to ongoing anxieties surrounding immigration, urbanization, philanthropy, and physical fitness. Historians of home economics have demonstrated the centrality of domestic science to early twentieth-century social reform and public health campaigns, many of which encouraged participants to adhere to traditional gender roles. See Megan J. Elias, *Stir It Up: Home Economics in American Culture* (Philadelphia: University of Pennsylvania Press, 2008); *Rethinking Home Economics: Women and the History of a Profession*, ed. Sarah Stage and Virginia B. Vincenti

(Ithaca, NY: Cornell University Press, 2018); and Carolyn M. Goldstein, *Creating Consumers: Home Economics in Twentieth-Century America* (Chapel Hill: University of North Carolina Press, 2012).

57 *Good Housekeeping Magazine*, Sept. 1912, 300.

58 Little Mothers' Aid Association, *Yearbook of the Little Mothers' Aid Association 1909–1910* (New York: Little Mothers' Aid Association, 1910), The Rare Book and Manuscript Collection at the New York Academy of Medicine, New York, NY.

59 *New York Times*, July 10, 1910.

60 *New York Tribune*, Nov. 12, 1916.

61 Josephine Baker, *Healthy Babies: A Volume Devoted to the Health of the Expectant Mothers* (Boston: Little, Brown, and Company, 1923), The Rare Book and Manuscript Collection at the New York Academy of Medicine, New York, NY.

62 *New York Times*, July 10, 1910.

63 Josephine Baker. "Talks with Mothers: Don't Ask Your Neighbor's Advice," *Buffalo Enquirer*, Aug. 20, 1913, 5.

64 In this regard, the Little Mothers' Leagues operated like other children's educational programming. Leslie Hahner, "Practical Patriotism," 118.

65 *Buffalo Courier*, Mar. 8, 1914.

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