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Milk, mothering & meanings: Infant feeding in colonial Bengal

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ABSTRACT

This article problematises medical advice on infant feeding, primarily breastfeeding, to construct social histories of motherhood and childcare in late nineteenth and early twentieth century colonial Bengal. The central thesis is that the issue of "ideal" infant feeding was crucial to contemporary colonial and nationalist, medical and popular debates on medicalised "mothercraft", that's to say, the medicalisation of motherhood as a disciplined taught/learnt "duty", as part of efforts to rejuvenate individual, community, "racial" and/or national health and strength. The Age of Consent Act (1891) and the Child Marriage Restraint Act (1929) tentatively delimit the timespan of this discussion.

The social milieus addressed by this prescriptive literature include "respectable" Bengali-Hindu women or *bhadramahila* mothers, who were often portrayed as the embodiments of "Indian" motherhood – a flexible stereotype championed and criticised in the contemporary prescriptive literature on infant feeding. "Scientific" midwifery also aimed to supervise the "ignorant" and "dirty" *dais* (indigenous midwives and/or wet-nurses). Comparisons have been drawn with the variegated perceptions of infant feeding in Britain and *memsahibs* as mothers in the "tropics".

This paper explores and problematises lactation and breastfeeding as central to an ideal and emergent "mothercraft" (Davin, 1978; Ram & Jolly, 1998) dependent on the medicalisation of motherhood as a disciplined, "scientific", taught/learnt "duty" which required expert knowledge and skills. I am mainly interested in medical manuals on maternal and infant care in colonial Bengal. I argue that these were primarily shaped by colonial and nationalist debates on the rejuvenation of community, "racial" and/or national (manly) vigour. In this paper, I focus on print media about the "respectable" Bengali-Hindu women from the upper and middle classes and/or castes, or the *bhadramahila* and her (boy) child, alongside "native" midwives and wet-nurses or *dais* hired from the lower echelons of society, as an important agent in the medicalisation of motherhood and infant feeding. I also draw transnational connections and comparisons with perceptions and practices of breastfeeding in Britain and those pertaining to European women or *memsahibs* in "tropical" India.

The first section concentrates on medical advice about the role of *dais* and mothers, especially in the first few days following childbirth. I engage with prior scholarship on midwifery in colonial India to outline the general climate of thought about, and also "civilizing missions"/training schemes for, the "dangerous" traditional hereditary midwives (*dais*) who were blamed for the soaring maternal and infant mortality figures in colonial India. A *dai*, a term used for midwife and wet-nurse, (from the Sanskrit *dhātrī*/"nurse" – with its Indo-European root *dhā* "to nurse" [Rendich, 2013: 273–274; also see Guha, 1996a: 114–116]) – was employed from the apparently "*abhadra*"/"non-respectable" lower castes and classes, like "*Chamarni, Dosad* or *Hari* women" (Suhrawardy, 1921: lxiv) and the "Dome and the Bagthee caste" (Bose, 1881: 23; Mukherjee, 2012: 17), among others. In the second section, "immature maternity and lactation", I show that lactation was a significant concern in the heated debates on child marriage between the Age of Consent Act (1891) and the Child Marriage Restraint Act (CMRA, 1929). I explore imperial, colonial, nationalist, and feminist concerns about "immature maternity" (Joubert, 1890) in the age of consent debates, contemporary medical literature, and the controversy around Katherine Mayo's *Mother India* (1927–1929). In the third section, on clocks and "child's cries", I begin with British concerns about *memsahibs*' health in the "tropics". Thereafter, I discuss the medicalisation and pathologisation of "Indian mothers" and their "mother love", by European and indigenous opinion, specifically in the context of prolonged lactation, constant breastfeeding in response to the "child's cries", and the "barbarity" of "exposure of infants". I close by drawing elaborate transnational connections based on the method of clocked infant feeding of the famous New Zealand physician Frederick Truby King. The final section provides a detailed discussion on advertisements of infant formula and galactagogues (substances promoting lactation), the problem of adulteration of milk and food, and associated ailments in early twentieth century colonial India.

This paper situates infant feeding within the wider context of "science" as a "civilizing mission", and the "trope of the tropics" (Arnold, 2005: 137) as vitally significant in an understanding of both the

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European "Self" as well as the colonised "Other". From the fifteenth and sixteenth centuries onward, European travel expeditions and travelogues led to the gradual construction of the tropical regions as a "geographical and perceptual space" (Arnold, 1993: 29); and a "torrid zone" of desire, disease, and danger (Arnold, 2005: 111). These were "contact zones," or "social spaces where disparate cultures meet, clash, and grapple with each other, often in highly asymmetrical relations of domination and subordination — like colonialism, slavery, or their aftermaths" (Pratt, 1992: 4). In the early nineteenth century, medical topographical writings, steeped in climatic determinism and primarily focused on the male population (on "European *male* health", Sen, 2010: 255–256, 263), voiced both optimism and pessimism regarding the question of adaptability of European constitutions to the tropical environment of India. Climatic determinism persisted, but it was slowly overtaken by "human agency" as an explanation of health, filth and disease from the 1830s onwards (Harrison, 2000: 55–62, 66–67). The "tropical" environment was also supposed to be catastrophic for the *memsahib*'s health, which often led to the consequent hiring of "native" wet-nurses as "a virtual milch cow" (Sen, 2010: 253), and/or the hand-feeding of infants. Physiological concerns about the "maturity"/"immaturity" of the "native" child-wife's body, tied to "Indian pathologies" of "early menstruation", "precocious sexuality" and "premature maternity", were also closely associated with the "tropics" due to the climate, "race", the "culture of child marriage", and so on (Pande, 2010: 152–167).

The colonising "civilizing missions" often located the indigenous "maternal body under the surveillance of others - and others often separated from the mother by race and class" who labelled "native" mothers as paradoxically both "too indulgent" and/or "insufficient" (Jolly, 1998: 1–5). The prime aim was to discipline "mother love" as well as to "'clean up' and rationalize" the entire range of "sacred" versus "polluting" ideas surrounding pregnancy, childbirth and postpartum care (ibid.). Indian women (including the *bhadramahila*) were often portrayed as the "Other" to be "rescued" by European women, the "maternal imperialists" (Ramusack, 1992).

In the context of late nineteenth and early twentieth century colonial Bengal, I also deploy Malhotra (2006a, 2006b), Ishita Pande (2010), and Srirupa Prasad's (2015) arguments on the subject formation of the colonised, elite, (predominantly male, and gradually female) middle class who "attempts to write itself into history" (Prasad, 2015:17) by discoursing about "hygiene" and "modernity" to improve individual, community and national health. It is within this context that I discuss the "women's question", namely prescriptions and proscriptions for women's roles in society, in relation to the figure of the Bengali-Hindu *bhadramahila* who was ideally literate, "traditional" and "modern", a "new woman" reader and/or author of mostly Bengali manuals and women's magazines in colonial Bengal.

The idea of a unified "Hindu system" of medicine, or Ayurveda, variously tied to religious/community/national identity took root from early nineteenth century. This, as Projit Bihari Mukharji has argued, paved the way for a distinct set of *daktari* or indigenous, vernacular, "provincialized" western medical writings and practices in the second half of the nineteenth century in colonial Bengal (Mukharji, 2012: 1, 32, 82–100). I complement Mukharji's argument by mainly exploring medical childcare manuals by European medical practitioners alongside indigenous practitioners of Ayurveda (*vaids* or *kabirajs*) and indigenous practitioners of western medicine – in particular allopathy, and also homeopathy in colonial Bengal ("*daktars*", see Mukharji, 2012). Foucauldian analyses of "discipline", "biopolitics", and "governmentality" (for example, Michel Foucault's (1978) *The History of Sexuality* Volume I, and "Governmentality" in Burchell et al. ed. *The Foucault Effect*, see Foucault, 1991b, among others), along with Said (1978) *Orientalism*, are useful when studying colonialism, modernity, and medicine as "tools of empire", and the formation of colonised subjects and their initiatives in anti-colonial nation-building (Pande, 2010; on reinterpretation of Foucault's (1991a) *Discipline and Punish* in the context of breastfeeding in Europe, see Dykes, 2006:170–171).

This paper points out that "race", gender, class, and caste often influenced understandings of tangible and transferrable traits through, and the very nature of, the breast milk of mothers and wet-nurses in the contemporary medical and popular literature. I build on Deborah Valenze's argument that breast milk was considered "alive and active", with the power to transmit qualities and diseases into the child (Valenze, 2011: 21,155–156). Examining a wide range of primary sources incorporating various medical systems, this paper builds significantly on historical scholarship about child marriage and "immature maternity" and mothercraft, alongside shedding light on new transnational connections in relation to infant feeding methods as well as the circulation of commodities such as infant formulas and galactagogues in the highly plural foods and drugs markets at the time.

"Clean"/"dirty" midwifery

By the late nineteenth century, colonial and indigenous medical practitioners constructed the traditional, hereditary midwife (the *dai*) as "dangerous" and "dirty" and "meddlesome" and cast her as culpable for the soaring maternal and infant mortality figures in colonial India (Forbes, 2005: 84–88, 91; on ritual pollution Borthwick, 1984: 153–156; on *dais* and their assistants as "cord-cutters", Guha, 1996a: 114–115; Guha, 2005: 2–3). "Scientific", or "clean midwifery" (Waters, 1918: 10; Balfour & Young, 1929: 140) was supposed to reform or replace traditional, "dirty midwifery" (Sen, F.R.F.P., & Glas, 1918: 129). The colonial "civilizing missions" like the National Association for Supplying Female Medical Aid to the Women of India (or the Dufferin Fund, from 1885 onwards), the Victoria Memorial Scholarship Fund (V.M.S.F.; from 1903), the establishment of the Women's Medical Service in India (WMSI, 1913), and the Lady Chelmsford All India League for Maternity and Child Welfare, founded by Lady Chelmsford in 1920, focused on a number of interrelated issues like the medical training of midwives, nurses, female doctors and health visitors alongside the establishment of "female" hospitals and infant welfare clinics, and the dissemination of propaganda through lectures, exhibitions and pamphlets. These "quasi-governmental measures" asserted the "superiority" of western medicine, underscored the "irrationality and backwardness of colonial subjects" in midwifery, childbirth and childrearing, and provided "tools" to legitimise and hegemonise the "benevolence" of colonial rule and biomedicine by providing better facilities and training to meet the "medical needs of Indian women" (Sehrawat, 2013: xxix-xxxi, 103, 146).

However, as Sehrawat herself also points out, this colonial hegemony was far from complete (Sehrawat, 2013: xxxi), as is most visible in the plural medical print markets comprised of allopathic, homeopathic, ayurvedic, Unani, and other drugs and foods in early twentieth century colonial India (Prasad, 2015: 89–112). Pande's Foucauldian approach is useful in understanding the logic of the Bengali maternal and childcare manuals. She highlights "the biopolitical basis of the colonized subjects' self-representation" through "dialogue" and "resistance" in different medical discourses, "thus participating in the disciplinary regime" for the improvement of the individual, community, race and/or nation (Pande, 2010: 7). As Andrea Major also argues, in the context of the controversy around Katherine Mayo's *Mother India* (1927), the "'civilizing mission', once seen as a process emanating from the imperial centre outwards, had been refashioned as a 'self-civilizing mission' in the service of a predominantly upper class/caste and male dominated Indian nationalism" (Major, 2011: 185).

Mrinalini Sinha argues that American journalist Katherine Mayo's book *Mother India* (1927) was a part of "a long tradition of imperialist propaganda", blaming the "irredeemably perverse Hindu culture" for the degraded condition of Indian women due to child marriage and "premature maternity", to thereby deny nationalist demands for self-government. The "imperialist-nationalist controversy" following the