Milk, mothering & meanings: Infant feeding in colonial Bengal

Ranjana Saha

Department of History, University of Delhi, Delhi 110007, India

ARTICLE INFO

Article history:
Received 30 November 2015
Received in revised form 7 November 2016
Accepted 7 November 2016
Available online xxxx

Keywords:
Gender
Breastfeeding
Medicine
Mothercraft
Colonialism

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 debates on medical and popular knowledge about 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 milieu addressed by this prescriptive literature include “respectable” Bengali-Hindu women or bhadrāmahila 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 formed 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 bhadrāmahila 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 dhārī/“nurse” – with its Indo-European root dhā to nurse) (Rendich, 2013: 273–274; also see Guha, 1996a: 114–116) – was employed from the apparently “abhādra”/“non-respectable” lower castes and classes, like “Chamarī, Dosaī 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 “tropes of the tropics” (Arnold, 2005: 137) as vitally significant in an understanding of both the...
European “Self” as well as the colonised “Other”. From the fifteenth and sixteenth centuries onward, European travel expeditions and travellers 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 after-maths” (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: 255–265, 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 milk 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 bhadraramahila) 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 prescriptions for women’s roles in society, in relation to the工具s of empire, seeDykes, 2006:170

“In the face of a predominantly upper class/caste and male dominated Indian society, she highlighted the “biopolitical logic of the colonised 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 “ civilising mission”, once seen as a process emanating from the imperial centre onwards, had been refashioned as a ‘self-civilising mission’ in the service of a predominantly upper class/caste and male dominated Indian nationalism” (Major, 2011: 185).
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات