

Scientific Motherhood and National Modernity: Lithuanian Discourses on Infant Feeding from the Late 19th Century to 1940

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Scholarly research has pointed out that in the course of the 19th and 20th centuries, motherhood experienced profound changes characterised by the reshaping of mothers' traditional roles, along with the emergence of a new concept of maternal duties. One of the main features influencing this development was the idea of scientific motherhood, that is "an ideology that places social pressure on mothers to seek out and heed scientific and medical advice regarding 'proper' mothering techniques."¹ With its roots in industrialisation, increasing public circulation of scientific discourse and the rise of pediatrics as a separate branch of science, scientific motherhood spread from Europe and the US throughout the world as a major attribute of social practices of "modernisation." As an ideological pattern, scientific motherhood had a couple of main outcomes. On the one hand, the growing centrality of professional medicine and child-related disciplines stigmatised confidence in "natural" maternal instinct. In turn, mothering was transformed into a sum of externalised techniques with women being assigned an active task as collectors of information and expert advice on child rearing. In practice, this meant a kind of "medicalisation" of mothering through the intervention of pediatricians, psychologists, nutritionists and other professionals. Mothers' new subjectivity, on the other hand, introduced a morally grounded distinction between good and bad mothers contingent on the adoption or avoidance of scientific mothering practices. Even though scientific motherhood long coexisted and conflicted with traditional mothering concepts and practices, the former became an inextricable part of the culture of the educated elite throughout the world and a part of their modernising projects.²

In the European and American context, where the industrialisation process had contributed to the exponential growth of infant mortality rates, the maternal power emanating

- 1 Jennifer A. Carter: *Scientific Motherhood*, in: William C. Cockerham, Robert Dingwall et al. (eds.): *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, Toronto 2014, pp. 1-3.
- 2 Rima D. Apple: *Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries*, in: *Social History of Medicine* 8 (1995), no. 2, pp. 161-178; Katherine Arnup: *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada*, Toronto 1994; Natalia Chernyaeva: *Childcare Manuals and Construction of Motherhood in Russia, 1890-1990*. PhD Thesis, University of Iowa, Iowa City, IA 2009; Angela Davis: *Modern Motherhood: Women and Family in England, 1945-2000*, Manchester 2014; Yolanda Eraso: *Representing Argentinian Mothers: Medicine, Ideas and Culture in the Modern Era, 1900-1946*, Amsterdam 2013; Katherine A. Foss: *Perpetuating "Scientific Motherhood": Infant Feeding Discourse in Parents Magazine, 1930-2007*, in: *Women & Health* 50 (2010), no. 3, pp. 297-311; Kim Klausner: *Worried Women: The Popularization of Scientific Motherhood in the 1920s*, in: *The History Journal: Ex Posto Facto* 4 (1995), no. 2, pp. 51-69; Lee Jae Kyung: *The Glorification of 'Scientific Motherhood' as an Ideological Construct in Modern Korea*, in: *Asian Journal of Women's Studies* 5 (1999), no. 4, pp. 9-27; Jacquelyn S. Litt: *Medicalized Motherhood: Perspectives from the Lives of African-American and Jewish Women*, New Brunswick, NJ 2000.

from scientific motherhood primarily related (even if not exclusively) to women's ability to preserve the lives of their children and feed them correctly. Historiography has pointed out that, while reflecting the recent changes in the field of organic chemistry and medicine and being medical discourse-driven, the new focus on infant feeding became a catalyst for the transformation of women's role within the family and a tool for demographic growth.³ Irrespective of the growing amount of scholarly literature devoted to the history of infant feeding, some questions of basic importance for social historians have not been answered yet. Have discourses on infant feeding been used as a tool to convey sociopolitical values? In what ways have they intertwined with national discourse? To what extent have they represented a tool for the disciplining of mothers and, ultimately, for the construction of motherhood?

In order to answer these questions at least partially, I will analyse the development of the discourse on infant feeding in Lithuania from the end of the 19th century until the beginning of the first Soviet occupation. The Lithuanian national movement, which emerged in the last two decades of the 19th century, looked at traditional mothering as one of the social institutions to be reformed as a precondition for the enlargement of the Lithuanian middle class. The elite's commitment to reducing the high rates of infant mortality – an unacceptable feature for an “educated” nation which symbolically put the very survival of the national community at risk – and the development of pediatrics as a separate branch of medicine represented the two main factors which prompted interest in “modern” infant feeding and its promotion.

The construction of scientific motherhood in early 20th century Lithuania has not to date been the object of scholarly investigation. Lithuanian historiography has tackled the transformations of motherhood mainly through the lens of the women's movement. Priority has been given to the fight for the acquisition of social and political rights.⁴ Even if the ideological importance of motherhood for the Lithuanian national project has not been

- 3 Rima D. Apple: *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950*, Madison, WI 1987; Linda M. Blum: *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States*, Boston, MA 1999; Linda Bryder: *Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900–1970*, in: *Medical History* 49 (2005), pp. 179–196; idem: *From Breast to Bottle: A History of Modern Infant Feeding*, in: *Endeavour* 33 (2009), no. 2, pp. 54–59; Samuel J. Fomon: *Infant Feeding in the 20th Century: Formula and Beikost*, in: *Journal of Nutrition* 131 (2001), pp. 409S–420S; Tasnim Nathoo, Aleck Ostry: *The One Best Way? Breastfeeding History, Politics, and Policy in Canada*, Waterloo 2009; Jörg Vögele, Luisa Rittershaus et al.: “Breast is Best”: *Infant-Feeding, Infant Mortality and Infant Welfare in Germany during the Late Nineteenth and Twentieth Centuries*, in: *Health* 5 (2013), pp. 2190–2203.
- 4 Virginija Jurėnienė: *Lietuvių moterų judėjimas XIX amžiaus pabaigoje – XX amžiaus pirmojoje pusėje* [The Lithuanian Women's Movement, End of 19th – Early 20th Century], Vilnius 2006; Indrė Karčiauskaitė: *Katalikiškoji moterų judėjimo srovė Lietuvoje (1907–1940)* [The Catholic Wing of the Women's Movement in Lithuania (1907–1940)], PhD Thesis, Vytautas Magnus University, Vilnius 2007; Dalia Leinartė: *The Lithuanian Family in its European Context, 1800–1914: Marriage, Divorce and Flexible Communities*, Cham 2017; Olga Mastianica: ‘Moterims, kurios gimdo tėvynei sūnus’: *moters vaidmuo formuojant tautinę tapatybę* Edukacinės komisijos laikais [‘For Women who gave Birth to the Fatherland's Sons’: The Role of Women for the Formation of National Identity in the Educational Commission Epoch], in: Ramunė Šmigelskytė-Stukienė (ed.): *XVIII amžiaus studijos, t. 2: Lietuvos Didžioji Kunigaikštystė. Valstybė. Kultūra. Edukacija*

overlooked,⁵ the particular tools – such as infant feeding – employed for the construction of motherhood have not been explored. This article attempts to fill some of the existing historiographical gaps. My point is that, while embodying a hygienic practice aimed at reducing infant mortality and disciplining mothers, the promotion of breast feeding, which allegedly represented the best choice for babies in their first year of life, reflected two different conceptions of motherhood. Prior to the emergence of the Lithuanian nation state, it consolidated the image of a mother's subjectivity as that of an actor (potentially) engaged in the nation building process. In the interwar period, however, the stress on the importance of breastfeeding indicated the emergence of a radically different idea of motherhood constructed around the concepts of obedience and service.

My contribution is divided into four parts. In the first, I introduce the problem of scientific motherhood and analyse its development in Lithuania as a branch of rising hygiene science. In the second part, I investigate the debates on breastfeeding which emerged in the late 19th century and the concerns they embraced until the outbreak of the Second World War. In the third part, I investigate how, in the period analysed, discourses on the feeding of sterilised cow's milk contributed to socially and morally stigmatise women who did not breastfeed their children. Finally, in the fourth part, I investigate how traditional views on infant feeding remained in use throughout the period and can be considered as mothers' claim for full independent subjectivity.

Scientific Motherhood: From Individual to Collective Responsibility

In his "Hygiene or the Science of Health Preservation" (*Hygiena, arba Mokslas apie užlaikymą sveikatos*, 1897), the Lithuanian columnist Juozas Adomaitis exposed his arguments on hygiene, harshly criticising the passive fatalism with which peasants looked at diseases as a scourge of God. Irrespective of their supposedly strong faith, "those who speak in this way are not familiar enough with the Scripture. There, they would find [the description of] the exemplary life our Saver held while being on earth. So, how did He spend His lifetime? He taught people, and thus He enlightened their minds and healed their bodies." Righteous Christians, Adomaitis claimed, would nurture morality continuously and care for the body by taking on the teachings of modern science.⁶

The rhetorical reference to the "Saver" as the moral basis of late 19th century hygiene practices illustrates quite well the emergence of a new sensibility in which the spread of scientific hygiene principles corresponded to the personal engagement of individuals on whom the very effectiveness of hygiene norms depended. "Private hygiene", as the

[18th Century Studies, Vol. 2: The Grand Duchy of Lithuania: State, Culture, Education], Vilnius 2015, pp. 172-182.

5 Tomas Balkelis: *The Lithuanian National Intelligentsia and the Women's Issue, 1883–1914*, in: *Canadian Slavonic Papers* 46 (2004), no. 3-4, pp. 267-287; Jurga Miknyūtė: *Moters socialinio vaidmens konstravimas viešajame diskurse XIX a. vidurio-XX a. pradžios Lietuvoje* [The Construction of the Social Role of Women in the Public Discourse, End of 19th – Early 20th Century]. PhD Thesis, Vytauto Didžiojo universitetas, Kaunas 2009.

6 Juozas Adomaitis: *Hygiena, arba Mokslas apie užlaikymą sveikatos* [Hygiene or the Science of Maintaining Health], Chicago, IL 1897, p. 3. The author had emigrated to the US in 1894.

Lithuanian-American physician Andrius Graičiūnas specified in his 1911 handbook, was to be understood as a branch of science enabling people to learn “the rules of nature for health preservation.”⁷ However, Graičiūnas pointed out, increasing urbanisation promoted the emergence of a second branch – “public hygiene” – which furthered the creation of the environmental preconditions for the successful fulfillment of the personal health preservation task.⁸ This environmental perspective, however, should not be identified with social hygiene. Fascinated by a romanticised view of nature, the promoters of “public hygiene” mainly claimed for the implementation of sanitation works in urban centers as an ethical undertaking to pursue the restoration of the original relations between humans and the natural environment.⁹ Shared by virtually all intellectuals, the importance of “public hygiene” was especially stressed by left-wing activists. In 1910, the author of a socialist pamphlet concentrated upon the urban environment (“cold weather, the bad air of big cities, dust, dirt and the seeds of whatever disease, or bacteria, and many other dangers are continuously threatening health”)¹⁰ as chiefly responsible for the deterioration of health. Echoes of social determinism linking social condition, diseases and heritability were not absent; their influence, however, remained limited.¹¹ Adequate food, sunlight, warmth, moderate physical activity, rest and regular house cleaning and ventilation were considered the recipe for preventing diseases and illnesses.¹²

This understanding of hygiene, which based the effectiveness of adopted measures on the responsible action of individuals, changed considerably in the 1920s and 1930s. In fact, as in previous years, hygiene continued to be depicted as a cluster of practices aimed at “protect[ing] oneself from surrounding harmful influences and create healthy surroundings around oneself.”¹³ The framework in which the hygiene concept unfolded was, however, different. The pre-war bifurcated notion of “private” and “public” hygiene remained in use but merged with a new concept – “individual hygiene” – which summed up all practices devoted to the preservation of people’s health irrespective of individual features. “Individual hygiene,” however, became increasingly intertwined with a second concept which had already emerged in western Europe in the second half of the 19th century:¹⁴ social hygiene. Depicted as a multi-disciplinary field of research based on medical statistics and inspired

7 Andrius Graičiūnas: *Sveikata arba tiesus ir trumpas kelias į sveikatą: Paminės žinios iš anatomijos, fiziologijos ir higienos* [Health or the Virtuous and Short Pathway for Health: Basic Notions of Anatomy, Physiology and Hygiene], Chicago, IL 1911, p. 2.

8 *Ibidem*, p. 251.

9 Juozapas Sabas: *Gamta – sveikatos šaltinis* [Nature: The Origin of Health], Seinai 1908, pp. 6-8; *Sveikata, Švento Kazimiero draugijos išleidimas* [Health, release of the Holy Casimir Society], Kaunas 1907, pp. 5-7.

10 Pijus Norkus: *Darbininko sveikata* [The Worker’s Health], Philadelphia, PA 1910, p. 3.

11 *Daktaras bei mokslas apie sveikatą* [The Physician and Health Science], Philadelphia, PA 1908, pp. 2 f.

12 *Ka daryti, kad sveiki butume ir ilgai gyventume* [What to do in order to live long and healthy], Tilžė 1895, p. 2; Norkus, *Darbininko sveikata* (see note 10).

13 See, for example, Pranas Šimkus-Šimelevičius (ed.): *Mūsų sveikata* [Our Health], Kaunas 1938, pp. 7 f.

14 Dorothy Porter: *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times*, London 1999, pp. 128-146; Gérard Seignan: *L’hygiène sociale au XIX^e siècle: une physiologie morale*, in: *Revue d’histoire du XIX^e siècle* 40 (2010), no. 1, pp. 113-130.

by social determinism, social hygiene addressed separate social groups with the aim of eradicating the physical, social and economic reasons for the deterioration of these groups' health conditions.

Prompted by the engagement of the Lithuanian medical intelligentsia in the structures of the new independent state and the growing role played by the state in public life (which became particularly evident from the late 1920s onwards), the concept of hygiene grew as a set of behavioural norms under the constant control of an external authority.¹⁵ Whereas individual involvement in hygiene remained central for the success of hygiene practices, “experts” (physicians, sociologists, economists, statisticians, etc.) and the state became the new pivotal figures responsible for the application and control of social hygiene measures.¹⁶ This general reframing brought about the emergence of radically different subjects and objects of hygiene. Hence, society (*visuomenė*) arose as the collective actor with a commitment to carry out the suggestions of the experts and guarantee “the nation’s healthiness” (*tautos sveikatingumas*). In turn, the role of individuals was reduced to that of subjects whose maturity depended upon their ability to follow the scientific discourse and thus demonstrate their moral responsibility towards the community.¹⁷

The new role of hygiene is clearly visible in an article by the physiologist and hygienist Jonas Šopauskas published in 1938 in *Medicina*, the most prominent periodical scientific publication devoted to medical research in interwar Lithuania:

“If in the 19th century one’s health was a private matter of the individual, now public health care is widespread more or less in all educated states (*visoje kultūringose valstybėse*). It has become clearer and clearer that no treasure is more valuable for the state than the health of its citizens [...]. In fact, forest animals and savage people are not [the object of] hygiene, since they live in natural conditions and they cannot partially or totally modify them by their own will (*savo valia*). [The situation is] different in the case of a person [living in an] educated society; his life conditions are artificial (*dirbtinės*) and they can be modified according to his desires (*pagal norą*). In other words, an educated person creates on his own his life environment which can, in certain circumstances, help and, in others, endanger his health.”¹⁸

Šopauskas described the role of hygiene science in pairs of antithetic terms – individual / collectiveness, nature / culture, passivity / will. Understood as a veritable shift from a state of

15 Until the outbreak of the conflict, medical training was available in the main academic centres of the Tsarist Empire – St. Petersburg, Moscow, Kharkov and Warsaw. After completing their academic training, young physicians only rarely returned to the Lithuanian provinces, where no self-government institutions administering health care were in place. Instead, they much more frequently searched for a better professional life elsewhere in the empire. It was only at the end of war, when new employment possibilities arose in the independent Lithuanian state that the return of physicians began. Largely imbued with social medicine ideas, physicians acted as nation builders through the introduction of new hygiene and medical practices.

16 Juozas Maciūnas: Socialinė globa ir socialinė higiena [Social Tutelage and Social Hygiene], in: *Medicina* (1932), no. 11, p. 732.

17 Šimkus-Šimelevičius, *Mūsų sveikata* (see note 13), pp. 7 f.

18 Jonas Šopauskas: Higienos uždaviniai šių dienų gyvenime [The Tasks of Hygiene for Today’s Life], in: *Medicina* (1938), no. 2, pp. 106 f.

nature to culture resulting from the growth of the body politic, the citizen of the independent state should do nothing but epitomise the spirit of community and rationality which the rule of culture requires. Hygiene, in turn, emerges as the expression of citizens' and the state's moral reciprocity, having the double task to "analyse and describe people's life conditions and their influence upon a person's organism" and "indicate the ways and norms how personal and social life must be tided (*tvarkomas*), so that a person's health and ability to work would reach its optimal level."¹⁹ By its statistical and normative role, hygiene unfolded as a set of rules and instruments of social control for the preservation and betterment of the nation-organism with a strong moral undertone.

The hygiene concept and related practices exerted a strong influence on, among others, the (re)construction of social roles. Motherhood was one of them. Prior to the outbreak of the Great War, liberal and catholic intellectuals alike put motherhood on the border between instinct and science. In an article published in 1915 in the liberal *Lietuvos ūkininkas* (The Lithuanian Peasant), "women's ignorance and uncleanness" (*moterų tamsumas ir nešvarumas*) were singled out as the main causes of infant mortality. What was to be changed was the overall understanding of mothering as a set of scientific hygiene norms to be adopted for child rearing:

"In child rearing, these mothers follow almost exclusively their innate feelings (instinct) [*beveik vien įgimtais jausmais (instinktu)*]. But nowadays we do not live in those times and in those conditions in which innate feelings alone are enough to rear a child [...]. Parents should take care and give their daughters, future mothers, as much knowledge as they can, so that by using it adequately they could not only save the life of their baby but also educate [it] well in order to rear it as a useful person for all our nation [*naudingas visai mūsų tautai žmogus*]."²⁰

The adoption of scientific guidelines for child rearing was, first of all, a matter of collective identity and moral maturity. Until the late 1910s, however, the discourse remained focused on "individual" practices, namely, on the need to support the Lithuanian mother's (*moterė-lietuvė*)²¹ "individual" efforts to learn and apply scientific hygiene norms to child care.

It was after the end of the First World War and the emergence of the Lithuanian independent state that a new relationship between hygiene and maternal responsibility was put forward. In a guise reflecting the trajectory of the hygiene concept, motherhood shifted into the expression of a symbolic "collective" persona bearing responsibility for the survival and development of the whole nation. Mother and child care represented one of the specific branches of social hygiene.²² More specifically, children represented the lowest, most

19 Ibidem, p. 106.

20 [Unknown]: *Mūsų nelaimė* [Our Misfortune], in: *Lietuvos ūkininkas* 5/3/1915, p. 85.

21 Juozas Jarašius: *Kaip vaikus auginti* [How to Bring Children up], in: *Vilniaus žinios* 17/12/1908, p. 2; Bronius Stosiūnas: *Motinoms patarimai* [Advice for Mothers], in: *Šaltinis*, 12/12/1906, p. 583.

22 Ibidem, p. 109. Šopauskas indicate mother and child care as one of the six most important branches of hygiene, the others being the fight against infectious diseases, the creation of healthy surroundings, the fight against "social diseases", „health care for school-age children, and sanitary education. See also Maciūnas, *Socialinė globa* (see note 16), pp. 731 f.

fragile cell of the nation's organism (children > families > the nation > the state) whose classical representation as the nation's future was strengthened in the framework of natalist rhetoric.²³ In turn, mothers were assigned a pivotal role in the improvement of child hygiene, the reduction of infant mortality rates and, accordingly, the growth and strengthening of the nation. As in pre-war years, scientific mothering remained a moral imperative for mothers. Nonetheless, there seemed to be no room left for the mother's "individual" will. Within a framework in which professionals in mother- and child-related disciplines, such as infant psychology, pediatrics, gynecology and nutrition science, had a common commitment to control and discipline motherhood, and the state increasingly supported the ideological image of mothers as the custodians of the nation's future, "morally" deserving mothers had no choice but to recognise expert authority and follow their advice. This "deprivation" of autonomous subjectivity fit perfectly the organic understanding of the nation supported by social hygiene:

"We see – the physician Kazys Oželis stressed in an article devoted to the goals of social medicine, a field contiguous to social hygiene – that social medicine studies a person not as a separate individual but as the collective element [*kolektyvus elementas*] of families and nation: as a **creator**, as **human capital** (a worker, a soldier and a citizen) and as the link connecting generations, a **life giver-fecundator** [*gyvybės perdavėjas-vaisintojas*]. Every individual is first of all a **work tool-multiplier** [*darbo įrankis-daugintojas*], an element [expressing] the nation's **energy** and **wealth**. Society must protect her / his health not only in her / his own [interest] but also for the sake of common social goals and to make **society take advantage of her / him**".²⁴

Society was described as an organism having a clear (re)productive duty. Every action had to prevent the nation-organism from wasting energy, guarantee the effectiveness of its efforts and secure the nation's endurance in time. As an organ of the nation's body, mothers accomplished the vital task of (re)producing the most basic cells of society. This link of reciprocity between mothers and the nation brought about as a logical consequence the substitution of a mother's individual will by nation-led (that is, expert-led) volition and was in line with terms of economic convenience. Since "[c]hildren's health is the capital (*kapitalas*) we have not learnt to value and spare (*branginti ir taupyti*)", mothers were expected to act from the very beginning of pregnancy to preserve their children so as to relieve the state from wasting funds for "maintaining the handicapped and unfit to work".²⁵

Whereas motherhood was depicted as the natural extension and the veritable goal of womanhood, *scientific* motherhood represented an outcome of cultural development and needed to be supported through the use of adequate tools. The basis of scientific mothering (pedagogics, hygiene, etc.), the pedagogue and journalist Vincenta Matulaitytė-Lozoraitienė

23 Redakcijos žodis [The Redaction's Word], in: *Naminis gydytojas*, 3/2/1923, no. 1, p. 1.

24 Author's emphasis, Kazys Oželis: *Socialinės medicinos pagrindai* [Basics of Social Medicine], in: *Medicina* (1930), no. 12, p. 818.

25 *Motina ir vaikas* [Mother and Child], Kaunas 1938, p. 245.

argued, should be included in school curricula. This would enable girls to realise from their very youth that “the world is led not only by heart and poetry but even more by rationality and prose.”²⁶ “Rationality and prose” summarised the rules for the healthy physical and spiritual growth of the nation.²⁷ The preconditions for the universal introduction of training in scientific mothering relied, according to Vanda Janavičienė, on the natural (biological) bond linking mothers and children, thus providing scientific mothering with a maieutic function. For “according to the natural law (*įgimta teisė*)” the responsibility of child-rearing belongs to mothers, “if we want to teach and educate children adequately, we need first to teach and educate mothers. By educating mothers, we will educate also children and, in the meantime, the whole nation.” The introduction of training in mothering in school curricula, therefore, would help provide girls with all the theoretical tools to “carry out their holy duty (*šventa pareiga*).”²⁸

Milk, the Nation, and Discipline

Infant feeding represented the most relevant obligation of the maternal “holy duty.” While it was a part of the concept of scientific motherhood, infant feeding embodied much more specific *social* meanings, helped specify the ‘social’ role of mothers, discipline and sanction “inadequate” mothering. In order to understand why infant feeding was so central, a step back to the international context in which this idea developed is needed.

In the last two decades of the 19th century, the interest in infant mortality experienced rapid growth throughout Europe. This rise in concern was due to a set of coexisting causes. Around the middle of the century, infant mortality had risen dramatically as a primary side-effect of industrialisation. By 1880, infant mortality still reached 16.6% in England, 22.6% in Germany and as high as 26.8% in Russia.²⁹ It was in such a changing social panorama that a new sensibility towards children arose. As children became envisaged as human capital, education and protective measures (addressing not only children but also mothers) were adopted with increasing frequency. The far-reaching effects of high infant mortality rates motivated jurists and physicians to overcome national limits and create international frameworks focused on child protection-related issues. Among the topics discussed during their periodical international meetings, law experts focused upon the juridical and administrative tools to fight child abandonment, the need for a flexible legal framework able to adapt to ongoing changing social conditions and, last but not least, the possibility to modify the juridical status of children born out of marriage. In particular, the discussions on the principle of rejecting the penal liability of minors were characterised by growing

26 Vincenta Matulaitytė-Lozoraitienė: *Motina ir visuomenė* [Mother and Society], in: *Motina ir vaikas* (1929), no. 5, p. 4.

27 Jadvyga Nainienė-Petrauskaitė: *Svarbiu motinoms reikalu* [About an Important Issue for Mothers], in: *Motina ir vaikas* (1929), no. 3, p. 3 f.

28 Vanda Janavičienė: *Pagerbkime motinas!* [Let’s Respect Mothers!], in: *Motina ir vaikas* (1935), no. 5, p. 2.

29 Michel Poulain, Dominique Tabutin: *La mortalité aux jeunes âges en Europe et en Amérique du Nord du XIXe à nos jours*, in: Idem (eds.): *La mortalité des enfants dans le monde et dans l’histoire*, Louvain 1980, p. 120.

attention to the link between a child's individuality and the social surroundings in which she/he grew up. As early as 1883, during the First Congress on Child Protection held in Paris, maternal feeding (that is, breastfeeding and weaning) was mentioned as one of the tools to be deployed to prevent poor and abandoned children from becoming criminals.³⁰ Since mothers who abandoned children could be considered as belonging to a group which was breaking up social customs and bourgeois morality (unmarried women, women belonging to lower social classes, prostitutes, etc.), breastfeeding embodied an instrument to bring women and children together and, in the meantime, to discipline mothers socially. According to jurists, the spread of breastfeeding practices would reduce the number of mothers abandoning their children and strengthen the emotional relation between mothers and children. In turn, children brought up within familial surroundings were supposed to socialise according to accepted moral standards and avoid deviance. In other words, disciplining of mothers through breastfeeding was supposed to carry out a function of social protection and disciplining of children from poor and morally "unstable" environments.³¹

The fight against infant mortality prompted physicians to support international networking, also. Over the last decades of the 19th century, the development of bacteriology and organic chemistry had fueled discussions on safe infant feeding. The rising consciousness with respect to the superiority of breastfeeding and the spread of formulas³² was accompanied by heated debates on the safe use of animal milk in the case of foundlings, abandoned children or mothers who could not (or not constantly) breastfeed their children. In order to prevent the spread of deaths by digestive tract infections which crude milk or inadequate food could cause in babies and young children, different patterns of milk sterilisation and distribution were checked. Germany, Italy and the Netherlands steadily supported mechanisms of overall control on milk production, conservation and distribution. In the United States, cities gave priority to the establishment of large depots of sterilised milk. The most innovative response, however, came from France. In 1894, the French physician Léon Dufour created an innovative sterilised milk distribution scheme combining medical, educational and social functions. While strongly supporting breastfeeding as the safest option for feeding babies, Dufour established a facility (*Goutte de lait*) where not only was reduced-fat pasteurised milk distributed in sterilised bottles to women of the lower working class but prevention was to be carried out according to planned activities (regular check-ups for the children, and consultation on child feeding, health, and hygiene issues for mothers).³³ In the same period, a similar idea was promoted by another French obstetrician, Pierre Budin. Even though his efforts focused much more intensively on supporting breastfeeding as the safest way to prevent gastroenteritis in babies and reduce infant mortality, Budin recognised

30 Catherine Rollet: La santé et la protection de l'enfant vues à travers les Congrès internationaux (1880–1920), in: *Annales de Démographie Historique* (2001), no. 101, pp. 99 f.

31 Marie-Sylvie Dupont-Bouchat: Le mouvement international en faveur de la protection de l'enfance (1880–1914), in: *Revue d'histoire de l'enfance "irrégulière"* (2003), no. 5, pp. 207 f.

32 Apple, *Mothers and Medicine* (see note 3).

33 Florence Levert: L'«élevage» des bébés à Fécamp (1894–1928), in: *Ethnologie française* 39 (2009), no. 1, p. 141; Manuelle Sautereau: Aux origines de la pédiatrie moderne: le Docteur Léon Dufour et l'Œuvre de la «Goutte de lait» (1894–1928), in: *Annales de Normandie* 41 (1991), no. 3, p. 217–233.

the key preventive function of mother and child centers where children would be provided with sterilised milk in case natural nutrition failed.³⁴

Though the deployed means differed from those proposed by jurists, infant feeding can also be viewed here as having a particular disciplining goal – promoting among lower-class women the development of a new sense of responsibility under the control of an external medical authority which gave the main guidelines on child-rearing, providing adequate food and constantly testing mothers' behaviour through constant child check-ups.

In the wake of the echo of international networks,³⁵ as well as the emergence of imperial organisations aimed at reducing the causes of infant mortality,³⁶ interest in infant feeding also emerged throughout the Lithuanian provinces of the Tsarist Empire. Even though the main aspects detectable in the Lithuanian discourse did not differ much from the general trend, the local socioeconomic framework and the (slow) spread of the national movement in a still widely agrarian society, inevitably influenced its features.

Between the end of the 19th and the first decades of the 20th century, the breastfeeding mother was figured as the epitome of scientific motherhood. In particular, breastfeeding embodied a new sense of *individual maternal responsibility* (in which medical discourse served as an external normative entity) opposed to the *collective* habits of “ignorant bumpkins” (*tamsūs praščiokai*).³⁷ In 1895, commenting on the increasing tendency to shorten the breastfeeding period or even not to breastfeed children at all, the pedagogue Juozas Damijonaitis harshly condemned this trend as a sin against God's Law. As in the quotation from Adomaitis at the beginning of this article, the reference to God helped objectivise modern medicine as a normative universal paradigm.³⁸

When not openly mentioning the Divine, references to “nature” (*gamta*) as the origin of and sufficient reason for supporting breastfeeding provided mothers' “duty” (*priedermė*) with a similar sense of universality. “As far as she is healthy” – an article published in *Sveikata* (Health), a periodical annex to *Lietuvos ūkininkas* (The Lithuanian Peasant), stated – “a mother must breastfeed her child. Studies demonstrated that mothers have been entrusted [this tool] by nature itself [*pačios gamtos*].” The moral core of “nature” (that is of an instance which can be accepted or rejected according to a woman's moral attitudes) is however revealed when the author criticises the behaviour of those who give up breastfeeding. If a woman declines to breastfeed her child, our author continues, she commits “the worst sin: [...] not only does she not attend her duty [*pareiga*], but she often abandons her child

34 Paul L. Toubas: Dr. Pierre Budin: Promoter of Breastfeeding in 19th Century France, in: *Breast-feeding Medicine* 2 (2007), no. 1, pp. 45-49.

35 Representatives from the Russian Empire took part, among others, in the three Gouttes de lait international conferences in 1905 (6 people), 1907 (4) and 1911 (39). See Rollet, *La santé* (see note 30), p. 116.

36 Two organisations devoted to these goals were founded in the first decade of the 20th century – the Union to Combat Children Mortality and Charitable Society for the Protection of Motherhood and the All-Russian Guardianship for the Protection of Motherhood and Infancy. See Chernyaeva, *Childcare Manuals* (see note 2), pp. 37-50.

37 [Unknown], *Rodos motinoms apie auginimą žindomų kūdikių [Indications for Mothers about the Up-Bringing of Breast Fed-Children]*, Tilžė 1895, p. 3.

38 Juozas Damijonaitis: *Apie reikalingumą penėjimo kūdikių krutomis motinos [On the Need to Feed Children at Mother's Breast]*, in: *Lietuvos Ūkininkas* (1895), no. 17, 130 f.

without a [serious] reason only because of money, amusement, rendezvous, avidity. Those foundlings often grow up orphans, they eat inadequate food and die like flies to the shame of their worthless mothers".³⁹ Similar tones were used by the ophthalmologist Petras Avižionis who accused mothers who did not follow medical advice on breastfeeding and child rearing as "immoral" (*nedoros*). Maternal love, Avižionis pointed out, remained an ambiguous concept which was often still interwoven with rearing practices based on instinct. Whereas these practices ought to be considered insufficient or even detrimental to the child, real maternal love was reflected in the adoption of scientific child-rearing practices and, first of all, of breastfeeding.⁴⁰

In the aftermath of the First World War, the importance of breastfeeding was stressed even more strongly. Although no accurate statistics are available, until the early 1920s, infant mortality rates did not differ significantly in comparison to the years of German occupation. By 1919 and 1920, infant mortality (< 1 year) reached 20% (the same rate as 1917), while one year later it fell to the 1918 level (16%). Along with social conditions, a lack of, or insufficient, breastfeeding was highlighted as the main reason for the persistence of such high rates.⁴¹ If the personal engagement of local pediatricians who had come back from displacement represented the basic precondition for breastfeeding campaigns, in the early 1920s international humanitarian organisations operating in the country (the American Relief Administration, the American Red Cross, the Lady Muriel Paget's Mission (*LMPM*)) also manifested a pronounced interest in safe feeding as a tool for the reduction of infant and child mortality.⁴²

Against this changing social background, the narrative construction of breastfeeding underwent a transformation in line with the collective tasks allocated to post-war motherhood and the social determinism which characterised social hygiene discourse. The physician Wilhelm Westermann pointed this out quite clearly when he sketched the tasks of child protection facilities:

"The foremost task of child protection [facilities] is related to securing [children] from death, since [high] mortality is definitely one of the main enemies of children; any [other] tool for fighting against moral degeneration [*moralinė degeneracija*] is legitimate only thereafter. **The mother's breastfeeding is the best protection for children for it helps [them] survive during the dangerous earliest years of life. In poor families, bad social life conditions have second-rank importance for babies. [...]** Mothers' social environment, health conditions, even her whims,

39 [Unknown]: Kaip maži vaikai auginti? [How to Bring Young Children Up?], in: Sveikata (1913), no. 4, p. 13.

40 Petras Avižionis: Kūdikių žindymas ir penėjimas [Children's Breastfeeding and Weaning], Tilžė 1904.

41 Vanda Tumėnienė: Kova su vaikų mirtingumu [The Fight against Children's Mortality], in: Medicina (1923), no. 1, pp. 49-54. Tumėnienė, a pediatrician active in medical practice and academic teaching in interwar Lithuania, listed age, feeding techniques, social conditions, housing conditions and season as the five elements influencing infant mortality rates. Breastfeeding was figured as the main tool for the reduction of infant mortality.

42 Andrea Griffante: Children, Poverty and Nationalism in Lithuania, 1900–1940, London 2019, pp. 69-100.

incompetence, recklessness [can] hinder breastfeeding of babies. In these cases, the task of child protection [facility] is to take care of these children and save [them] from death.”⁴³

Unlike in the pre-war period, the role of breastfeeding in the fight against infant mortality was able to rely on a consistent amount of scientific literature in Lithuanian explaining the physiology of human milk and its advantages for child growth and the prevention of digestive tract infections.⁴⁴ The emphasis on the scientific nature of advice, however, radically changed the depiction of mothers. Breastfeeding was no longer considered an act responding to a mother’s individual choice and personal responsibility, but envisaged, especially in the 1930s, as the fulfillment of a moral task relying on medical authority and the child-centered vision of motherhood predicated by the state.⁴⁵ As the pediatrician, Petras Baublys, put it in a 1940 article, breast feeding represented a child’s natural right (*prigimta teisė*), the denial of which would entail a (moral) crime (*nusikaltimas*). The reference to lack of breastfeeding as a criminal act is particularly interesting when bearing in mind Baublys’ characterisation of mothers as endowed by human nature with “rationality and will” (*protas ir valia*).⁴⁶ Many authors have pointed out that the possession of “rationality” in the guise outlined by the elite, represents the precondition for the exercise of personal autonomy in liberal regimes of governance. Accordingly, those whose rationality is non-existent, defective or underdeveloped have only the right to be despotically treated in such a way as to build up the capacity to reason that is the precondition of self-governance. In turn, “will” represents the *key moral faculty* of liberal freedom without which no “rational” act can be accomplished. Refusing to breastfeed children, mothers deliberately gave up the very basic tools of scientific motherhood, namely demonstrated defective will and, therefore, abnormal mothering ability. The refusal to breastfeed, therefore, legitimated the intervention of an external authority with *adequate* rationality and will.⁴⁷

43 Author’s emphasis, Vilhelm Vestermann: Kudikių globos klausimas [About Children’s Tutelage], in: *Medicina* (1924), no. 6-7, p. 479.

44 See, for example, Vanda Tumėnienė: Normaliai augančio kūdikio maitinimas Czerny mokyklos dėsniais [The Feeding of Normally Growing Children According to the Laws of Czerny’s School], in: *Medicina* (1923), no. 6-7, pp. 315-329; idem: Tavo kūdikis: kūdikis, jo priežiūra ir slaugymas [Your Baby: The Baby, Its Care Taking and Nursing], Kaunas 1932, pp. 29 f.; *Motinos ir vaiko kalendorius 1932* [Mother and Child Calendar], Kaunas 1931.

45 Pranas Mažylis: Lietuvos gyventojų priauglis medicinišku žvilgsniu [A Medical Approach to the Lithuanian Population’s Growth], in: *Antrosios Lietuvos Motinoms ir Vaikams Apsaugoti Konferencijos darbai* [Proceedings of the Second Conference on the Protection of Mothers and Children in Lithuania], Kaunas 1937, pp. 30-32.

46 Petras Baublys: Žindymas – gamtos prievolė [Breastfeeding: A Natural Duty], in: *Motina ir vaikas* (1940), no. 5, p. 105. The idea that healthy mothers’ refusal to breastfeed their children was a criminal act was widespread in the public discourse without ideological divides. See, for example, Dr. J. Ippas: Šventoji motinos pareiga [Mothers’ Holy Duty], in: *Pieno lašas 1923–1933* [Drop of Milk, 1923–1933], Kaunas 1933, pp. 37 f.

47 Andrew Barry, Thomas Osborne et al. (eds): *Foucault and Political Reason*, London 1996.

Sterilising Milk, Stigmatising Mothers

This observation leads us to a second point. The aforementioned extract from Westermann shows that breastfeeding had not only hygiene goals. Although Westermann stressed that even mothers' social conditions could not influence children if mothers chose breastfeeding, the very reference to the "fight against moral degeneration" which was supposed to take place later on, reveals a strong commitment to poverty-related childhood and the role of social disciplining embraced in breastfeeding practices. Depicted as the result of a cultural upgrade,⁴⁸ the consolidation of breastfeeding practices was endangered not only by new urban middle-class "fashions," but especially by recent social transformations.⁴⁹ In urban centres, work in factories often prevented women from breastfeeding their children regularly and became one of the main reasons for giving up breastfeeding some weeks after birth. Along with the prohibition for girls younger than 14 to work in factories, the exclusion from night duties, the introduction of a two-week holiday before and six-week holiday after childbirth and other measures, breastfeeding was portrayed by pediatricians and social activists as one of the basic elements of the new mother and child protection framework. Therefore, the promotion of breastfeeding remained a measure oriented towards the lower-class, virtually helping prevent family breakup and children's (and mothers') moral "degeneration".

Notes on alternative infant feeding measures simultaneously pursuing both hygiene and social goals were, however, constantly present in the Lithuanian public discourse. The first instructions on infant feeding other than mother's milk appeared at the end of the 19th century. Referred to as an emergency option, the choice of alternative feeding was to be encouraged exclusively in the case of the mother's serious inability or contagious disease and had to be determined through medical expertise.⁵⁰ Even if, on the eve of the First World War, wet nursing was still considered the most appropriate alternative infant food,⁵¹ the limited availability of wet nurses, the concern with lower social mothers who could not afford the costs and who wet-nursed higher class children leaving their own babies on the brink of death,⁵² meant there was an overwhelming prevalence of cow milk diluted with

48 Tumėnienė, *Kova su vaikų mirtingumu* (see note 41), p. 53.

49 Petras Baublys: *Kova su kūdikių viduriavimu* [The Fight against Infant Diarrhea], in: *Sveika šeima* (1940), no. 4, pp. 11-16.

50 *Rodos motinoms* (see note 37), p. 5.

51 *Pamokinimas motynoms* (*Draugija rūpinimuisi žmonių gerove*) [A Lesson for Mothers (Society for People's Health Care)], Ryga 1911, p. 5.

52 While workers were compelled to reduce or give up breastfeeding as soon as they went back to work, wet nurses, who usually came from lower social strata, used to breastfeed others' children instead of their own, thus putting their own children's lives at risk. See Pranas Mažylis: *Referatas "Nėščių, gimdančių, žindančių motinų apsauga ir globa"* [Presentation: "On the Protection and Care of Pregnant Women, Women Giving Birth and Breastfeeding Women"], in: *Pirmosios Lietuvos Motinoms ir vaikams apsaugoti konferencijos darbai* [Proceedings of the First Conference on the Protection of Mothers and Children in Lithuania], Kaunas 1931, p. 27. Reforms of children's penal liability and the protection of mothers and children were also required. See Bronislova Novickienė: *Reikalingi Lietuvai įstatymai, kurie globotų motiną ir vaiką* [Laws Required for the Protection of Mothers and Children in Lithuania], in: *Antrosios Lietuvos Motinoms* (see note 45), pp. 68 f.

barley or rice water.⁵³ Formula food, which in the meantime was spreading in Europe and America, was univocally considered as totally inappropriate for babies.⁵⁴

The situation changed at the end of the First World War. Especially in East Central Europe, the late 1910s and early 1920s coincided with a severe humanitarian crisis caused by three to four years of war, requisitions and epidemics, as well as repatriation and ongoing guerrilla warfare. A large number of international humanitarian organisations focused their action on a very specific target – children. The intervention differed from “ordinary” relief in that it had a far-reaching goal: the creation of *homines novi* sharing common liberal values and consolidating, through their everyday practices, the *cordon sanitaire* against the spread of Bolshevism. If, on the one hand, the food and medical support delivered were supposed to help people withstand the appeal of social revolution in the present, the norms for their use were, on the other, designed to instill the seeds of good practices that local inhabitants should follow and develop autonomously in the future as citizens of a democratic Europe.⁵⁵

While sharing with the American Red Cross a commitment to child health care (the mission to Lithuania managed seven mother and child medical care centres),⁵⁶ one of the humanitarian actors that arrived in the Baltic countries – the LMPM – focused exclusively upon mother-and-child care and the promotion of safe infant feeding. During its activity in the country (1922), the LMPM established two institutions in Kaunas which reflected the model spread internationally in the late nineteenth and early twentieth centuries and which were to be handed over to the Lithuanian authorities after the mission’s departure: a mother and child welfare centre, and milk kitchens.

Organised as a complex free network of pre-natal and pediatric control, and promotion of sterilised milk, the facilities sought to improve poor mother and child relations and combat child abandonment and physical / moral degradation. Although breastfeeding remained at the top of the practices to be promoted,⁵⁷ it was sterilised milk that was provided with a central disciplining role. Poor mothers, who, according to a 1922 report, were often too badly nourished to adequately breastfeed their children but who, at the same time, used to extend the breastfeeding period because they could not afford to buy fresh milk, were encouraged to use sterilised milk distributed at the milk kitchens. Since a medical prescription was required in order to be given sterilised milk, mothers were supposed to attend the mother and child welfare centre regularly and, according to a preventive practice developed in the United Kingdom from the mid-19th century,⁵⁸ be periodically visited at home by midwives / nurses who would check the child’s health and the mother’s hygienic and moral stance.⁵⁹ Hence, while milk once more overstepped its purely nutritional goal and

53 [Unknown]: Kaip maži vaikai auginti? [How to Bring Babies Up?], in: Sveikata (1913), no. 4, p. 13.

54 Antanas Vileišis: Apie kūdikių auginimą. Vilniaus žinios [About Babies’ Upbringing], 22 January 1905, p. 3.

55 Julia F. Irwin: ‘Sauvons les Bébés’: Child Health and U.S. Humanitarian Aid in the First World War Era, in: Bulletin of the History of Medicine 86 (2012), no. 1, pp. 37-65, here p. 53.

56 Kazys Grinius: Kova su vaikų mirtingumu Kaune [The Fight against Infant Mortality in Kaunas], Kaunas 1926, pp. 4 f.

57 University of Birmingham, Cadbury Research Library (UB CRL), Birmingham, EJ72, Hints to Mothers [1921?].

58 Porter, Health (see note 14), pp. 176-178.

59 UB CRL, EJ74, Lina M. Potter: Special Report on the Condition of Children in Kovno, Kaunas 1922.

became a tool of social control of mothers from lower social strata, a lack of breastfeeding implicitly marked the image of socially-at-risk (and, implicitly, defective) motherhood.

Against a general framework characterised by poor engagement in mother and child welfare on the part of the state and local administration, the LMPM and the American Red Cross model became a model for the three interwar private organisations on which interwar mother and child welfare depended – the Babies' Rescue Society (*Kūdikių gelbėjimo draugija*), the Drop of Milk Society (*Pieno lašo draugija*) and the Lithuanian Catholic Women's Society (*Lietuvių Katalikių moterų draugija*). Though led by slightly different agendas, age targets and ideological orientations, in their activity all three agencies combined assistance for indigent children, mother and child care, infant feeding and strong breastfeeding propaganda.⁶⁰ All of them understood their activity as one of social control, discipline and eugenics. Mother and child centres – the participants in the second Lithuanian Conference on the Protection of Mothers and Children agreed – were to offer their services

“[...] to the children of young, inexperienced mothers, to the children of ignorant and superstitious mothers, to the children of impoverished mothers, to orphans being reared in foster families, to foundlings and eventually to all weak children the lack of health care would transform into weak persons, bad workers and a heavy burden on the shoulders of all citizens.”⁶¹

As this quotation shows, both mothers (among them, those who did not breastfeed and needed sterilised cow milk for their children) and children attending centres were *a priori* depicted as being on the outskirts of society. While the image of mothers was inspired by social determinism and poverty-related moral stigma (inability to rear and shape children morally as a direct consequence of social conditions), attendance at the centres was portrayed as a tool to discipline their incomplete / inadequate maternal skills. In turn, children born to these mothers represented human capital at high social risk whose protection from physical and moral decay⁶² and growth as physically efficient and morally irreproachable citizens could be guaranteed only by an external authority.⁶³ In other words, if milk represented, along with other aid supplied there, a means to improve the health of babies, alternative feeding sanctioned mothers with the mark of moral instability.

60 Interwar mother and child welfare management was characterised by a strong ideological divide between centre-left wing organisations (the Babies' Rescue Society and the Drop of Milk Society) and the Lithuanian Catholic Women's Society. Nonetheless, all of them took on similar social reformist goals and similar activities. The Babies' Rescue Society managed orphanages for foundlings and babies, crèches, pediatric hospitals and ambulatory clinics. Created in order to continue Lady Paget's facilities' work in Kaunas, the Drop of Milk Society pursued similar goals. Quite similar was the commitment of the Lithuanian Catholic Women's Society which engaged in charity activities and established a special Mother and Child Section. See Griffante, *Children* (see note 42), pp. 124-131.

61 *Antrosios Lietuvos Motinoms* (see note 45), p. 20.

62 Kazys Grinius: *Kaip pagerinti jaunąją kartą* [How to Better the New Generation], in: *Pieno lašas 1923–1933* (see note 46), pp. 22 f.

63 See also Veronika Karvelienė: *Socijalinės globos sekcija* [The Section for Social Support], in: *Tiesos ir meilės tarnyboje 1908–1933* [At the Service of the Truth and Love 1908–1933], Kaunas 1933, pp. 90-96.

The fact that non-breastfeeding was equated with moral indignity / social stigma becomes even more visible when one looks at the advice on alternative feeding in interwar literature for mothers. As earlier, sterilised cow milk remained the basic infant food recommended as an alternative to breastfeeding.⁶⁴ However, whereas scientific and popular medical literature constantly pointed out that virtually all mothers could breastfeed their children, lactation failure was mostly linked to “social diseases” such as alcoholism, tuberculosis, syphilis and other sexually transmitted diseases⁶⁵ and social backgrounds characterised by “sexual promiscuity and moral deviance” (*lytinis palaidumas ir moralinis pakrikimas*).⁶⁶ Feeding babies with sterilised milk (and doctors prohibiting mothers from breastfeeding) turned out to be a eugenic tool enabling the bettering of society through the “separation” of children from mothers whose physical, mental and, eventually, social “instable” conditions would put them at risk.⁶⁷ By prompting “those” mothers to attend mother and child centres, pediatricians (namely, the only figure endowed with the legitimate “moral” and “professional” authority to prohibit a mother from breastfeeding her child)⁶⁸ pushed them into a space physically separating the normal from the abnormal and, thus, reinforcing the social stigmatisation of non-breastfeeding mothers.

In Search of Mothers' Subjectivity

Since breastfeeding represented one of the basic practices through which the elite tried to reshape motherhood and instill elite-related values within the nation's more general modernisation project, breastfeeding discipline needed to become part of women's cultural baggage.⁶⁹ The shift from a mother's personal involvement in the reshaping of motherhood through her will to the depiction of women as a passive medium for eugenic goals entailed a new understanding of how the notions of scientific motherhood had to be conveyed. As all other citizens, in interwar Lithuania girls were obliged to go through standardised primary education.⁷⁰ While training basic intellectual abilities, however, primary education was still insufficient to help young women understand the complexity of their maternal “duties.”⁷¹ The family was therefore encouraged to become the first informal space where women could

64 See, for example, Marija Endziulaitytė-Gylienė: *Kūdikio maitinimas, auginimas ir higiena* [Baby's Feeding, Upbringing and Hygiene], Kaunas 1928, pp. 13-18; *Motinos ir vaiko kalendorius 1940* [1940 Mother and Child Calendar], Kaunas 1939, p. 28.

65 Sigfried Hammerschlag, Leo Langstein et al.: *Akušerės vadovėlis* [The Midwife's Handbook], Kaunas 1935, p. 734.

66 Vincentas Tercijonas: *Įgimtas sifilis ir tokių vaikų likimas* [Congenital Syphilis and the Fate of Diseased Children], in: *Pieno Lašas 1939* [Drop of Milk 1939], Kaunas 1939, p. 41 f.

67 Juozas Blažys: *Motinių ir vaikų apsauga eugenikos atžvilgiu* [The Protection of Mothers and Children from the Point of View of Eugenics], in: *Pirmosios Lietuvos Motinoms ir vaikams* (see note 52), p. 81.

68 *Sveikas maistas vaikams* [Healthy Food for Children], Kaunas 1936, pp. 8, 16.

69 *Motina ir vaikas: moterų vadovas* [Mother and Child: A Women's Handbook], Kaunas 1938, p. 246.

70 *Matulaitytė-Lozoraitienė, Motina* (see note 26), p. 4.

71 *Nainienė-Petrauskaitė, Svarbiu motinoms reikalu* (see note 27), p. 4.

learn the notions of scientific motherhood from early childhood onwards.⁷² Since families were often far less cooperative than intellectuals hoped, a whole set of informal means was put in place. While active in Lithuania, the LMPM created free classes on maternal practices for young girls in Kaunas. The idea proved to be quite successful.⁷³ In a similar guise, mother and child centres organised public lectures, exhibitions⁷⁴ and showed films devoted to breastfeeding and child rearing on a regular basis.⁷⁵ Institutionalised in 1929, Mother's Day was also intensively used to disseminate knowledge of hygiene.⁷⁶ In the 1930s, periodical publications for mothers, such as *Mother and Child (Motina ir vaikas)*, became veritable arenas for the distribution of medical and pedagogic knowledge where mothers could actively participate by means of letters and where their doubts would be clarified by experts.⁷⁷ Through their intimacy with mothers and by establishing a relation of reciprocal trust, midwives, who in the interwar period slowly began to develop as an independent branch of the medical profession, were also allocated the task of persuading women to breastfeed their children.⁷⁸

Mothers, however, did not remain the passive recipients of the elite's designed practices. On the contrary, when trying to detect mothers' voices in documents one can clearly recognise the persistence of traditional mothering practices. While slowing down the entrenching of scientific motherhood, the persistence of traditional practices shed light upon the endurance of mothers' subjectivity as opposed to the passive reception of "foreign" notions. Even though, in the early 1920s, the general attitude of women to the activity of the international humanitarian actors was far from being reproachable,⁷⁹ the LMPM commissioner to Lithuania was the first to point out in her report that the idea of medical personnel examining children and giving advice on hygiene issues was quite unfamiliar to local people.⁸⁰ Resistance to new norms and practices endured throughout the interwar period. Widespread lack of hygiene knowledge was often accompanied by convictions about the harmfulness of breast milk.⁸¹ The Drop of Milk Society nurses reported that, after receiving sterilised milk and milk products for their children in mother and child centres, young mothers sometimes poured it away just outside the facilities and continued to feed their babies with raw cow's milk. Reports from crèches recorded the continuance of "traditional" feeding habits as well: after festivities or free days, babies quite often entered crèches suffering from gastric prob-

72 Mažylis, Referatas "Nėščių, gimdančių" (see note 52), p. 27; Elena Vasyliūnienė: Pasiruošimas motinistei [Preparation for Motherhood], in: *Motina ir vaikas* (1940), no. 4, pp. 65-68.

73 Kauno Apskritis archyvas, Kaunas, F. 64, Ap. 1, b. 71, 10-1a, LMPM Report, 15 December 1922.

74 Lietuvos Centrinis Valstybė (LCVA), Vilnius, F. 567, Ap. 1, b. 29, p. 8, Lithuanian Catholic Women's Society Letter, 16 May 1935.

75 LCVA, F. 1411, Ap. 1, b. 3, p. 3, Lithuanian Organisations for the Protection of Mothers and Children minute, 7 December 1935; Grinius, Kova su vaikų mirtingumu (see note 56), p. 3.

76 LCVA, F. 1411, Ap. 1, b. 1., p. 234, Letter to the Lithuanian Organisations for the Protection of Mothers and Children, 7 May 1935.

77 Vladas Putvinskis: Į darbą [Let's Work!], in: *Motina ir vaikas* (1929), no. 2, p. 3.

78 Hammerschlag, Langstein et al., *Akušerės vadovėlis* (see note 65), p. 366.

79 Vyriausiosios L.R.K. valdybos apyskaita: 1922 metais [Report of the High Committee of the Lithuanian Red Cross, 1922], Kaunas 1923, p. 2.

80 UB CRL, EJ72, Report on Kaunas, February 1922.

81 Vanda Mingailaitė-Tumėnienė: *Mano atsiminimai* [My Memoirs], Chicago, IL 1957, pp. 31 f.

lems. The widespread idea that not all mothers have enough milk or that milk quality was not always adequate to breastfeed children also represented a frequent reason to quit natural feeding.⁸² Furthermore, in summertime, breastfeeding was experienced as a major obstacle for rural women's daily activities both at home and in the fields.⁸³ Old superstitions and child-rearing traditions as well as the belief that high infant mortality rates represented nothing but the outcome of immutable natural selection made the spread of "modern practices" especially difficult.⁸⁴ The effectiveness of intervention by midwives was, eventually, reduced by the very low figures of trained midwives available and by the lack of a universal and free-of-charge health care system. Since women could often not afford the assistance of a midwife, it was aged females (so called *bobos*) who took care of women in labour and gave them the basic notions of child rearing.⁸⁵

Final Remarks

Far from being *sic et simpliciter* the history of a technique, the diachronic analysis of infant feeding sheds light upon the cluster of actors and discourses within a practice often imagined as being an exclusive field of mother and child relations. While reflecting ongoing scientific debates, infant feeding as a discourse and a practice echoes specific views of motherhood and contributes to its social construction.

In the Lithuanian case, the discourse on infant feeding turned out to be of basic importance for the construction of motherhood as the expression of a modernising society. Against this background, the promotion of breastfeeding as the pivot of scientific child rearing was intended to prompt the creation of a "modern" society characterised by low(er) infant mortality rates and conscious motherhood. Accordingly, as early as the national movement was trying to enlarge its social basis, discourses on breastfeeding helped depict mothers as active subjects joining the nation- and society-building project. In the 1920s and 1930s, in contrast, discourses on breastfeeding testified to the transformation of mothers into passive recipients of externalised discipline (tools of reproduction and qualitative implementation of the state's economic manpower), while social stigma for those who did not conform with normative patterns (namely, did not breastfeed children) was progressively reinforced. Resistance to scientific motherhood and "modern" infant feeding techniques, however, mirrored not only the limits of the interwar Lithuanian welfare system but also the existence of an alternative claim to maternal subjectivity which would give back to mothers' active involvement in the definition of their role.

82 Pieno lašo draugijos patarimai [Drop of Milk Society Advice], in: *Naminis gydytojas*, 6 April 1924, p. 3.

83 Baublys, *Kova su kūdikių viduriavimu* (see note 49), p. 12.

84 Nijolė Vienožinskienė: *Sveikatos centrų švietimo darbas* [The Educational Work of the Health Centres], in: *Antrosios Lietuvos Motinoms* (see note 45), pp. 60 f.; *Motina ir vaikas* (see note 69), p. 246.

85 Antanas Garmus: *Šiaurės Lietuvos motinoms ir vaikams globoti organizacijų sąjungos sveikatos centrai* [The Health Centres of the League of the Organisations for the Protection of Mothers and Children in Northern Lithuania], in: *Motina ir vaikas* (1931), no. 10, pp. 6-11.

Zusammenfassung

Anhand der Säuglingsernährung lässt sich die fortlaufende wissenschaftliche Debatte widerspiegeln. Sowohl im Diskurs als auch in der Praxis kommen spezifische Sichtweisen von Mutterschaft zum Tragen, die das Sozialkonstrukt von Mutterschaft beeinflussen. Im Falle Litauens erwies sich der Diskurs über Säuglingsernährung zwischen dem späten 19. Jahrhundert und der Zeit der ersten sowjetischen Besetzung als fundamental wichtig für die Konstruktion der Mutterschaft als Ausdruck einer sich modernisierenden Gesellschaft. Zeitgleich mit den Bemühungen der nationalen Bewegung, ihre Basis in der Gesellschaft zu erweitern, trugen Diskurse über das Stillen dazu bei, Mütter als aktive Subjekte darzustellen, die das Projekt der Nations- und Gesellschaftsbildung beförderten. Nach der Entstehung des litauischen Nationalstaates lässt sich anhand der Diskurse eine Transformation des Mutterbildes nachweisen, in dem Mütter zu passiven Empfängerinnen externalisierter Disziplin wurden; Mutterschaft nunmehr als eine durch Gehorsam und Dienst inspirierte Pflicht gesehen wurde. Diese „modernen“, durch die Elite geförderten Praktiken wurden nicht widerspruchlos hingenommen. Im Gegenteil, traditionelle Ansichten über Säuglingsernährung blieben im untersuchten Zeitraum bestehen und können als ein Anspruch auf Selbstbestimmung und Subjektivität interpretiert werden.