

The Reproduction of Labour Power: The Work of Midwives and 'Handywomen' in Rural New South Wales, 1850-1880

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The occupations of midwife, nurse and doctor have been codified in Australia and overseas in the twentieth century. The struggles for dominance of one occupation versus the other have been documented.¹ In twentieth century Australia midwifery has been subordinated to general nursing and medicine as midwifery training is undertaken once the general nurse training course leading to nurse registration has been accomplished. In addition, the twentieth century growth of the medical speciality of obstetrics and the fact that since the 1930s most births have occurred in hospitals, have subordinated midwifery to medical practice. These ideas and debates have shaped the history of midwifery which has concentrated on the issues of formal education, registration and professional ideology.

This paper has a different focus. It concentrates on the women who assisted at the births of women in Australia in the period from 1856 to 1880. It uses birth registration data of one district to uncover the extent to which women worked and earned a living as midwives. This is a preliminary analysis of this data which is part of a larger project on economic activity.²

Development of the specialised work of nurses and midwives

Three overlapping periods are discernible in the transition of nursing from a job of low status akin to servants' work to work which required formal training and certification. This process occupied the second half of the nineteenth century and the first two decades of the twentieth century. Prior to about 1860 nursing was performed by women for their own families, relatives, neighbours and friends. Women, usually older and often widowed, who needed to earn an income were paid for their services as private nurses in their own communities. Hospitals cared for the chronically ill and destitute and were staffed by men and women whose work was little different to that of servants and was rewarded as such. In the second period between 1860 and 1890 the community's perceptions of nursing changed, although the pace of this change was uneven. Nursing changed to become a unique female occupation which aspired to professional status. This was so successful that by 1890 there was a definite community preference for female nurses as women were perceived as having a greater capacity for caring than men. In the third phase from the 1890s the preference for female nurses is clear with men relegated principally to mental health nursing where strength was required. By 1890 many of the larger capital city hospitals had instituted training courses for nurses.³ Training courses for midwives began in this period in some institutions.

Debates about the certification and registration of nursing are a product of the twentieth century. The moves to professionalisation eventually resulted in formally trained and qualified midwives emerging in the early twentieth century with the first registration act in Queensland in 1912 and in other states between 1920 and 1927 (New South Wales in 1924). A woman could undertake midwifery training without having gained a certificate in nursing but this was frowned on by the nurses' associations which preferred to have the midwifery course as an add-on to general nurse training.

All acts had a "grandmother" clause which allowed registration of experienced yet formally untrained women.⁴

All countries had their "handywomen" or granny midwives, contrasted at the later period with the "new" or formally qualified midwife. The struggle between formally trained midwives and those who had gained their skill through experience was common to many countries. As Marland and Rafferty have noted, "implicit in much of the debate early this century and part of the ammunition doctors employed in discrediting midwives was the notion that midwives had a negative influence on mortality rates, but...this was a misplaced belief."⁵ Indeed "many handywomen were popular and efficient, yet the lurid image of dirt and bad practice meant that the 'new midwife'...needed to rid herself of this shadow of tradition."⁶ This occurred in Australia and doctors blamed untrained midwives for excessive mortality although the case against them is unproven as maternal deaths remained high from the 1870s to the late 1930s, by which time (1935-36) 80 per cent of births were attended by doctors.⁷

Midwives in Australia

The evidence which midwives have left is sparse. There is little evidence about how many midwives came to Australia and Willis suggests (based on evidence on immigrants to north America) that it was few.⁸ Willis describes three overlapping periods in the work of midwives: the pioneer era to 1880; the transition era 1880 to 1910 which is marked by the the institution of hospitals and training and the stigmatisation of untrained women; and the takeover period after 1910.⁹ Others divide the early era into a convict period and a pioneering era.¹⁰ There is some evidence that the transition period lasted longer in rural areas.¹¹

Most histories have relied on the lives of the few and frequently remarkable midwives who have left some records or been recorded in family or community histories. Therefore much of our understanding of this period has come from anecdotal information on the lives of a few women who had lengthy working lives as midwives. Patterns of working have been extrapolated from this evidence. Some women were alone when they gave birth others were assisted by Aboriginal women.¹² Anecdotal histories and diaries record instances when women assisted each other at birth.¹³ Women went to relatives to stay for the birth or relatives came to them.¹⁴

Willis describes the typical development in a rural district, based on discussion in two local histories in Victoria. On initial settlement women mainly assisted each other.¹⁵ This relationship has been described as women who "neighbouring" each other.¹⁶ As the community developed, one or two women, having had children and/or assisted at births, might begin to specialise. Some took up this work when widowed. Some women are known to have passed their skills on to their daughters.¹⁷ Adcock et al note that "the use of the title 'Grannie' with so many of the women who 'neighbour'd' women in need suggests they were all well on in years whilst doing this arduous work."¹⁸ "Granny" Dollin was recognised as a midwife before her immigration from England in 1857 and if there was no horse and trap to convey her to a case, she walked.

Another midwife in the Windsor area was noted as a good horsewoman.¹⁹ Willis notes that "payment was sometimes made in money, more often in kind, and sometimes not at all".²⁰

There is no doubt that some women specialised in midwifery. Using civil registration data, Townsend found that from 1856 to 1900 female midwives attended births on the Nambucca River in northern New South Wales. Only three per cent had a doctor at the confinement, not surprising when there was no doctor resident in the district. From the 1850s to 1890s at least 130 women acted as midwives but four of them handled one-third of these confinements.²¹

With births occurring at home some midwives stayed for days or even up to two weeks and helped with the mother's household tasks which could include milking the cows as well as assisting with cooking, cleaning and child care.²² In more populated areas some midwives opened their own homes for confinements, as early as 1870 in *Condobolin*.²³ A service known as the Ladies Monthly Nurse began about 1860. These women were employed by the well-off who had a doctor for the confinement and the nurse was less concerned with the actual birth and more with the care of the mother. She usually arrived about a week before the birth.²⁴

There is no doubt that practising midwives who had received no formal training were regarded as valuable members of the rural community. When the Queensland Health Act Amendment Bill, which included clauses for the registration of nurses and midwives, was being debated in 1911, country members were concerned that they did not lose the services of these women. Godfrey Morgan, the member for Murilla felt that

we who represent districts far away from towns where doctors reside know that there are women practising [midwifery] who are qualified in every respect; they have proved themselves capable of dealing with cases of this sort and have been very successful, yet they are not able to pass examination as required by this clause. It would be inflicting a serious hardship on the people in these districts if these women were prevented from practising.²⁵

Vincent Lesina, the member for Clermont in western Queensland, expressed similar sentiments:

It was impossible, in a sparsely populated country like Queensland, to apply the rigorous conditions which might be applied in a country like Great Britain, where people were in close touch with medical assistance. In Queensland, where people had to do pioneering work, necessarily a great deal of nursing had to be done by amateurs, and some of the most successful nurses in the back country were women who could barely write their names. (Hear, hear!)²⁶

James O'Sullivan represented Kennedy in the far north of the state and echoed these views. There were women in his own district

who were as capable nurses as any to be found in the city of Brisbane. In fact, not long ago a case came under his notice where a certificated nurse did not give the satisfaction that one would expect, whereas they knew that these women in the bush, who had got no diplomas, did far better work than the qualified nurse did here.²⁷

Indeed he had knowledge of "women in the far North and West of Queensland who had been carrying on nursing for half a lifetime". He knew a lot of women who had taken on this work and "the maternal instinct in them was so strong that they at first went to the assistance of their neighbours and then afterwards qualified to become midwives, and these women were just as good midwives as could be found anywhere else, even in the cities."²⁸ William Murphy who represented the electorate of Croydon in western Queensland believed that

those who lived in the backblocks for a number of years must realise how necessary it was, especially in sparsely populated

places, that the motherly women should be allowed to act as midwives. They did not want any women of the 'Sairey Gamp' variety, but there were plenty of women who carried on nursing in the far out places who were just as competent to do that work as those who receive their training in a lying-in hospital.²⁹

Who attended births?

The pattern of attendance at births and the extent to which women earned or supplemented an income from midwifery are hard to ascertain. In 1859 there were nine midwives listed in the first Sands Directory in New South Wales.³⁰ One Sydney doctor, in a letter to the New South Wales Medical Gazette in 1874 claimed that about two-thirds of labours were attended by midwives.³¹ By 1914 58 per cent of births in New South Wales were attended by doctors.³²

Census data is usually too general to provide assistance as occupations are generally aggregated too broadly to medical profession, as is the case in New South Wales, rendering census data unhelpful. The Queensland census of 1891, however, provides some information. There were 128 people listed as hospital or asylum nurse, only four of them men; 50 people in the category of "Sick Nurse", only one male; 390 midwives, all female. The majority (73 per cent) of female hospital nurses were aged under 30 compared to the majority of midwives (96 per cent) who were older than 35.³³

Lewis states that a midwife was very often the only attendant a lower-class woman would have during labour because her services were cheap.³⁴ So what was the pattern of attendance at births when women had a choice of attendant, that is, a doctor resided in the district? Data from birth registration of Quaker births in the late seventeenth century has been used to gain information about the practice of midwives as this was recorded on Quaker birth notifications.³⁵ As already discussed, Townsend has used civil registration records for one district which did not have a resident doctor.

Midwifery in the Dungog District, 1856-1880

Dungog is the principal town in the Upper Williams Valley, an agricultural area in the Hunter Region north of Sydney. The valley is hemmed in on three sides by mountain ranges and the Williams River (a tributary of the Hunter River) and its tributaries flow through the valley. Dungog sits at the entrance to the valley. The steepest slopes are heavily wooded and unsuitable for agriculture, the less steep slopes are used for cattle grazing while agriculture and dairying are carried out on the river flats. In the latter half of the nineteenth century the Upper Williams Valley was a place of small agricultural settlements and short lived gold mining villages with Dungog as the only town. Cedar-getters or stockmen were probably the first Europeans in the district and the first land grant was made in 1824. In the 1830s grants of 500 to 2000 acres were provided to settlers with capital. A number of the initial large landowners expanded their holdings and these families occupied the most prominent positions in the local community. By the end of the 1860s a division of labour emerged as large owners ran cattle extensively on the slopes and small tenant farmers (and small owners following the Selection Acts) were involved in intensive production of a range of subsistence and market produce.³⁶

Dungog was established as a village in 1834, principally to provide a centre for the civil administration of the vast mountainous region stretching north of Newcastle into the Williams Valley. To reach Dungog, one sailed up the coast from Sydney to Newcastle, took a small ocean-going sailing vessel up the Hunter River and one of its principal branches the Paterson River to Clarence Town, the limit of river navigation by larger craft, then travelled

overland for 14 miles to Dungog. In 1848 Wells' Gazetteer noted that the town had two schools, two inns, "many excellent dwelling houses", a steam flour mill and two weekly postal deliveries from Sydney. In addition, there was "a peal of bells and a band of music" as well as horse racing, leading to the conclusion that Dungog was "prominent place in the list of the habitations of civilised man". Census figures show the increase in the population of Dungog from 286 in 1851 to 396 in 1871, and to 436 residents in 1881. Dungog grew appreciably in the 1880s and by 1891 there were 836 people recorded for the town in the census collector's notebooks.³⁷

Civil registration began in New South Wales in March 1856. The form for registering births contained a column for witnesses listing three types of people: 1. accoucheur, 2. nurse and 3. witness with the numbering implying a hierarchy of importance. Initially there were no pre-ruled spaces on the forms and it appears that the name of any attendant (generally there was only one) was placed at the top of the column. This means that many women were recorded as accoucheur but it is impossible to ascertain the extent of their role or expertise at the birth. If there was a doctor or surgeon (always men) at the birth then the woman present was nominated as nurse. Should a second woman be present she was designated as witness. In May 1857 the form changed from an empty box to one with three numbered lines, removing ambiguity as to the function performed by each person present.

The clarity of entries also depended on the nature of the Deputy Registrar who filled in the forms. In the case of the Dungog District, Theos. Fook took over this position in March 1858 and he was precise in his designations. He nominated the function after the name of the individual and, if there was only one woman present, could nominate her as accoucheur and nurse. While Fook was Deputy Registrar certain rules are apparent. If a doctor or surgeon was present he was always nominated accoucheur. If a female was alone she was nominated accoucheur, so that the same individual could be described alternatively as nurse or accoucheur, depending on whether there was a doctor present. A female working with a doctor or female accoucheur could be nominated as a nurse or a witness.

In 1859 Henry Gordon replaced Fook as Deputy Registrar. The "rules" established at this time remain the same until at least the early 1890s. An accoucheur could only be a doctor or surgeon. The first named female was categorised as nurse and subsequent females designated as witness. There could be more than one witness. Males who were not doctors were never called nurse even if they were the only person in attendance and on this rare occasion were designated witness. In fact this occurred on only two occasions to the same couple and the male witness was the husband. His wife later attended 23 births between 1876 and 1888, beginning when the youngest of her four children was 16 years old.

Excluding 1856 when only ten births were recorded, the number per year from 1857 to 1879 ranged from 67 in 1868 to 105 in 1869. There were 2,039 births registered from 1856 to December 1879, with an average (excluding 1856) of 85 births per year. Eleven doctors³⁸ appear on the registration records and were present at 451 births, 22 per cent of all births (see table 1). Dr Eller McKellar McKinlay attended 281 births, almost two-thirds of the total doctor-present births.

Which cases were attended by the doctor? As an agricultural community, the majority (61 per cent) of births were children of farmers. (There is no space for the occupation of the mother to be recorded on the registration form). However, only 33 per cent of the births attended by doctors were children of farmers. Location is given for 389 of the doctor assisted births and, primarily, doctor assisted births occur in Dungog or very close to it. The majority (215 or 55 per cent) occurred in Dungog itself. The individuals

who used a doctor most frequently were in town or if they resided a few miles from town they were wealthy graziers. Townspeople with a trade or in commerce were likely to have a higher and more stable income than many of the farmers in the district who were tenants on their land and poor, so income could also be a factor. Choice of a doctor relates to location and wealth but these are not the only determinants. Some wealthy families did not have a doctor present at every birth. Some labourers who resided in Dungog had a doctor present. Further analysis of registration data will enable more detailed family histories to be collated to address this question.

There are 389 different women listed as either accoucheur or nurse (see table 2).³⁹ The four women who attended more than 100 cases each accounted for 25 per cent of the deliveries. Those who attended between 40 and 100 cases accounted for a further 20 per cent of deliveries. Those who attended between 20 and 40 births accounted for a further 7 per cent. 25 per cent of births occurred where the nurse attended five or less births. A further 10 per cent were attended by women who were present at six to ten births. There is no discernible pattern in the women who attended a birth when there is a doctor present. Both experienced and inexperienced women acted in this capacity. From this data it is apparent that almost half the births were attended by women who gained considerable experience. In 35 per cent of cases the nurse attended up to ten births only. In 18 per cent of the cases the nurse had the same surname as either the mother's married or maiden name.

Some of the women, though not all, who delivered many babies (see table 3) fit the pattern noted in other studies. They were older women whose child-bearing was complete and frequently they had had large families. This was, of course, not unusual. In the Australian colonies women born in the 1830s and bearing children in the 1860s had an average of seven children; sixty per cent of these women had six or more children. Two decades later the average was slightly less than six children; fifty per cent of women bearing children in the 1880s had at least six children.⁴⁰ Most of these midwives were poorly educated, some signing their name with a "X". Several life histories show the broad parameters of the lives of these women.

The midwives

Mrs Ann Ti.'s working life spans virtually the whole period under consideration. She was born in 1807 in Devon, England and in 1828 married John, the son of a labourer, when she was 21 years old and

Table 1
Doctors attending births, Dungog Registration District,
1856-1879

<i>Doctor</i>	<i>Number of Births</i>	<i>Date of Births</i>
Frederick Ac.	23	1856-57, 1864
Charles As.	20	1857-59
John Bu.	2	1879
James Cr.	1	1878
Charles Hi.	12	1869-79
William La.	15	1878-79
James Mah.	2	1872
Patrick Mal.	34	1856-57
Ellar McKinlay	281	1859-1879
Sch.	2	1870, 1872
Francis Str.	59	1857-1861

Source: Register of Births, Dungog.

Table 2
Births where women are listed as "accoucheur" or "nurse",
Dungog Registration District, 1856-1879

Number of cases	No. of women who attended this no. of cases	Number of cases	No. of women who attended this no. of cases
153	1 - Mrs Ann Ti.	17	1
120	1 - Mrs Bridget Yar.	16	3
118	1 - Mrs Mary Ann Yat.	15	1
111	1 - Mrs Sarah E.	14	2
70	1 - Mrs Hannah R.	13	2
65	1 - Mrs Mary Sa.	12	5
56	1 - Mrs Sm.	11	3
55	1 - Mrs Catherine L.	10	5
50	1 - Mrs Ann G.	9	4
48	1 - Mrs Mary Sh.	8	2
44	1 - Mrs To.	7	4
31	1 - Mrs Ke.	6	12
28	1 - Mrs Tu.	5	11
27	1 - Mrs Cr.	4	11
22	1 - Mrs Ku.	3	19
20	2 - Mrs Mi. & Mrs My.	2	56
18	1	1	230

Source: Register of Births, Dungog. Total number of births 1,983. In addition there are 12 illegible entries. The number of women attending one birth is overestimated slightly due to a small number of partly illegible names.

he was 26 years. Her death certificate listed a total of 17 children, 13 living at the time of her death. They emigrated to Australia between 1856 and 1858 and John became a farmer near Dungog. She was still working when she was 76 years old. She attended her last confinement in July 1883 and died in December 1883 after an illness lasting one month. No profession is listed on her death certificate.

Mrs Bridget Yar. was present at 120 births over a period of 21 years. Born in 1831 in County Clare, Ireland, the daughter of a stonemason, she came to Australia when she was two years old. At the age of 17 years she married Richard at Maitland. Richard, born in 1813, was from Cambridgeshire, the son of a labourer, and came to New South Wales at the age of 19. Initially he is described as a carpenter, a trade noted as accompanying that of midwife, but by 1862 he is called a labourer. The couple had five children. The youngest child was born in 1862 so Bridget was attending a few confinements while still having her own children. By 1869 she was attending 11 confinements a year. Richard died in 1892 aged 79. Bridget died at Bandon Grove aged 76 in 1907 and is listed as "nurse" on the certificate.

Sarah E. was born in Wales in 1815, the daughter of a teacher (marriage certificate) and/or hotel keeper (death certificate). She is illiterate and signed her name with an "X". In 1838 she married John, born 1808, and they came to New South Wales about 1848. Five children are listed on his death certificate in 1868, four born before his marriage to Sarah so it is likely that Sarah only had one child. John was a farmer in Canninggalla and she attended over one quarter of the deliveries in this village. Her most productive years as a midwife were from 1860 to 1865. She remarried in 1873 to Samuel W., shoemaker, 69 years, a widower, born in England. He died in 1891. Her occupation on the marriage certificate

is given as "nurse" but no occupation is listed on her death certificate in 1887.

Hannah Re. attended 70 confinements. Born in Gloucestershire in 1819 she married Samuel in 1840, both aged 21 years. He was an engineer, son of a weaver and they arrived in Australia in 1850. They had seven children, the last born in 1858. Hannah started attending numbers of confinements in 1873 when she was 54 years old.

Mary Sa. attended 62 confinements. She was born in England in 1807, the daughter of a soldier. She married Robert in England and had 11 children and they arrived in Australia in the 1840s. Robert was a farmer and she attended one to three confinements each year except for three years when she attended more than six per year. Both Mary and Robert died in 1886 aged 79 years, Mary dying of old age.

Catherine L. attended 55 cases, attending a maximum of six cases in any year. She was born in Ireland, the daughter of a labourer. At 25 years of age in 1851 she married Patrick and they came to Australia that year. While Patrick is initially described as a farmer, by 1860 he is called a labourer on the birth certificate of their youngest child. The couple had four children. She is 23 years younger than her husband who has seven children living, aged from eight to 30 years, at the time of their marriage. She died in 1875 aged 49 years of pneumonia. The family member (husband or stepson) who is an informant on the death certificate signed with "X".

Ann G. died in 1873 and her occupation was given as "midwife", the only time this occurs. She was born in England in 1820, daughter of a carpenter. She married Joseph in Lincolnshire in 1856 when she was aged 36 and they arrived in New South Wales in 1857. Her daughter was born in 1858, attended by Dr Francis Sn. Joseph is described in 1858 as a farm labourer but on his death certificate in 1883 he is described as a carpenter. His father was described as "gent". Her daughter married at age 22 to a public school teacher.

There is no discernible pattern in the lives of these women which would determine their capabilities as midwives. Not all had large families, indeed two only had one child. Most began attending cases after their child-bearing years were over, but this was not always the case. Widowhood was not a determinant: Sarah E.'s most productive years as a midwife came before she was widowed and others were married throughout their working lives. Most family incomes would appear to be poor, but there would have been many more poor women in the valley. There is evidence through the certificates that two of these women were illiterate, but once again this was not unusual. These women must have developed and exhibited practical skills in childbirth in order to be called on regularly by the local women. Yet the number of cases to which they were called presents an irregular pattern, with few instances of more than six cases in any year. At best it would have provided a supplement to the family income for most of them.

The women who attended fewer than 30 cases generally were present at only one or two births a year in their local area. For example, Mrs Susan Tu. attended 28 cases (about three cases each year) from 1868 to 1879, all in the furthest reaches of the valley, presumably where she lived. Mrs Ann Na. attended 18 cases between 1856 and 1879 in the upper reaches of the valley. She attended a maximum of two cases a year. Mrs Caroline So. attended 19 cases between 1861 and 1879 in Dungog, generally only one case a year, although she attended four cases in 1866. Mrs Margaret Ku. attended 21 cases from 1861 to 1878 in and around Wallarobba, a village in which German immigrants settled. Margaret married into one of these German families and while generally attending one birth a year, attended four births in 1863 and 1865. She had four children, the youngest born in 1860. She attended 13 of the 61 births between 1867 and 1872 in which at least one parent was from

Table 3
Cases attended by experienced midwives, Dungog Registration District, 1856-1879

Year	Ann Ti.	Bridget Yar.	Mary Ann Yat.	Sarah E.	Hannah R.	Mary Sa.	Catherine L.	Ann G.	Mary Sh.
Total Cases	152	120	118	96	70	62	55	50	47
1856	—	—	2	—	—	1	2	—	—
1857	—	—	3	1	—	2	1	—	1
1858	1	1	1	2	2	1	6	—	—
1859	—	—	—	1	—	2	5	—	1
1860	4	—	2	8	—	2	2	4	2
1861	3	3	4	8	—	—	6	4	3
1862	1	1	7	10	1	3	4	5	2
1863	7	1	7	10	1	1	3	7	1
1864	2	3	2	7	1	3	1	7	—
1865	11	2	8	11	—	1	2	1	6
1866	3	4	4	5	—	2	4	4	1
1867	6	6	5	5	2	3	4	5	2
1868	9	5	4	5	—	1	4	—	4
1869	10	11	7	6	3	3	1	8	4
1870	8	9	4	5	—	2	3	2	1
1871	8	8	8	7	2	3	4	—	5
1872	8	10	6	4	2	7	1	3	1
1873	17	2	6	2	7	2	1	—	3
1874	9	10	8	2	4	9	—	—	1
1875	10	7	9	5	3	2	1	—	2
1876	13	5	4	—	7	3	—	—	—
1877	5	14	6	2	6	6	—	—	3
1878	8	6	8	—	14	1	—	—	2
1879	8	12	2	2	13	2	—	—	2

Source: Register of Births, Dungog.

Germany. Some lived further up the valley and she did not go to any of these places. She attended nine of the 17 births in Wallarobba during this period.

These women may have received some income in cash or kind for their services but this could not have been a motivating force. It was more likely that they gained some expertise in the work and the local women gained confidence in their support at the time of birth. These were more likely to be neighbourly acts and they were "neighbouring" other women.

Conclusion

The evidence from Dungog and the Upper Williams Valley for the period 1856 to 1880 shows that doctors were present at 22 per cent of the births and women who acted regularly as midwives (more than 40 cases) were present at 45 per cent of the births. Many women gave birth with the assistance of another female family member or neighbour. This presents a pattern similar to that described for other regions. For many women their assistance at the birth was a neighbourly act which other women would return at their own confinement. Others became more experienced "handywomen" or midwives and the frequency of their presence at births attested to their occupational expertise. For these women it would have been an income-earning activity, albeit an unreliable one.

Endnotes

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- 29 *Queensland Parliamentary Debates*, vol. CVIII, 1911, p. 734.
- 30 Adcock et al, *With Courage and Devotion*, p. 28.
- 31 Lewis, "Maternity care and the threat of puerperal fever", p. 35.
- 32 Lewis, "Maternity care and the threat of puerperal fever", p. 35.
- 33 *Census of Queensland, 1891, Queensland Votes and Proceedings*, vol. 3, 1892, pp. 1051,1155.
- 34 Lewis, "Maternity care and the threat of puerperal fever", p. 35.
- 35 Ann Giardina Hess, "Midwifery practice among the Quakers in southern rural England in the late seventeenth century" in Hilary Marland (ed.) *The Art of Midwifery: Early Modern Midwives in Europe*, Routledge, London, 1993, pp. 49-76.
- 36 John Fisher, "The Origins of Commercial Dairying in the Dungog District: Landlord and Tenant in the Williams Valley 1850-1900", unpublished manuscript, nd.
- 37 *Census Collectors' Notebooks*, New South Wales, 1891.
- 38 The majority have medical qualifications including Dr McKinlay who attends the largest number of births.
- 39 There is some inaccuracy in this figure as names can be spelt differently, or may be illegible or there can be some difficulty differentiating between family members with the same surname. The error would be slight and does not apply to those who attended many cases.
- 40 Patricia Grimshaw, Marilyn Lake, Ann McGrath and Marion Quartly, *Creating a Nation*, McPhee Gribble, Ringwood, Vic., 1994, p. 119.