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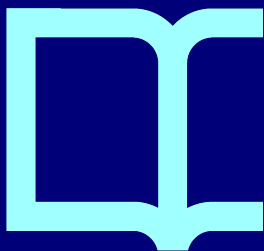
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'To educate children from birth': a genealogical analysis of some practices of subjectivation in Spanish and French scientific childcare (1898–1939)

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ABSTRACT

The aim of this paper is to analyse certain techniques of subjectivation in modern child-rearing and the way in which medical discourse leads to the construction of children through those techniques. As a case study, several manuals on childcare used during the first third of the twentieth century in Spain and France have been selected. A historical-genealogical perspective is adopted, according to which childhood is not a natural or ahistorical category, but depends on cultural practices. In Western countries, these practices have been strongly influenced by expert discourses. The techniques proposed in the manuals are identified and the theoretical justification for them analysed according to the socio-cultural and historical context. It is shown in what sense the practices recommended by doctors for mothers constituted a kind of early informal education contributing to the creation of future well-educated citizens.

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Biopolitics; childcare; informal education; subjectivation; environmental systems

Introduction

This work is intended as a contribution to the reflection on the importance of socio-cultural practices in general, and of 'psy techniques' for constructing subjectivity¹ in particular. We assume that subjectivity is not a natural or ahistorical category, but depends on practices and techniques that make sense only within a given social and cultural context and at a particular historical moment. Consequently, the child's subjectivity cannot be understood without referring to contextual aspects of child development. Therefore, according to a historical-genealogical perspective,² we would like to focus on certain environmental systems with which an individual interacts.³ The first system we are going to discuss is the so-called

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¹Nikolas Rose, *Governing the Soul: The Shaping of the Private Self*, 2nd ed. (London: Free Association Books, 1990); Nikolas Rose, *Inventing Our Selves: Psychology, Power and Personhood* (Cambridge: Cambridge University Press, 1996).

²Michel Foucault, 'Nietzsche, la généalogie, l'histoire', in *Hommage à Jean Hyppolite*, ed. Suzanne Bachelard (Paris: PUF, 1971), 145–72.

³Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, MA: Harvard University Press, 1979); 'Pierre Dasen, L'approche interculturelle du développement', in *Psychologie du développement et de l'éducation*, ed. Serban Ionescu and Alain Blanchet (Paris: PUF, 2007); Charles M. Super and Sara Harkness, 'Culture Structures the Environment for Development', *Human Development* 45, no. 4 (2002): 270–4.

‘microsystem’, which refers specifically to the ‘ecological niche’, that is, the set of elements of the immediate context in which the child is embedded and grows: educational and parenting practices, parental beliefs concerning the developing child’s skills, familiar structures, physical environments, etc. This ecological niche is related to the ‘macrosystem’, that is, the culture in which children live: the social structure, mode of productions, demography, socio-political and economic situation, etc. Interconnections between the microsystem and the macrosystem take place through the process of a ‘mesosystem’: cultural transmission and acculturation. The social group plays an essential role for guiding the child’s development thanks to the creation of cultural tools.⁴ It offers environments adapted to the type of skills that adults want to promote in them, taking into account factors such as the age at which these skills must be acquired or the level of mastery required. In each place, time and group, environments define different development possibilities that delimit the child’s possible experiences. Thus, certain behaviours such as crying may be encouraged or forbidden. And thus both the roles of the people around the child such as the use of objects and the organisation of space can vary depending on age, level of development, desirable mastery of the skills and location.⁵

Our work, then, falls within the scope of a constructivist and genealogical sensitivity with regard to childhood,⁶ more than a sensitivity linked to social history,⁷ disciplinary history,⁸ institutional history⁹ or research in intercultural psychology and comparative anthropology.¹⁰ We are interested in the specific practices through which childhood subjectivity was produced, from the idea that childhood is not a natural or ahistoric category, that it is not a mere social product, but that it should be understood in terms of the specific procedures – of subjectivation – through which children are made to be one way or another. By the same reasoning, we do not understand the relationship between childcare and paediatrics as a relationship between applied knowledge and theoretical-scientific knowledge. The emergence of scientific childcare at the end of the nineteenth century need not be understood solely as a consequence of the development of paediatrics, but can also be seen as a product of the reorganisation of practices, forms of government and social changes in which paediatrics and modern childcare themselves acted as elements within a system and not as causes as such. Thus, neither modern paediatrics nor childcare worked on a natural child; rather, they contributed, in and of themselves, to the transformation of childhood.

As a case study, we have analysed several childcare practices proposed by doctors and understood as a vehicle for cultural transmission and therefore as a means of articulating different components of macro- and microsystems. Experts – doctors in their vast majority – opposed mothers’ traditional educational practices that conformed to a particular

⁴Michael Cole, *Cultural Psychology: A Once and Future Discipline*, 6th ed. (Cambridge, MA: Harvard University Press, 2003).

⁵Blandine Bril and Sylvie Parrat-Dayon, *Materner. Du premier cri aux premiers pas* (Paris: odile Jacob, 2008).

⁶Arthur Arruda Leal Ferreira and Saulo de Freitas Araujo, ‘Da invenção da infância à psicologia do desenvolvimento’, *Psicologia em Pesquisa* 3, no. 2 (2009): 3-12.

⁷Philippe Ariès, *L’enfant et la vie familiale sous l’Ancien régime* (Paris: Plon, 1960); Lloyd DeMause, ed., *The History of Childhood* (New York: Harper & Row, 1974).

⁸Luis S. Granjel, *Historia de la pediatria española* (Salamanca: Asociación Española de Pediatría, 1965).

⁹Catherine Rollet, ‘La santé et la protection de l’enfant vues à travers des congrès internationaux (1880-1920)’, *Annales de Démographie Historique* 101, no. 1 (2001): 97-116.

¹⁰John W. Berry, Ype H. Poortinga, Marshall H. Segall and Pierre R. Dasen, *Cross-Cultural Psychology: Research and Applications*, 2nd ed. (Cambridge: Cambridge University Press, 2002); Bril and Parrat-Dayon, *Materner. Du premier cri aux premiers pas*.

Table 1. Spanish primary sources (in chronological order).

1898:	José María de Gorostiza y onzoño. <i>Cartilla sanitaria de higiene de la primera infancia</i> . Bilbao: Imprenta Provincial
1907:	Manuela Solís y Claras. <i>Higiene del embarazo y de la primera infancia</i> . Valencia: Imprenta F. Vives Mora
1907:	Eduardo Toledo y Toledo. <i>Cómo se cria un niño. Tratado práctico de puericultura</i> . Madrid: M. Péres Villacencio
1911:	Melchora Herrero y Ayora. <i>Enseñanzas del hogar. Curso abreviado de higiene doméstica, economía, puericultura y educación para las escuelas y el hogar</i> . Madrid: Librería de los Sucesores de Hernando
1915:	José de Eleizegui Sieyro. <i>La visita del médico, I. De crianza infantil</i> . Madrid: Establecimiento Tipográfico de A. Marco
1915:	Francisco Vidal Solares. <i>Puericultura e higiene de la primera infancia</i> . 10th ed. Barcelona: Luis Gili
1917:	Rafael García-Duarte Salcedo. <i>Al margen del hogar. Nociones de puericultura</i> . Madrid: Imprenta del Asilo de Huérfanos
1927:	Pedro Puig y Roig. <i>Puericultura o Arte de criar bien a los hijos</i> . Barcelona: Librería Subirana
1928:	Rafael Ulecía y Cardona. <i>Arte de criar a los niños (nociones de higiene infantil)</i> . 5th ed. (corregida por su hijo [edited by his son], Rafael Ulecía de la Plaza). Madrid: Librería de Victoriano Suárez
1929:	Juan Fernán Pérez. <i>Cartas a una novia. Consejos de puericultura</i> . Madrid: Centro Editorial Minerva.
1929:	César Juarros y ortega. <i>La crianza del hijo</i> . 2nd ed. Madrid: Editorial Mundo Latino
1931:	Luis Valencia. <i>Higiene de la primera infancia (puericultura)</i> . Valencia: Cuadernos de Cultura
1933:	Juan Bosch Marín. <i>Catecismo de puericultura</i> . Valencia: Gráficas Reunidas
1934:	Escuela Provincial de Puericultura de Valencia. <i>Cartilla de Higiene Infantil. Preceptos fundamentales de higiene infantil</i> . Valencia: Tipografía Dionisio Martínez
1939:	Enrique Suñer ordóñez. <i>La crianza del niño. Seis lecciones de puericultura dadas en el Centro de Cultura Femenina de San Sebastián en 1938</i> . San Sebastián: Editorial Española

way of managing life, responding to what Michel Foucault¹¹ has called ‘biopolitics’, i.e. the style of government that regulates subjects through diverse techniques for achieving the subjugation of bodies and the control of (biological) populations. We have analysed a sample of manuals on scientific childcare that were published in France and Spain during the first third of the twentieth century, when modern child-rearing in western countries was entrenched. In most of these manuals, traditional parenting practices were condemned for being based on superstition and pernicious habits, and thus for contributing to child mortality and morbidity. All of them presented the principles of modern childcare and described parenting techniques derived from theory. Some of these manuals¹² stressed the need not only to explain these principles, but to shape mothers’ behaviour considering their psychology and their circumstances (they seemed, then, to be aware of heterogeneity and cultural differences, but they considered them as belonging to the practice of medicine as an art and not to medicine as a science). Thus, we can find in them the tools and practices of subjectivation for young children – and, simultaneously, for women as mothers – created by those who held power within their social group. The aim was to integrate children within this group according to the dominant values transmitted by these experts. In this case, the dominant values were oriented to constructing future good citizens according to the bourgeois-liberal model, that is, the model of a rational, responsible citizen, in agreement with the social order and believing in progress, and who, with his/her work, contributes to national prosperity.¹³ The child, therefore, is not a natural or given object of study, but a socially constructed object defined by concrete practices of subjectivity, in this case by childcare practices.

However, we must consider that the practices that doctors recommended did not necessarily have to match what mothers in fact did after being advised. Nor did advice come equally to all mothers. The middle and upper classes, especially the bourgeois, were the

¹¹Michel Foucault, *Naissance de la biopolitique: Cours au Collège de France (1978-1979)* (Paris: Seuil, 2004).

¹²For example Henri Fischer, *Hygiène de l'enfance. Puériculture* (Paris: Librairie Charles, 1903).

¹³José Carlos Loredó and Belén Jiménez, ‘Pequeños ciudadanos: La construcción de la subjetividad infantil en la primera puericultura española e hispanoamericana’, *Universitas Psychologica* 13, no. 5 (2014): 1955-65.

Table 2. French primary sources (in chronological order).

1900:	Pierre-Constant Budin. <i>De la puériculture après la naissance</i> . Extrait de <i>L'obstétrique</i> , September 1900. Paris: octave Doin
1901:	Bernard Pérez. <i>L'éducation morale dès le berceau. Essai de psychologie appliquée</i> . 2nd ed. Paris: Félix Alcan
1903:	Henri Fischer. <i>Hygiène de l'enfance. Puériculture</i> . Paris: Librairie Chartes
1903:	Charles Dévé. <i>Réflexions critiques sur la puériculture et la pratique médicale. La puériculture et la pratique médicale</i> . Paris: M. Vermot
1906:	Marthe Bertin. <i>Le Bébé. Notions élémentaires de puériculture</i> . Paris: Eugène Belin
1907:	Emile-Marie Galtier-Boissière. <i>Pour élever les nourrissons</i> . Paris: Bibliothèque Larousse
1910:	D. Delearde. <i>Guide pratique de puériculture à l'usage des docteurs en médecine et des sages-femmes</i> . Paris: Félix Alcan
1911:	Georges Lyon et Th. Barrois. <i>Puériculture et hygiène infantile. Conférences faites pour l'enseignement des jeunes filles sous la présidence</i> . 2nd ed. Paris: Félix Alcan
1913:	J.C. Colard. <i>Notions générales et élémentaires d'hygiène et de puériculture, suivies de quelques préceptes simples des premiers soins à donner aux malades et blessés, à l'usage des écoles ménagères comtoises, des familles ouvrières et paysannes</i> . Besançon: J. Millot
1914:	Albert Ball. <i>L'Enfant et son médecin. Guide pratique de l'hygiène et des maladies de l'enfance de 0 à 15 ans</i> . Paris: A. Maloine
1914:	Pierre Nobécourt. <i>Conseils pratiques d'hygiène infantile</i> . Paris: J.B. Baillière
1914:	Gaston Variot. <i>Instructions aux mères pour allaiter et nourrir leurs enfants</i> . Paris: A. Davy
1920:	G. Demirleau. <i>Catéchisme de puériculture pratique et moderne</i> . Alençon: Librairie J. Christophe
1922:	Antoinette Le Conte Boudeville. <i>Auprès du berceau</i> . Paris: Delagrave
1922:	Pierre Pironneau. <i>Comment élever nos bébés, ou manuel pratique de puériculture</i> . 2nd ed. Paris: Librairie Garnier Frères
1938:	Adolphe Pinard. <i>La puériculture du premier âge</i> . 19th ed. Paris: Librairie Armand Colin

most permeable to doctors' recommendations, probably due to the fact that they shared the same values and, of course, they were literate. The lower class – workers and peasants – tended to follow traditional rearing practices. However, these practices often came in turn from old medical advice and were not spontaneous wisdom.¹⁴ In any case, in the early twentieth century scientific childcare helped to homogenise the population using universal biological criteria. This childcare served a conception of the human (adult) subject fitted to the liberal model of the self-governed and responsible individual.¹⁵ According to this conception, child-rearing was the first step in the education of future citizens. Other forms of informal education such as moral education or civility would take over when babies developed into older children.

In order to analyse practices of child subjectivation, we selected 30 childcare manuals. Fifteen of them are in Spanish (Table 1), and the 16 others in French (Table 2). They were all published between the late nineteenth century and early twentieth century, specifically between 1898 and 1939.¹⁶ Recognising that the delimitations of time spans are somewhat arbitrary (except in cases of historic events whose impact on society is abrupt and very direct), these years have some symbolic historical value in the two countries studied. In 1898 Spain lost its last colonies (Cuba and the Philippines) and in France Emile Zola published the letter 'J'accuse', which pressed the government to reopen the Dreyfus Affair, a political scandal that deeply divided the country into opposing camps. In 1939 the Spanish Civil

¹⁴Luc Boltanski, *Prime éducation et morale de classe*, 2nd ed. (Dijon: École des Hautes Études en Sciences Sociales, 1984).

¹⁵Rose, *Governing the Soul: The Shaping of the Private Self*.

¹⁶All manuals analysed except the one by Melchora Herrero are written by doctors, although Herrero's discourse is indistinguishable from the others. In addition, all of the authors but four (Spanish Manuela Solís and Melchora Herrero, and French Marthe Bertin and Antoinette Le Conte Boudeville) were male. See Herrero, *Enseñanzas del hogar. Curso abreviado de higiene doméstica, economía, puericultura y educación para las escuelas y el hogar* (Madrid: Librería de los Sucesores de Hernando, 1911); Bertin, *Le Bébé. Notions élémentaires de puériculture* (Paris: Eugène Belin, 1906); Le Conte Boudeville, *Auprès du Berceau* (Paris: Delagrave, 1922).

War came to an end and France, along with other countries, declared war on Germany. Further, as we have just said, while periods have blurred temporal borders (the rhythms are also different for different countries), during the first third of the twentieth century we can identify with sufficient clarity the connection between (1) new knowledge and tech-nico-scientific practices,¹⁷ and (2) a biopolitics oriented to the achievement of forms of responsible individual self-government.¹⁸ The years 1898 and 1939, in short, do not mean anything in themselves with regard to the internal logic of modern childcare – although it did emerge at the end of the nineteenth century – but they are significant as regards the socio-historical context in which it was conducted.

This type of manual was written mainly by medical doctors – or in some cases by experts in education and similar disciplines whose discourse was comparable to doctors’ discourse – whose intention was to disseminate among mothers childcare that they considered was based on scientific knowledge. They were quite often highly active in the work of dissemination and, in addition to writing, they gave lectures or, out of reformist social concerns, encouraged the creation of institutions to aid maternity. These types of initiatives, including disseminating the manuals, were directly and indirectly promoted by the public and some private authorities.¹⁹ They were promoted indirectly through the professorships and institutional posts that their authors held in legislative chambers, consulting firms, foundations, professional and healthcare associations, magazines, etc., sometimes backed by governments. Thus, as examples in Spain, Francisco Vidal founded the first paediatric hospital in Catalonia, and campaigned actively in favour of hygienism; César Juarros was a Member of Parliament and one of the principal dynamic forces behind eugenics in Spain; Juan Bosh was also a Member of Parliament, and would become chief of childcare in national healthcare during the initial years of the Franco dictatorship. In France, to give some examples, Adolphe Pinard was a Member of Parliament who collaborated in the creation of maternity hospitals and was president of the French eugenics society; Pierre-Constant Budin was a member of the Academy of Medicine and an Officer of the Legion of Honour, as well as chief of the obstetrics department of the Hôpital de la Charité in Paris; Gaston Variot was a departmental chief in several hospitals, and created the first dispensary in the Parisian working-class district of Belleville, as well as the first ‘Goutte de lait’ (drop of milk) clinic in 1892.

Direct support was lent precisely through the ‘drop of milk’ clinics and other institutions in aid of public health, such as maternity hospitals and medical consulting rooms where – especially in Spain – an equally important or more prominent role was played by the welfare institutions linked with the Catholic Church. In this case, and apart from the verbal advice given by the people who worked in these centres, what was spread – for those who knew how to read – was usually booklets more than books (in our analysis we have included some of these, such as those written by José María de Gorostiza, and those distributed by the Provincial Childcare School of Valencia). These booklets were summaries of the manuals,

¹⁷Alice Boardman Smuts, *Science in the Service of the Children, 1893-1935* (New Haven, CT: Yale University Press, 2006).

¹⁸Rose, *Inventing Our Selves: Psychology, Power and Personhood*.

¹⁹José María Borrás Llop, *Historia de la infancia en la España contemporánea* (Madrid: Ministerio de Trabajo y Asuntos sociales/Fundación Germán Sánchez Ruipérez, 1996); Catherine Rollet, *La politique à l’égard de la petite enfance sous la Troisième république* (Paris, PUF/INED, 1990).

and were usually distributed free of charge to mothers of modest social condition when they went to the drop of milk clinics, dispensaries, maternity hospitals and doctors' consulting rooms. The manuals, on the other hand, were in practice aimed at middle- and upper-class mothers (although they were not explicitly distributed in this way), for the simple reason that they were the only ones who were in the habit of reading and had a level of general knowledge similar to that of doctors, which included an active desire to be modern mothers, which, in addition, was reinforced by the circumstance that they generally lived in urban environments where the traditional ties with family and neighbours had been weakened. The working-class and rural mothers, by contrast, lived in neighbourhoods and towns where the circuits that transmitted traditional knowledge were more fluid and were restricted, to a lesser degree, to the nuclear family and the home, which was and should be the locus *par excellence* for the doctors.

Finally, in our analysis we have also included some texts that were not aimed specifically at mothers, but more to colleagues or, at most, the specifically interested general public. These are the books by Charles Dévé and Pierre-Constant Budin, the first written for professional colleagues and the second, although the author does not explicitly identify his audience, is of a highly theoretical tone. Again, the general discourse and the childcare techniques are by no means different from those that are explained in the rest of the manuals and booklets.²⁰

Otherwise, we have not found significant differences between Spain and France with respect to the scientific practices recommended in manuals. The authors intended breeding based on supposed universal and biological criteria. Furthermore, French childcare was the main reference worldwide. German paediatrics also had some influence on the western or westernised countries, Spain among them, but it was French paediatrics above all – and childcare as a practical application of paediatrics – that served as a model in other countries, including several in Central and South America. In fact, French paediatrics – and with it modern childcare understood as scientific childcare – was the first to be developed and disseminated: the obstetrician Adolphe Pinard (1844–1934) is considered the father of childcare, and his manual – one of those analysed in our case studies – is cited in many Spanish textbooks. We could point to some national specificities regarding both the type of traditional breeding practices that doctors wanted to eradicate, e.g. different versions of the 'evil eye',²¹ and the political and social scenario: for instance in France there was a significant concern regarding depopulation, while in Spain the doctors were more concerned about the health of the people rather than the population numbers (something that is probably linked to the loss of the last colonies in 1898 and to what is called the Spanish national identity crisis). We need to bear in mind, furthermore, that the scientific discourse on which it was intended to base childcare was, by definition, universal; that is, it presented itself as valid for any place.

²⁰Further evidence regarding the extensive dissemination of childcare manual is found in the great quantity of these books that were published (in Spain, during the period studied, we know of more than 40 titles, and the same for France) and the reprints of some (the manual by Francisco Vidal, for example, went through 10 editions).

²¹The evil eye is a curse according to which a malevolent glare is cast at someone in order to cause a mishap.

Historical and social context

The chosen texts constitute a representative sample of paediatric disclosure over one hundred years ago. Mothers – and possibly also young professionals, nurses, midwives and caregivers in general – were expected to use the scientific medical advice established by experts on food, cleaning or sleeping.²² This made sense in a historical moment when the doctor's role was expanding and in a social context dominated by forms of government based on biopolitics²³ and that aspired to produce citizens who governed themselves according to criteria of individual responsibility.²⁴

In general terms, and for the purposes of what interests us, the historical and social context of Western Europe during the first third of the last century was characterised by two traits. One of these was the consolidation of the forms of government based on nation-states, whose horizon was the model of the citizen,²⁵ a sort of universalisation of the members of the middle class, whose virtues of self-control, rationality, responsibility and faith in progress were intended to be extended to all social classes. The citizen left behind the typical figures of the estates that characterised the *Ancien Régime*, such as the priest, the servant or the courtier. The other characteristic trait of the period was the intention of rationalising the techniques of government through tools taken from the natural sciences (evolutionist biology, chemistry, medicine, etc.) and the social sciences (sociology, anthropology, psychology, pedagogy, etc.).²⁶ In more specific terms, during the initial decades of the twentieth century attempts were made to implant what the experts considered scientific childcare – that is, based on paediatrics as a specialism of scientific medicine – and surpass the popular or traditional childcare practices, understood as unscientific and therefore rejectable.

We will pause a moment to examine three dimensions of that socio-historical context that affected childcare: (1) the expansion of social medicine and the importance of doctors, (2) the interrelation of biopolitics, eugenics and citizenship, and (3) the construction of the figure of the good mother or modern mother. It should be noted that we understand the role of these dimensions in terms of agents who were interested in implanting certain childcare practices for motives that drove them to do so, such as the domination of the lower classes or of women. We wish primarily to describe a synergy among certain governance techniques, the rise of specific areas of expertise linked to medical knowledge and the social changes connected to urban life. We are interested in how that synergy was reflected in some childcare practices that became official.

²²Boltanski, *Prime éducation et morale de classe*; Bril and Parrat-Dayán, *Materner. Du premier cri aux premiers pas*; Jacques Donzelot, *La police des familles* (Paris: Les Éditions du Minuit, 1977).

²³Donzelot, *La police des familles*; Michel Foucault, 'Nacimiento de la medicina social', in *Estrategias de poder, Obras esenciales, II* (Barcelona: Paidós, 1999), 363-84.

²⁴Jorge Castro, 'El autogobierno como referencia anglosajona en la construcción psicológica del ciudadano latino. Ideas para la configuración de un marco de trabajo histórico-genealógico' (paper presented at the Workshop Psicología, Política y Sociedad, La Plata, Argentina, October 23, 2014); Rose, *Inventing Our Selves: Psychology, Power and Personhood*.

²⁵Derek Heater, *A Brief History of Citizenship* (Edinburgh: Edinburgh University Press, 2004).

²⁶Catherine Rollet, *Histoire de l'allaitement en France: Pratiques et représentations* (Paris, Laboratoire Printemps - Centre National de la Recherche Scientifique, 2006).

Expanding the role of the doctor

Social medicine, as it was practised in the period under study here,²⁷ meant a consolidation of the figure of the doctor as an expert authorised to decide how people should live in accordance with scientific criteria. In the late nineteenth and early twentieth centuries, doctors sought to regulate the child's existence down to the smallest detail. They subscribed to a reformist ideology based on the application of scientific principles to organise society. According to doctors, the source of infant mortality and morbidity – the germ of collective degeneration – was to be found particularly in poor parenting practices that were largely caused by maternal neglect. Of course, most doctors were aware of – and sometimes expressly mentioned – the difficult access of the lower classes to medical aid. They also knew the miserable living conditions that facilitated, for example, digestive diseases such as diarrhoea and respiratory diseases caused by cold and stuffy or overcrowded rooms. However, what they really emphasised was the mothers' ignorance and traditional breeding practices, which they considered 'unscientific' and harmful (this was also true for all types of families, rich and poor). The authors of these manuals openly criticised the false beliefs and home remedies that passed from one generation to another through grandmothers, neighbours or friends. From their point of view, all these practices were based on 'prejudices' and dangerous habits. Some of the typical examples that doctors highlighted were: the mothers left untreated scabs caused by impetigo or 'gourme' (an infectious skin disease) since they considered these excretions to be a natural layer to protect the skin; they gave babies sedatives to calm their teething pains; or they had superstitious beliefs such as the evil eye.²⁸

Setting themselves up as experts, doctors criticised 'common sense'²⁹ and advocated the need for new scientific medical criteria for parenting practices. Paradoxically, sometimes they also criticised the refinement of manners, understood as a consequence of civilisation's progress and then as a withdrawal of natural practices regarding care.³⁰ In fact, some manuals compare maternal behaviours of different animals and stress the importance of a protective instinct for species survival. Here surely we can see the background of a naturalistic perspective that doctors adopted as scientists when understanding child-rearing.

In any case, the main aim was to educate mothers and to expand the role of doctors. In the late nineteenth and early twentieth centuries this aim was promoted by public authorities who created – with different intensities and rates by country – administrative measures: drops of milk, dispensaries, crèches in factories, maternity insurances, courses of training, informative booklets, information posters, distribution systems for sterilised milk, laws aimed at protecting children and at regulating child and female labour, etc.³¹ Childcare manuals were part of the strategy of mass dissemination of scientific breeding. To strengthen its informative nature, many of them included iconographic resources such as illustrations with developmental stages or movements made to bathe, clothe or feed the child. Through these resources these books reflected, on the one hand, the socio-political,

²⁷Foucault, 'Nacimiento de la medicina social'.

²⁸Charles Dévé, *Réflexions critiques sur la puériculture et la pratique médicale* (Paris: Vermot/Coccoz, 1903).

²⁹Fischer, *Hygiène de l'enfance. Puériculture*, 123.

³⁰For the double interpretation of civilisation and the debate nature-culture see Gustav Jahoda, *Images of Savages: Ancient Roots of Modern Prejudice in Western Culture* (London: Routledge, 1999).

³¹Enrique Perdigüero, ed., *Salvad al niño. Estudios sobre la protección de la infancia en la Europa Mediterránea a comienzos del siglo XX* (Valencia: Seminari d'Estudis sobre la Ciència, 2004).

economic, technological and even ecological conditions of the time (macrosystem), and on the other hand, educational practices and parental and medical theories about children (microsystem).

Biopolitics, eugenics and citizenship

As already suggested, medical discourse and practice concerning children could be considered a vehicle of cultural transmission and therefore as a sphere that connects the micro- and the macrosystem. To understand the broader aspects of the macrosystem, we can return to Michel Foucault's concept of biopolitics.³² This concept refers to the new way of managing society and understanding the role of state in Europe that extends from the eighteenth century. As pointed out earlier, it basically consists of administering people's lives in terms of their biological aspects, that is, those pertaining to birth, death, reproduction, health and disease. Statistics and expert advice are, as might be expected, essential elements of biopolitics.

By analogy with agriculture, childcare (*puériculture* in French) was born as a discipline responsible for 'growing' children. The French doctor Charles Alfred Caron proposed the name in 1864.³³ Significantly, at first childcare was unsuccessful because it was considered a private matter and it was a strange idea to conceive of the child as a-being-to-be-cultivated/bred as if it were a plant or an animal. However, 30 years later Adolphe Pinard, the official father of modern childcare, recovered this notion and combined it with a eugenic conception of society. In the late nineteenth century, the development of biopolitics had already made child-raising a public health problem and the 'cultivation' or 'breeding' of children a normal way to understand childcare. More generally, scientific childcare was part of social medicine, through which nineteenth-century hygienism colonised child-rearing practices.³⁴ These practices revolved around a system of strictly regulated life that included every aspect related to children from marriage and pregnancy to schooling.

Meanwhile, the State was responsible for sponsoring and controlling biopolitical devices on child-rearing. Aside from promoting institutions and protective measures such as those mentioned earlier, the government even stipulated the space and time to be devoted to the newborn. For example, Charles Dévé³⁵ noted the importance of creating buildings dedicated to children and of rationally regulating the time of individual consultation (he even argued for doctors' advice to be free of charge). The novelty is that this type of proposal, even if it came from individual persons, was supposed to be backed by the State and not left to private charity, which was usually linked to the Catholic Church. However, in the Spanish context the weight of the Church was very important in social and political terms and this aspect, together with the lower degree of homogenisation of the country as a modern nation-state, prompted many hybrid devices combining charity and public assistance.

³²Foucault, *Naissance de la biopolitique: Cours au Collège de France (1978-1979)*.

³³Bril and Parrat-Dayon, *Materner. Du premier cri aux premiers pas*; Catherine Rollet, 'La protection de l'enfance en France: entre traditions et modernité (1874-1945)', in Perdiguero, *Salvad al niño*, 29-53.

³⁴Foucault, 'Nacimiento de la medicina social'. Studies that are more or less close to the Foucaultian view of early childhood education in the strict sense, that is, formal or school studies, can be found in Thomas S. Popkewitz and Marie Brennan, eds., *Foucault's Challenge: Discourse, Knowledge, and Power in Education* (New York: Teachers College Press, 1998).

³⁵Dévé, *Réflexions critiques sur la puériculture et la pratique médicale*.

Eugenics, widespread among intellectuals of different ideological orientations, was also closely linked to biopolitics. Adolphe Pinard himself co-founded in 1913 the French Society of Eugenics. In fact, although not all books carried explicit statements on eugenics, modern childcare could indeed be considered an application of eugenics to the upbringing of children, since eugenics was seen as a (scientific) rationalisation of human reproduction oriented to avoid the propagation of unhealthy physical and psychological traits (at that time the definition of eugenics was wide and differed depending on the context; see the special issue of *Studies in History and Philosophy of Science* on comparative eugenics edited by Richard Cleminson, Martin Richards and Alison Sinclair).³⁶ Childcare was intended to encourage people to take decisions on reproduction responsibly and to breed physically and morally healthy children. Parents were required to inculcate healthy habits in children from birth, to make them future good citizens and thus to help to eradicate and prevent collective degeneration.³⁷ In France this concern had more to do – especially after the First World War – with the depopulation of the country, as already noted.³⁸ In the manuals there are references to positive eugenics based on healthy marriage promotion and health education of the population. But sometimes there are also references to the desirability of discouraging and even banning marriages whose offspring might be predisposed to particular illnesses (sometimes doctors pleaded for a mandatory prenuptial certificate).³⁹

In general, eugenics habits were promoted inside the nuclear family, strengthening the family unit as an entity separated from the neighbourhood or even the extended family, which were both associated with traditional rural values and errors of popular superstition. The nuclear family was thus understood as the natural home for childcare and represented the desirable family model of the urban bourgeoisie and the middle classes.⁴⁰ In this nuclear family, the mother was the main person responsible for educating future citizens able to contribute personally, intellectually and professionally to social progress and to the construction of a homogenised modern nation-state. Once again education at all levels, formal (schooling) and informal (breeding or civic and moral education), was supervised by the public authorities as advised by medical experts and educators. In fact, babies' health matters mainly for its contribution to the progress of the country, nation or race.

As far as citizenship is concerned, it must be borne in mind that, although the biopolitics of the period and the principles of eugenics aspired to achieve physically and psychologically healthy citizens, where *citizen* is understood to mean a person who is able to govern himself or herself responsibly, individual self-government of the archetypical citizen was not yet the concept that would develop decades later – especially after the Second World War – in the advanced liberal democracies, bound up with consumption, the spread of civil rights, the growth of the middle classes and even the cultivation of an entrepreneurial attitude

³⁶Richard Cleminson, Martin Richards and Alison Sinclair, 'Eugenics, Sex and the State', *Studies in History and Philosophy of Science. Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 39, no. 2 (2008): 177-272.

³⁷Josep Lluís Barona, '¿Por qué mueren los niños? El debate ideológico sobre la salud infantil en la sociedad española (1904-1939)', in *Medicina, ideología e historia en España (siglos XVI-XXI)*, ed. Ricardo Campos, Luis Montiel and Rafael Huertas (Madrid: CSIC, 2007), 287-99; Mary Nasch, 'Maternidad, maternología y reforma eugénica en España, 1900-1939', in *Historia de las mujeres en Occidente*, ed. Georges Duby and Michelle Perrot (Madrid: Taurus, 1993), 627-45.

³⁸Anne Carol, 'Médecine et eugénisme en France ou le rêve d'une prophylaxie parfaite (XIXe-première moitié du XXe siècle)', *Revue d'histoire moderne et contemporaine* 43, no. 4 (1996): 618-31; Pierre-André Taguieff, 'L'introduction de l'eugénisme en France: du mot à l'idée', *Mots* 26 (1991): 23-45.

³⁹Juan Bosch, *Catecismo de puericultura* (Valencia: Gráficas Reunidas, 1933).

⁴⁰For a genealogical study of family, see Remi Lenoir, *Généalogie de la morale familiale* (Paris: Seuil, 2003).

and of the search for experiences in a society that offered a growing plurality of normative frameworks and values. The type of individualisation and personal responsibility that was fostered at the beginning of the twentieth century did not refer to a free individual without restrictions, but rather to an individual able to internalise the dominant values (whence self-government) within respect for the law and the social order (whence responsibility), something in which there were certain differences between the Anglo-Saxon countries⁴¹ and the Catholic or Latin countries.⁴² The organisation of society was understood in a liberal manner in the broad sense, as opposed to the society of estates of the *Ancien Régime*, but at the same time it was accepted that the social order was a result of personal effort and each individual's aptitudes, which meant respecting certain hierarchies and, of course, the dis-tribution of roles between men and women. Discipline and obedience, therefore, continued to be present in childcare techniques, but the emphasis was placed clearly – with greater or lesser insistence depending on the authors – on techniques based on the example, the word and the fostering of self-control in the child.

Role of the mother

The construction of the child as a responsible subject was, then, inseparable from the parallel construction of a new way of understanding family and the role of citizens in society and, more specifically, a new identity for woman as mother.⁴³ Paradoxically, while the mother was responsible for the child-rearing within the nuclear family, at the same time, doctors often indicated that maternal instinct and love was not enough. Actually, the issue is that motherhood was no longer the sole province of the mother, but also of experts. Doctors mediated the relationship between mother and child and encouraged mothers to shake off the influence of the extended family and the neighbourhood regarding parenting practices. The mother, who is described in the manuals as ignorant, simply had to apply theoretical knowledge legitimised by scientific experts.

The same values governed the subjectivity of both the child and women as mothers. As expected, the moral assumptions contained in the childcare manual invoked the new values of rationality, efficiency, order and progress. For example, in the book by Henri Fischer⁴⁴ we found an absolute regulation of a mother's time: the time devoted to the baby, the house (shopping, meal preparation, cleaning), husband, other children, etc.:

We know some mothers who, while raising their child perfectly, carefully fulfilling all the duties we have indicated, find time to take care of their husbands, their other children, their home,

and even retain their relationships and their intellectual pursuits.⁴⁵

⁴¹Rose, *Governing the Soul: The Shaping of the Private Self*; Rose, *Inventing Our Selves: Psychology, Power and Personhood*.

⁴²Castro, 'El autogobierno como referencia anglosajona en la construcción psicológica del ciudadano latino.'

⁴³In Spain, the 1933 conference on eugenics raised very suggestive debates such as the one proposed by the jurist Quintiliano Saldaña: see Saldaña, 'Eugenesia y derecho', in *Genética, eugenesia y pedagogía sexual: Libro de las primeras jornadas eugénicas españolas*, 2, ed. Enrique Noguera and Luis Huerta (Madrid: Morata, 1934), 170-80. This author discussed the problem of education of the mother whose children 'do not belong to her', as the state was ultimately responsible for them: see Jiménez, 'Eugenics, Sexual Pedagogy and Social Change: Constructing the Responsible Subject of Governmentality in the Spanish Second Republic', *Studies in History and Philosophy of Science. Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 39 (2008): 247-54.

⁴⁴Fischer, *Hygiène de l'enfance. Puériculture*.

⁴⁵*Ibid.*, 150.

But the emphasis on individualisation of responsibility also starts to affect the father: while the woman represents the private and domestic side of the nuclear family, the man is the other adult member of the same family unit and represents its public face. By contrast, fathers are rarely mentioned in these texts.

Also, the life and time management guidance is not directed exclusively to lower-class mothers, who had to do everything themselves. Doctors also gave advice to the upper classes and criticised mothers who did not breastfeed their children because of snobbery and who left children in the care of strangers while they were enjoying their social life.

In any case, the techniques of subjectivation for the mother, like the ones for the child (as we shall see), emphasise physical and moral hygiene. These techniques highlighted the care of physiological (food, sleep, cleanliness) and emotional functions (to avoid stress and to control their reactions to the child's behaviours):

Any breastfeeding mother should have a quiet and regular life. I simply ask any breastfeeding mother to wash herself properly and avoid tiring herself out. 'Surmenage', that is to say, over-work, reduces the amount of milk.

There is also another important requirement that all breastfeeding mothers should strive towards: *never getting angry*. A fit of anger could significantly reduce the milk production. It is the same, however, with all the emotions that must be carefully avoided.⁴⁶

Conception of the child and its education

The quotation used in the title of this article comes from one of the Spanish manuals and sums up well the thinking of doctors regarding the role that scientific childcare should play. The complete phrase is: 'It's very convenient to educate children from birth to gradually construct their feelings and their heart, which must be the basis of their future'.⁴⁷ The title of one of the French books, *L'éducation morale dès le berceau*,⁴⁸ is equally revealing in this respect. Pinard himself⁴⁹ pointed out the same thing: 'CHILD EDUCATION MUST START FROM BIRTH' (capitalisation in the original). In fact, the authors of the manuals conceived the baby as a being to be educated from the cradle by establishing habits that would become profitable in a good adult citizen. They often emphasised the educational importance of early childhood and the irreversibility of the habits acquired in the first months of life. In fact, the obsession with the regularisation of all aspects of the baby's life had an explicit moral dimension: the inculcation of regular habits from the cradle was supposed to prepare babies for an orderly adulthood. Spanish author César Juarros⁵⁰ is clear in this regard: 'A disciplined man is a man pleased with himself, socially useful, beneficial to his country.'

Doctors considered, therefore, that scientific childcare itself already had educational value, albeit nascent, since it set the fundamental bases for the education of future good citizens. These bases were 'the pillars of the building' for education. Without good enough pillars, it was impossible to construct such a building or it would easily collapse in the face

⁴⁶Adolphe Pinard, *La puériculture du premier âge*, 19th ed. (Paris: Armand Colin, 1938), 131.

⁴⁷José María Gorostiza, *Cartilla sanitaria de higiene de la primera infancia* (Bilbao: Imprenta Provincial, 1898), 23.

⁴⁸Bernard Pérez, *L'éducation morale dès le berceau: Essai de psychologie appliquée*, 2nd ed. (Paris: Félix Alcan, 1901).

⁴⁹Pinard, *La puériculture du premier âge*, 95.

⁵⁰César Juarros y Ortega, *La crianza del hijo* (Madrid: Mundo Latino, 1929), 161.

of the adversities of life.

Some authors particularly emphasised the fact that bad habits took root more easily than good ones and that years later they were more difficult or even impossible to eradicate, thus spoiling the subject.

The conception of the child that is revealed in these manuals is therefore that of an eminently teachable, mouldable subject, with some innate tendencies that must be known and encouraged, if they are positive. Negative trends tended to be seen as remediable, in part by their mere extinction (by not promoting them) and in part by empowering other trends that could compensate for them. In any case, the idea of educability is usually expressed through a metaphor that, as already stated, is typical of childcare at the time: for a plant to grow upright, it must have the benefits of potting soil and optimum environmental conditions. Only then will this plant bear fruit that will be of good quality, that is to say, this is the only way society will obtain good citizens. There is another metaphor in one of the manuals that is even more plastic: the child as ‘a piece of soft wax’.⁵¹

Overall, what prevails is the juxtaposition of an image of the baby as a person who comes into the world with certain skills, and a concept of the infant as a blank page that should be carefully written on so that good skills and good habits flourish and make it a healthy adult who will contribute to social progress. The conception of social order associated with this idea is a harmonious community in which everyone takes his/her place as a result of his/her skills and effort. Childcare prepares us to foster the effort of self-improvement and cultivation of good skills from the cradle, and it is followed by moral training at later ages. Of course, some authors insisted on the need to bend the will of the child, and others on the need to develop its individual skills, guiding it until it thrived naturally. Here we detect latent remnants of nineteenth-century educational psychology concepts based on character education, within a Germanic tradition. These concepts were opposed to others based on the child’s freedom, within a French tradition influenced, in some cases, by modern progressive pedagogy.⁵²

In any case, childcare worked as a kind of early informal education. In fact, education itself, after early childhood (from about two years old), was covered in many of the manuals.⁵³ This education was coherent with previously described parenting practices (in any case, the limitation of age is not very explicit). Most of the manuals that dealt with education over two years of age thus sought to cover the entire period and even all aspects of pre-schooling education. Of course, informal education does not involve talking about unconscious or unstructured education. On the contrary, the manuals we have analysed showed the high degree of structure of this type of education and the fact that it started very early.

The manuals that refer to the age of two years or above highlight the need to give an example and to ensure consistency between what is said and what is done (doctors suggested that in cases of inconsistency the child should pay more attention to what is done). It was common to stress the need to establish clear guidelines regarding which behaviours should be encouraged and which ones prohibited. This sometimes referred to possibilities of rewards and punishments, which should be turned to when guidance and example are insufficient, but always in moderation. On the subject of physical punishment there were

⁵¹Manuela Solís, *Higiene del embarazo y de la primera infancia* (Valencia: Imprenta F. Vives Mora, 1907), 299.

⁵²Luis Valencia, *Higiene de la primera infancia (puericultura)* (Valencia: Tipografía P. Quiles, 1931).

⁵³For example, Rafael García-Duarte, *Al margen del hogar. Nociones de puericultura* (Madrid: Imprenta del Asilo de Huérfanos, 1917); Fischer, *Hygiène de l'enfance. Puériculture*; George Lyon and Théodule Barrois, *Puériculture et hygiène infantile* (Paris: Félix Alcan, 1911); Pierre Nobécourt, *Conseils pratiques d'hygiène infantile* (Paris: J.B. Baillière, 1914); Eduardo Toledo, *Cómo se cría un niño. Tratado práctico de puericultura* (Madrid: M. Pérez Villacencio, 1907).

differing opinions, but, in general, it was condemned. Even those who defended physical punishment did so in moderation. What was sought was a subject that governs him- or herself, without external constraints or guardianships, rewards or punishments. In fact, some authors advocated letting the child experience the natural consequences of its own actions, without the intervention of adults except in the case of danger. Thus, it was expected that the child would become more responsible. Ultimately States look for responsible citizens and future employees who do not conflict with one another and are self-governing, according to the model of liberal governmentality, that is to say, the way governments aim to produce the citizen best suited to fulfil government policy.⁵⁴ Hence the suspicion regarding physical punishment, since coercion is opposed to the positive production of subjectivity: self-government is based on the psychological inner life of the subject and thus excludes external norms; each one has to internalise norms. And hence also the importance of the example that involves an internalisation of personal responsibility (one has to be consistent with what he/she says). The example also binds the power of imitation as a universal and innate psychological process. In this respect some authors specifically cite such psychologists as Edouard Claparède or James Mark Baldwin, or pedagogues such as Friedrich Fröbel.⁵⁵ Adults were therefore expected to take advantage of the child's strong tendency to imitation to transmit responsibility from parent to child: 'The child is born with a strong instinct for imitation and observes everything he records deeply to be able to repeat later. Hence the importance of providing him with a good home and exemplary behaviour.'⁵⁶ One must do what he/she is expected to do within a harmonious society that thrives thanks to the rationalisation of individual and collective behaviour. If the child observes adults behaving as they should, it will behave itself correctly. In contrast, if he/she perceives inconsistencies, he/she will be an irresponsible and unreliable adult. Eugène Lambling offers a typical example of the importance of parents as 'model':

We must take the child to the table with us. Here a first rule derives from the obvious things: the adults' regime must be suitable. It would be unfortunate to wean a child with all the desirable precautions and eventually to lead him to a daily regime against hygiene. Because when parents eat poorly, how can we expect children who have such a tendency to imitation, especially in imitation of the adults, not to do as they do?⁵⁷

In any case, example and patience, but also inflexibility in applying such guidelines to the rules are advised, and are the key to education.

Child subjectivation techniques

Ultimately, specific parenting practices that are recommended by Spanish and French manuals are all the same, with only a few nuances. As stated, these do not correlate with nationhood, and generally refer to the use of corporal punishment (even if they all radically reject physical violence as a preferable and primary disciplinary tool). These nuances refer also to promoting the will for the development of the child's individual abilities. Otherwise,

⁵⁴Michel Foucault, *Sécurité, territoire, population: Cours au Collège de France (1977-1978)* (Paris: Seuil, 2004).

⁵⁵Toledo, *Cómo se cria un niño. Tratado práctico de puericultura*; Pérez, *L'éducation morale dès le berceau: Essai de psychologie appliquée*. 2nd ed.

⁵⁶García-Duarte, *Al margen del hogar. Nociones de puericultura*, 68.

⁵⁷Eugène Lambling, 'L'alimentation des enfants. Du sein maternel à la table des parents', in *Puériculture et Hygiène infantile*, ed. George Lyon and Théodule Barrois (Paris: Félix Alcan, 1911), 9.

the advice given is similar and essentially relates to the baby's body, which is measured, weighed, washed, dressed, cleaned, fed, etc. In other words, techniques of subjectivation involve the manipulation and control of the child in a very precise and scheduled way, sometimes even timed.

Eating, sleeping and cleaning

The newborn is considered almost like a piece of living flesh, a purely anatomical and physiological entity (probably because of this idea, doctors do not insist on gender differences, as will be explained below). At first, its care is intended to prevent death and to make him/her grow without disease. There is no attention to other possible needs of the baby, although some manuals suggest taking into account a baby's individual aptitudes. There are manuals for regulating the behaviour of sick and handicapped children,⁵⁸ but they take these children as a separate category, outside the norm.

The manuals we have studied are mainly focused on feeding, followed by cleaning and sleeping, even if some of them deal also with educational matters (mostly for small children rather than babies). Here we discover the obsession with regulation and scheduling, that is, what is conceived as the basis of early subjectivity. First, we find the management of times and quantities. According to a strict template, babies should be nursed every day at the same hours, depending on age. Sometimes manuals highlight that babies must suck the same amount of milk, for which mothers have to control the timing of each feeding. Weaning and solid foods were to be introduced gradually according to a strict programme. For example:

The number of feeds must be six to eight in 24 hours. They should be spaced as follows: every two or three hours during the day to rest, for mother and baby, six to eight hours during the night. The duration of each feed should be a quarter of an hour....

In general, for good health, one should not interrupt the newborn's sleep to breastfeed. If sleep has lasted more than three hours in the day, we then schedule the feeds more closely.⁵⁹

There are also sometimes references to food in the family, that is, the type of food consumed at the table, the attitude to adopt towards it and the time it should take:

It is essential that the meal correspond to a period of rest and recreation which everyone expects – the father who arrives tired or worried about work and business, the housewife who deserves to enjoy a well-earned rest, children who consider mealtime as the one recreation of the day and who will treasure it as a fond childhood memory.⁶⁰

Regarding cleaning, both the baby's body and the objects it touches have to be carefully washed and cleaned. In this respect, the most important objects are, apart from clothes, the crib and furnishings in the room. It is often recommended that the room be a single, bright and airy room (obviously something unthinkable for most people at the time). The beneficial effects of the sun and fresh air also justify recommending a daily bath and walk.

Cleaning is linked to the problem of potty training, which the majority of our authors suggest must be achieved before the first birthday, which is surprisingly early according to

⁵⁸Albert Ball, *L'Enfant et son médecin. Guide pratique de l'hygiène et des maladies de l'enfance de 0 à 15 ans* (Paris: A. Maloine, 1914).

⁵⁹Pinard, *La puériculture du premier âge*, 72.

⁶⁰Hippolyte Surmont, 'Introduction médicale au manuel de la parfaite cuisinière', in *Puériculture et Hygiène infantile*, ed. George Lyon and Théodule Barrois (Paris: Félix Alcan, 1911), 227.

the current criteria. Many doctors advised sitting infants on the potty at regular times from shortly after birth, so they started to be regularised and to get used to staying clean from the cradle (an issue that is directly related to the control of movement; see below). For example: 'From the first months, the baby must get used to evacuating in a small vase on which it is placed as soon as we see it fidgeting or wrinkling its forehead.'⁶¹

Finally, sleeping is equally under strict regulation. Depending on the age, babies should sleep a certain number of hours and do so also within a particular time frame, concentrating more hours at night as soon as possible. The authors of the manuals assume that infants, properly managed, are able to spend some time without food from the time they are a few months old; if we make calculations according to the feeding schedule that is usually advised, we find that at the age of three months babies must spend not less than nine hours without breastfeeding during the night.

Another problem is the induction of nocturnal sleep. Most manuals insist that the baby should sleep alone, without being rocked, picked up and or sung lullabies. If the baby is healthy and mothers have followed all the recommended guidelines, there is no reason for the child not to sleep by itself. As explained below, if the baby cries, mothers are not authorised to pick it up, except when the crying is due to physical trouble or sickness. Affective physical contact tends to be the object of criticism.

Movement

There is a normalisation of the baby affecting the desirable range of movements and the functions it could perform. Doctors prescribed that during the first months of life babies remain in the crib all the time not devoted to feeding, cleaning and changing clothes. Babies should, therefore, be confined to a small space in which no adult contact or stimulation of any kind is given, since it is the place to sleep and rest: 'The crib is the place where the infant should spend most of the time during the first months of his life; there, and not in the arms of the mother or anyone else, is where the infant should stay, just asleep rather than awake.'⁶²

There are also very clear instructions concerning the physical manipulation of children. Doctors insisted on manipulating babies with care and avoiding certain movements that could hurt them, such as raising them by the arms. Regarding clothes, their primary function was to provide shelter and to help cleaning by the mother, but they also served to teach the baby particular habits:

We know that babies do not get wet or dirty clothes after fidgeting, after stirring. So we take them at the time and we place them quickly on a small vessel. Remember what I told you about the clothing for early education: here we go.

The baby must be dressed in panties, not swaddled. By repeating this small operation several times, the baby gets used quickly to the sensations he experiences being on the potty, and soon it will evacuate its bladder and bowels when it experiences these sensations.

In proceeding in this way, I have seen many children become clean, stop soiling their diapers, from the early months of their existence.⁶³

⁶¹Pinard, *La puériculture du premier âge*, 136.

⁶²Solís, *Higiene del embarazo y de la primera infancia*, 298.

⁶³Pinard, *La puériculture du premier âge*, 134-35.

However, many authors stressed that the baby's clothes should be roomy, not only for reasons of hygiene and practicality, but also to allow freedom of movement, which benefited its development. In fact, most experts advised that when the baby permanently left the cradle it should move as much as possible. It was as if the baby ceased to be a mere piece of meat at a certain age and became an active being. In continuity with this conception, doctors advocated physical exercise for older children. It is emphasised, however, that the fatigue limit should never be surpassed, and that children should exercise in a regulated manner, as a way to develop a healthy body and mind.

Emotions (fear, crying, punishment)

The emotion most usually discussed is fear. Children must not be scared with horror stories or be told overly fantastic stories that exhaust or pervert their imagination and overexcite them (this relates to the *surmenage* or 'burnout', that is, exhaustion due to excess of nervous activation or to excessive psychological work or cognitive overload). Such stories could make babies neurotic and even cause irreparable damage to their nervous system. Children's stories, then, must be innocent, educational and moralising. With these recommendations doctors rejected the use of fear as a tool to control children's behaviour and they constructed an image of the child as a pure and weak being who must not be exposed to complex adult representations.

Some authors also advised not to make children fearful and to avoid transmitting adults' worry to them when they are hurt or trying to do something new and risky. A prototypical example is the child who falls down while learning to walk. The mother's reaction is crucial: if she shows alarm, she will transmit her fright to the child, who will start crying and learn to behave this way every time it faces unexpected situations. Then the child will generalise this incorrect conduct and become a timid adult, that is to say, just the opposite of the desirable confident and responsible citizen. If, on the other hand, the mother stays calm, the child will probably get up and continue walking. As Carrière pointed out,⁶⁴ we must find the 'just-right measure' to make the child 'a man fit for life, as perfect as possible morally and intellectually' without making it an 'obsessive' person.

Crying is a main emotional expression in this period of life. But, as suggested above, the baby's screams and cries are interpreted in the context of the standardisation that governs childcare. By itself, crying was not a cause for sympathy or pity, but just one more physical aspect that had to be regularised in the disciplinary process. It is understood in two possible ways: as justifiable or unjustifiable crying. Justifiable crying is caused by objective reasons such as illness or physical discomfort, often the result of an inadequate application of paediatric advice. This crying is then managed by properly applying experts' recommendations. Unjustifiable crying does not respond to any objective cause. Therefore, mothers must just let the baby cry, since it does so for no good reason, simply because it feels the impulse to cry, because it is a cry-baby or because it is spoiled. For example, a baby was seen as spoiled if it cried when going to bed at night because it had grown accustomed to hearing lullabies and being rocked in someone's arms. In fact, a child's seeking to be comforted and calmed by rocking is expressly condemned:

⁶⁴G. Carrière, 'Éducation et hygiène du système nerveux chez l'enfant', in *Puériculture et hygiène infantile*, ed. Georges Lyon and Théodule Barrois (Paris: Félix Alcan, 1911), 193.

The best crib is the one that does not rock... It is ill-advised to rock little children. The latter do not cry as little birds sing, that is to say, for the pleasure of screaming. Very young children cry frequently because they are hungry, because they suffer, or because they are wet. By rocking them, we can soothe them, make them fall asleep, but we do not eradicate the cause that makes them cry. And then, you must know that our little children are quite able to learn the bad habits as well as the good ones. We rock them today, and we will rock them tomorrow, and the day after tomorrow to make them go to sleep: then they will no longer be able to fall asleep without being rocked.⁶⁵

With regard to the care of the emotions in several manuals, mostly French, there is a clear reference to the aforementioned *surmenage*. As stated, ‘burnout’ can also affect mothers. This question reveals a new regulation of a mother’s lifestyle that implies a rational and scientific organisation of time.⁶⁶

Construction of gender

The previous practices of subjectivation respond to a form of socialisation based on the patriarchal and heteronormative nuclear family, a model that was reinforced in the early twentieth century. However, in the manuals that we have analysed there is not much information on the specific practices that construct differentially male and female subjectivities. Doctors seem to assume that childcare practices are undifferentiated with regard to sex/gender in early childhood. Eating and sleeping patterns or toilet training are the same for boys and girls. Concerning clothing, doctors simply recommend avoiding clothes that are too tight and uncomfortable or have dangerous ornaments. Sometimes they even recommend that both boys and girls have short hair and criticise piercing girls’ ears, both for hygienic reasons.

Only when the authors make forays beyond infancy (normally after about two years old) do we find advice that underpins the binary construction of sex/gender. Then they consider that any confusion between boy and girl is an aberration to avoid. Care rules and practices of subjectivity are transformed according to the child’s age and gender. The clothing differentiation is, as expected, obvious: ‘Until the age of four or five years, you must not distinguish the child’s sex through dress, because boys’ trousers are annoying for babies (especially if they get wet).’⁶⁷

Sometimes there are also references to games. Doctors assume that the children’s games must be explicitly educational, that they are and have to be different depending on sex, and that children must not play with adults. Nothing is left to chance. Through games, children gradually internalise the values of the adult world, channel their skills and enhance their sexual identity:

It matters a great deal to get the tastes, habits and reactions of each child to align with those that are characteristic of their gender, especially now when current trends show an exaltation of the androgynous type that is on the edge of morbidity.... We must tenaciously oppose allowing the child to play at anything that implies possible sex reversal or decreases sexual specificity.⁶⁸

⁶⁵Pinard, *La puériculture du premier âge*, 53.

⁶⁶Dr. Délearde, *Guide pratique de puériculture à l’usage des docteurs en médecine et des sages-femmes* (Paris: Alcan, 1910).

⁶⁷García-Duarte, *Al margen del hogar. Nociones de puericultura*, 58.

⁶⁸Juarros, *La crianza del hijo*, 236.

Conclusion

As we have seen, modern scientific childcare, that is, the childcare defined by experts, aimed to create an ecological niche for raising babies that responds to a microsystem. We have defined the ecological niche as the set of elements of the immediate context in which the child is embedded and grows. The microsystem consists of a nuclear family, intended to be separated from the extended family and the neighbourhood and intended to live in an urban middle-class household. Such a microsystem also incorporates parenting practices regarding the regularisation of life and the creation of habits, as well as beliefs concerning children's abilities and expectations related to the possibility of transforming them from birth. The macrosystem is characterised by a society in the process of industrialisation and socio-political modernisation. It includes the attempt to consolidate nation-states and to implement progressive, liberal values in governing populations through biopolitical techniques. Finally, the mesosystem includes cultural transmission and is then partially characterised by informal education techniques such as those described in this paper. These techniques aim to construct self-governed, free and responsible citizens, able to contribute to social harmony, order and progress. As a whole, this multilevel game between micro-, meso- and macrosystem defines the development of children: it delimits the possible experiences that lead them to acquire behaviours, knowledge and skills that are valued in/by their social group.⁶⁹ In our case studies, this model is the bourgeois-liberal one:⁷⁰ although, as mentioned previously, some characteristics of the situation in Spain and France differed (for example, those relative to population policies), in both cases the objective was to produce self-governed, responsible adults who would internalise the social order and contribute to progress. The emphasis on practices such as natural punishment (which displaces the responsibility for the consequences from the outside to the inside of the subject), the example and the word (which are based on neither imposition nor coercion) or self-control (of bodily functions and emotions, consolation from third parties) is aligned with that ideal model of the autonomous, responsible subject. Apart from that, it is obvious that this was the experts' intention, and we absolutely must not think that all mothers heeded their recommendations. Presumably that depended on the mothers' social class and other circumstances, although in the course of the twentieth century, in the western and westernised countries, that type of childcare was progressively imposed with increasing force, due in part to the expansion of the middle classes.⁷¹

In this paper we have tried to show the importance of social context and social interaction. We have shared the perspective that is critical of the essentialist conceptions considering the child as having a number of given, well-defined biological and psychological capacities,

⁶⁹John Ogbu, 'The origin of Human Competence: A Cultural-Ecological Perspective', *Child Development* 52 (1981): 413-29.

⁷⁰See Boltanski, *Prime éducation et morale de classe*. Obviously, the sociocultural demands change depending on time and place, and with them their answers. For example, the instructions concerning the physical manipulation of children vary, and indeed in many ethnic groups in West Africa lifting babies by their arms is considered to stimulate motor development; see Blandine Brill and Martine Zack, 'Analyse comparative de l'emploi de temps postural de l'enfant de la naissance à la marche (France-Mali)', in *La recherche interculturelle*, ed. Jean Retschitzki and Margarita Bosser-Lagos (Paris, L'Harmattan, 1989), 18-20. Another example is the one regarding leaving the baby alone in the cradle: this idea contrasts with social practices in other countries where mothers carry children with them all day. Today, some authors suggest that this way of carrying the baby has implications for body contact with the mother and possibly identification with them: see Dasen, 'L'approche interculturelle du développement'.

⁷¹Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Press, 1978).

and we have suggested the historicity of infant subjectivity. We have also emphasised that the environment is not a given once and for all and that the practices of subjectivation are at the same time practices of objectification, i.e. they contribute to modifying the environment, in this case the environment where childcare takes place. Our paper reflects a general interpretive framework on historiogenesis of modern subjectivity and governmentality. This framework helps us to think about the construction of citizenship in a different way from the conception of a ‘natural subject’ that is still presented in great measure in the ‘psy’ disciplines and their historiographical narratives.⁷²

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⁷²For more details see Jorge Castro, ‘Psiudadanos: Ciudadanía y autogobierno en el horizonte postmoderno’, in *Hacer(se) ciudadan@s: Una psicología para la democracia*, ed. M. F. González and A. Rosa Rivero (Buenos Aires: Miño y Dávila, 2015), 363-7.