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The purpose of this thesis is to discuss the evolution of the *infant* as a composite person in the first decade of the twentieth century. Data for this inquiry comes from the *New York Times* and the *Washington Post* newspapers. A content analysis was performed on articles containing the infant as their main subject in these two venues between 1900 and 1910. The *infant*, it appears, emerged as a distinct category of being in the world by 1910. During this decade infants were given souls, their own category in mortality statistics, and additional legislation protecting their well-being. Prior to this time religious, scientific, political and other status holders were likely to use *infant*, *baby* and *child* interchangeably. By 1910 the *infant* was no longer intermingled with the *child* as it had been in early periods of history. Also by 1910 the *infant* was becoming a solidly abstract scientific and statistical idea while *baby* was coming to refer to the flesh and blood entity only.

INFANT AS IDEA: THE BIRTH OF A NEW COMPOSITE PERSON

by

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CHAPTER I
INTRODUCTION

The *Infant* Now and Then

The *infant* as a composite person plays a very important role in contemporary American society. A composite person can be thought of as a semi finished jigsaw puzzle that only exists in thought and practice. In this analogy, different shaped pieces of a puzzle come together from all over a table to form a coherent picture. In the case of the *infant*, different definitions come from all over society to form the social entity of the *infant*. The abstract *infant* exists in a different social space than the physically embodied baby.

Throughout this thesis I will discuss both the abstract *infant* as a composite person and as a physically embodied infant or baby. While discussing both embodied and disembodied social concepts I intend to use the terms “infant,” “baby,” and “child” in two senses. In the first sense these terms are used to signify abstract social constructs. In the second sense these terms are used to signify physically embodied beings. In the first case, these terms are denoted in italics. For example, “*Infant* is composed of medical expert knowledge...” In the second case, these terms are denoted in standard notation. For example, “Babies deserve our protection...”

The *infant* is a component in two major social issues right now in 2005. The abortion debate and the stem-cell research debate are both arguments where the *infant*

gets used by one or both sides in two different ways. First, the *infant* serves as a gateway to these arguments. Second, the *infant* is connected to abortion or stem-cell research to give one side or the other moral justification for their side of the argument.

The *infant* serves as a gateway to current abortion and stem-cell arguments because if the *infant* did not hold such a sacred place in society abortion or stem-cell research arguments would possibly be mute. The very sanctity of life has come to rest in and be symbolized by the *infant*. The *infant* signals the potential of a valued and productive citizen. Every infant has the potential to be a doctor, lawyer, teacher, or the next great president. No one deserves our protection more than a newborn baby. Starting from the infant, sanctity of life only has to move one life phase backward to fetus for abortion and two life phases backward for stem-cell research. The supreme value of life had to collect in the *infant* in order for this value to be transferred and transferable to the fetus and stem-cell. In this way then, the *infant* as a composite person symbolically serves as a gateway to the abortion and stem-cell debates.

Not only does *infant* serve as a gateway to these current social issues, but the *infant* also serves as an idea that gives moral weight to one or the other sides of these arguments. The *infant* as a symbol for the sanctity of life can be connected to the fetus and stem-cell. Once this connection is made not only are you killing an unborn indistinct mass of flesh you are killing an infant; you are killing a life in potential. To make the argument more personal and to give it more emotional impact, you are not disposing of a problem; you are killing a pre-born baby. How can you murder a cute and cuddly baby before it even has a chance to be born?

The *infant* gets connected to stem-cell research in the same way the *infant* and abortion get connected. It is considered wrong and illegal to do genetic research on live humans. It is almost unfathomable to think of a scientist doing genetic research on a newborn baby. The *infant* then gets connected to the stem-cell by those against stem-cell research. Scientists are destroying potential infants and unborn babies to conduct their research. The infant is so sacred that his/her life or the potential for her/his life is easily more important than any possible advances in medicine.

The infant mortality statistic is a commonly used statistic in modern American culture. According to the CDC website (2005) the infant mortality rate is the rate at which babies less than one year of age die. Infant mortality is a statistic used to measure and compare a population's health within and between countries. Infant mortality is used to measure a society's well-being before any other population statistic. The *infant*, through the infant mortality statistic, can define how good or bad a specific country is to live in. The *infant* not only serves as moral justification in arguments, but also serves as a key measuring rod in determining a society's health and well-being.

It is clear that the *infant* plays an important and integral role in current American culture. In a recent editorial article in the *New York Times*, Paul Krugman (Nov 7, 2005, p.A25) used the infant mortality statistic to compare the United States healthcare system against other advanced countries. In this case, infant mortality was used as an accepted measure on its own. If the United States has a higher infant mortality rate than other advanced nations, then its healthcare system is not as good as other advanced nations.

Yet, infant mortality did not always exist as a taken-for-granted measure. The *infant* as a composite person has not always been seen as an important asset to a nation.

Four hundred years ago the *infant* as a specific type of person did not even exist. An infant was just a small child and that small child was thought of as nothing more than a miniature adult. Philippe Aries (1962) discussed how *child-as-idea* separated from *adult-as-idea* during the fifteenth, sixteenth, and seventeenth centuries. Before *child-as-idea* separated from *adult-as-idea*, children were interacted with and treated just like any other adult. Children wore the same clothes as adults, they played the same games, and they were not sequestered from normal adult activities, including sexuality.

Elisabeth Badinter (1981) offered a quick sketch of a radically different *infant* before 1760. Through the first half of the eighteenth century the infant was thought of as beastlike; infancy was a state without reason or judgment. Infancy was thought of as the most vile and abject period of human life. There was only one thing worse than being an infant: being dead. The infant barely possessed a soul; the infant came and went at the behest of God. At certain periods of history the infant was even considered soulless and nothing more than a plaything. Such was the case that an infant's life was not deserving of much attention or sympathy. To grieve the death of an infant in the seventeenth century was considered an odd behavior.

Both Badinter (1981) and Aries (1962) discussed infanticide, specifically how infanticide in earlier periods of history was an accepted practice. The church and state may have said killing infants was wrong, but it was understood that people would always look the other way. Specific practices emerged that made infanticide appear accidental.

Infants were often sent to wet nurses for the first years of their lives. This often meant many infants died, either from the trip to the wet nurse right after birth or due to the fact that the wet nurse biologically could only nurse so many infants at a time. Often the wet nurse's own infants were those to starve. If a mother was poor or had to work for her own survival, abandonment became a way of getting rid of the infant without literally having to kill it, even though death was almost always the final destination for an abandoned infant. During these periods in history no one really wanted to be around infants; far from being sacred, the infant was actually a burden whether the parents were rich or poor.

How did this little inhuman beast become the symbol for the sanctity of human life? How did a soulless burdensome infant become a sacred infant? How did the infant become the reason for a mother's very existence? This ontological shift had rippling consequences throughout society. The infant moved from a non-existent marginal existence to the very center of all that is moral in a modern democratic society. No longer would society agree to look the other way while the wholesale slaughter of babies went on in back bedrooms, alleys and in the hills of the countryside. As society shifted from what Michel Foucault (1990 [1978], pp.135-9) would call a society governed by the idea of death to a society governed by the idea of life, infant mortality became a public problem of serious importance. And the *infant* as a composite person would become the solution to the public problem of infant mortality.

Statement of Purpose

The purpose of this thesis is to offer one interpretation of how an already existent *infant-as-idea* developed and solidified during the first decade of the twentieth century.

This thesis focuses on the development of *infant*-as-idea as portrayed in the *New York Times* and the *Washington Post*. The current idea of *infant* did not always enjoy the sacred place in American culture that it does today. Nor was *infant*-as-idea qualitatively the same throughout history. This thesis will ask four questions in reference to the *infant* as a composite person. How did the *infant*-as-idea emerge and solidify as a composite person during the first decade of the twentieth century? How do *baby* and *infant* as ideas split into two separate and distinct ideas during the first decade of the twentieth century? How does the *infant* become distinct from the *child* as a specific type of person? How do different sectors of society define the *infant* during the first decade of the twentieth century?

The word *infant* in some incarnation has been around for over 2,000 years (Aries, 1962), but the meaning of *infant* has changed and been redefined over time. For example, as recently as one hundred fifty years ago the infant was the most expendable member of a family. To lose an infant during this earlier period in history was not the profound emotional experience it is today. Consider another example: in the early 1900's the infant mortality statistic included children five years old and under, but by the end of the 1900's infant mortality has been redefined to include children one year old and under only. Modern American culture's idea of the *infant* as person is unique to the twentieth century. This thesis in particular focuses on changes in discourse and practices around the infant between 1900 and 1910 as portrayed in the *New York Times* and the *Washington Post*.

The first decade of the twentieth century appears to be important, because, through changes in various *infant* discourses, one can see remnants of the period before and precursors of the future *infant* as a composite person. Furthermore, three different social institutions, medicine, religion, and the state, were all actively changing the meaning of the *infant* and what practices were or were not acceptable when interacting with infants. The first decade of the twentieth century was not a beginning point of the modern idea of *infant* nor was it the historical switching point in *infant* discourse. The first decade was a historical moment when thinking and practice around the infant took a clear step towards modern definitions of the infant among various social institutions along a similar time line. This concerted shift in discourse and practice makes the first decade a notable one.

In the early twentieth century the words *baby* and *infant* were often used together interchangeably. In general this is no longer the case. Michel Foucault's (1990 [1976], pp. 139-41) concepts, "Bio-politics" of the population and "Anatomo-politics" of the body, are one way of understanding the distinction that developed between *infant* and *baby* during the twentieth century. Bio-politics refers to statistics, expert knowledge and government policy at the level of population. At this level there is no physical body only abstract idea. The *infant* exists at this level. *Infant* typically refers to a medically treatable entity or a statistical rate. The infant mortality rate is a common statistical representation of the *infant*. In Foucault's terms, the *infant* is part of bio-politics of the population. The *infant* as idea serves to regulate and govern a population. *Baby*, on the other hand, refers most often to a flesh and blood entity. People do not go into someone's home and say,

“what a pretty infant”; they say, “what a pretty baby.” The *baby* is part of Foucault’s Anomo-politics of the body. Anomo-politics of the body is how/ where the baby gets placed or integrated in the field of power. The baby is the site where medical knowledge of the *infant* gets played out, but it is not the same as that knowledge.

The way society views the *infant* as defined by expert knowledge and statistics, affects how a baby is interacted with on a micro face-to-face level. If a medical expert finds a better method of infant care, then a mother that can utilize that knowledge on her flesh and blood baby. The *infant*, then, created entirely in the abstract realm and linked to population through expert knowledge, is directly and irrevocably connected to the individual flesh and blood baby, but is distinctly different.

Also at the beginning of the twentieth century the *infant*-as-idea was highly integrated with the *child*-as-idea. At the beginning of the century the infant was thought of and discussed as a small child. Infancy was considered an early stage of life, but the infant was not yet considered as a distinct way of being in the world in the abstract sense that it is thought of today. As well, infancy was considered to last a few years of life instead of just the first year of life, as it is currently understood. In some aspects the infant is still considered a small child in contemporary American culture; however, a qualitative distinction has emerged between infants less than one year old and older children. As society’s gaze increasingly focused on the infant during the first part of the century, qualities unique to this first year of life allowed the infant to be discussed as a type of person different than a child. Due to the vulnerability and the lack of agency of the youngest infants, they had different needs than older children and adults. As the body

of knowledge on the special needs of the infant emerged out of various discourses, the infant was thought of and discussed as its own type of person for, perhaps, the first time in modern history.

In sum, this thesis accomplishes four objectives using articles from the *New York Times* and *Washington Post* historic archives. First, this thesis offers a sociological history of the *infant* as a composite person during the first decade of the twentieth century. Second, this thesis discusses the separation of a disembodied *infant* from an embodied baby during the first decade of the twentieth century. Third, this thesis discusses the separation of the *infant-as-idea* from the *child-as-idea* during the first decade of the twentieth century. Fourth, this thesis discusses how specific definitions from different sectors of society collect in newspapers and integrate to form the *infant* as a composite person.

CHAPTER II

LITERATURE REVIEW

Two types of literature are reviewed. The first type is literature used to build a conceptual framework for the current research. The second type is empirical. The empirical literature is composed of research that looks at how people are created as categories over time. The current thesis adds to a sociology of the composite person, which the empirical literature exemplifies.

Conceptual Framework

Emile Durkheim (1995 [1912]) was one of the first people to develop the person as idea or category. For Durkheim, a person was composed of two parts, the mind, which encompasses the social components of the self, and the body, which is the physical biological component of the self. Marcel Mauss (1985 [1938]) then focused on the social part of Durkheim's homo-duplex and developed what sociologists now refer to as the category of person. For Mauss the category of person or simply person as idea is not simply an abstract notion. Categories of person operate in society as functioning realities. Categories of person are a collection of beliefs, attitudes, and behaviors that function as a boundary for an identity it is supposed to model (Lukes, 1985).

Mauss (1985 [1938]) posited that the notion of people as categories emerged in society for the first time during the Roman Empire. E. J. Hundert (1997) wants to modify

where the category of self emerged historically from the Roman Empire to the enlightenment. For Hundert the current conception of person as idea is a response to a modern commercial society where a key issue is personal moral agency. Lyn Lofland (1973) side steps both Mauss and Hundert without disagreeing with them by arguing that, as civilization increased in complexity, so did the way people interact. Linguistic categories of person emerged as a response to a more complicated social environment. For Lofland then, it was not at a specific historical moment when the category of person emerged as a social construct, but was a function of population size that could happen in any historical moment when society increases in size and complexity.

Coming to the Composite Person

Elijah Anderson (1978) discusses the category of person being created on a micro level. Categories are assumed by people as their own identity and worked out through social interaction. For Anderson these categories are created and maintained in the interaction. This is something different from what Foucault (1988 [1961], 1990 [1976]), Hacking (1986), or Rose (1999) discuss; they place the creation of categories of person on a macro level. Instead of emerging in an interaction, categories of person are actually created gradually and progressively from multiple places in a matrix. That is, multiple institutions and experts define a category from different places in society and at different times. Categories affect micro level behavior, but their creation emerges from a much larger space. Cahill (1998) and Kroll-Smith (2000) suggest that, as reality becomes disengaged from immediate human experience and produced in complex media of culture, the amount and influence of person categories increase. As more abstract thought

and culture is taken for granted, that thought and culture have more effect on the everyday minutiae of people's lives.

Throughout the literature person as category has been called different things and defined in slightly different ways. For Mauss (1985 [1938]), person as category was a structure of beliefs; this category was composed inside a physical body. Hacking (1999) refines the person as category. Hacking distinguished between person as idea and person as object. Once an idea is established and taken-for-granted this idea can be utilized as an object in a social sense. In a social sense the idea never has to go into a body. It can stay in the abstract realm, but still function as an object with which other ideas or institutions can interact. Kroll-Smith (2000) demonstrates this process when he discusses how the "drowsy person" gets attached/compared to Gusfield's (1981) "drunk-driver." Both of these categories of person exist entirely in an abstract realm and once formed as objects they can interact on a social level.

Kroll-Smith (2000) offers a new term for person as idea when discussing categories that are completely free of a biological body, the composite person. This composite person stands in a different position in relation to society than an embodied person. The composite person is an exaggerated bundle of beliefs and attitudes that can control and predict, but cannot understand and interpret cultural messages. This is different from the embodied person who can at times predict and control, but mainly only understands and interprets cultural messages. Foucault (1990 [1976]) made a similar distinction between person as idea and person embodied. The discourses and knowledge

surrounding and composing a composite person are not the same as the embodied person where these ideas get played out.

Dynamic-nominalism & Governmentality

Once a composite person is formed that idea acts back on the society that created it. Two ways this relationship between society and idea get played out are Hacking's (1995) dynamic-nominalism and Foucault (1991) and Rose's (1999) governmentality. Dynamic-nominalism is the notion that once an idea is formed that idea takes on a life of its own and then influences the functioning of other ideas or institutions as well as contributing to its own definition. Hacking uses the example of the homosexual. Homosexuality was constructed completely outside of physical bodies in the realm of medical and psychological knowledge. Once this identity or composite person was formed and applied to bodies, groups of physical people formed that gave voice and contributed to the discourses defining the homosexual. Now the homosexual is not simply defined by medical and psychological institutions, but by gay and lesbian interest groups as well. A homosexual can now demand civil rights or the right to marry. Before and during the creation of the homosexual-as-idea, lesbian and gay people with bodies could not demand anything or influence their own definition. Though, once formed, homosexuality took on a life of its own and the object could talk back to the label.

Governmentality (Foucault, 1991; Rose, 1999) is a form of social control and can be thought of in two ways. First, governmentality is social control through the creation of composite people before these ideas can be embodied. Second, governmentality is social control through the specific usage of one composite person to influence the behavior of

another composite person or biological body. Governmentality assumes the internalization of the ideas of freedom and autonomy. Once freedom is internalized and taken-for-granted, people can take on the proscribed behaviors of a composite person by their own choice. Rose (1999) discusses how the troubled child became a non-repressive way of controlling the family. As a web of legal powers spread around the troubled child it became the responsibility of the family to keep the child out of trouble. In other words, the right thing for a family to do is keep a normal child from becoming a troubled child. Techniques of good parenting created from diverse voices such as medical and psychological experts are internalized by parents and then performed because the parent wants to be a good parent or at least a healthy normal parent. Once the troubled child is formed it can be used to proscribe moral behaviors of the parents. Rose and Badinter (1980) argue that the troubled child is used to govern specifically the mother's behavior.

Discourse

For Foucault (1990 [1976], 1991), discourse is the relationship through, between, and around social ideas. This means that, not only does discourse connect ideas, but as discourse increases around an idea the space for action around that idea increases. Discourse creates the social space necessary for the medicalization of an idea, for political policy to develop around idea as target, and for idea to diversify into more ideas. The word "idea" here is used in a very abstract sense; some concrete examples would be Foucault's sexuality, Kroll-Smith's (2000) drowsy person, or Hacking's (1995) Multiple Personality Disorder. Foucault makes a further specification that discourse of/on an idea is not actually a single discourse but in actuality is a multiplicity of discourses. These

various discourses are produced by a whole set of mechanisms functioning in different sets of institutions.

Silence is the other side of discourse for Foucault (1990 [1976]). What is not said can be as important in creating definitions of ideas, as what is said. What institutions or experts can and cannot speak about a specific idea and what types of discourses are allowed or not allowed limit the spoken definition of ideas. In relation to Foucault's discussion on the history of sexuality medical institutions took authority in defining what sexuality was and non-expert definitions went unheard.

Gusfield (1981) takes a critical perspective on silence. He discussed how the homogeneous consciousness that develops (through discourse) for a perceived public problem (idea) is a salient form of social control. A homogeneous consciousness eliminates conflict by rendering silent any other possibilities. "What we cannot imagine, we cannot desire (Gusfield, 1981 p.7)."

Empirical Research

To follow is a discussion of various empirical studies that have a composite person at the center of the writer's argument or as an important component of the argument. In most of these studies the composite person is shown as emerging over time. In the other studies it is not the emergence of the specific composite person that is shown, but how the definition of that specific composite person changed over time. These studies are examples of historical ontology: how specific ways of being in the world happen in certain historical moments in time and in specific places. These works show how ways of being in the world, composite people, are gradually developed over time by multiple

voices. Finally, these works demonstrate how the historical construction of an idea is a fluid process. Composite people are not made in a one, two, three manner; there is not a strict before and after picture. The process of constructing a composite person and the composite person itself only appears structured and objective after the fact. The process and the composite person only look structured and objective when looked at frozen in time. While reading through these studies one can imagine the processes of governmentality and dynamic-nominalism functioning as a result of the emergence and taken-for-granted status of some composite people (Foucault, 1988 [1961], 1990 [1976]; Hacking, 1995; Gusfield, 1981).

Badinter: Mother-as-idea. Elisabeth Badinter (1981) offers a look at the changing definition of “mother” between the seventeenth century and the twentieth century. Badinter starts her discussion at a period in history before the idea of a mother’s love for her children, the maternal instinct, was taken-for-granted. Badinter offers 1760 as the point when the major ontological shift in mother-as-idea occurred. This date does not stand as a point of before and after in stark terms, but serves as a reference point when one way of thinking became more dominant than the past way of thinking among middle and upper class citizens. Before maternal instinct became the chief defining aspect of a mother, and woman in general, Badinter argued that in actuality it was more common that mothers were indifferent to their own children. Before 1760 it was common for a mother after giving birth to send the infant away to a wet nurse. Sometimes a mother would not see her own child for years; by this time the returning child was more of a stranger than the mother’s reason for living.

Badinter (1981) suggests that interest in lowering the infant mortality statistic in France in the late eighteenth century led to the change from an “indifferent mother” to a mother defined by maternal instinct. A belief emerged that the answer to lowering the mortality rate was to get mothers to nurse their own children. Over time the motivation for mothers to nurse their own children moved inside the mother. A mother’s love for her children became a taken-for-granted idea. Once maternal instinct was firmly rooted in culture, what a mother was and the role she would play in society completely changed.

Aries: Child-as-idea. Philippe Aries (1962) researches the historical construction of child as a category of person. Before the sixteenth century the child as something other than a miniature adult did not exist in social thought. Aries looked at multiple facets of culture throughout the last few centuries, including, art, philosophy, dress, and leisure games. Aries analyzed cultural artifacts from various points in history to see glimpses of the change in thinking about child-as-idea.

Paintings dating before the twelfth century did not express childhood at all. After the twelfth century, and for the rest of the medieval period, children were depicted in art as miniature adults. During this time children in the form of little clerks, the infant Jesus, or the infant Notre-Dame began to appear sporadically in paintings, although in these paintings children had adult features, musculature, and proportions shrunken in scale. It was not until later that children slowly started taking on more characteristically youthful features and proportions. By the sixteenth century children increasingly became the main subjects of paintings through the period until portraits and pictures of children became

common practice. Through the medium of art it could be seen how the child-as-idea slowly formed in social thinking (Aries, 1962).

In early periods of history children were not sequestered from the normal daily life of adults. Upper class children were taught to read and discuss bible verses by age four. Children played the same games as adults and often played with the adults. Children were not sequestered from sexuality or sexual activities. Children were even dressed the same as the adults of their social class (Aries, 1962).

It was not until the seventeenth century that a division between adult and child began to emerge. Games, that had once been fun for everyone, were labeled as children's games or adult games. Children were sequestered from sexuality and sexual activities. In the Seventeenth century, upper-class parents started dressing their male children differently from adults. The upper-class practice of dressing children differently then slowly spread from to all social classes and to both genders. The child as a specific category of person or as a way of being in the world had not existed in the sixteenth century, but by the eighteenth century a distinct child-as-idea separate from adult-as-idea had emerged (Aries, 1962).

Foucault: the mad person. In, *Madness and Civilization: A History of Insanity in the Age of Reason*, Michel Foucault (1988 [1961]) outlines the emergence of the mad person. According to Foucault, when the disease of leprosy finally disappeared from the western world a vacuum was created. The person soon to be known as the "mad person" later filled this vacuum. The leper had fulfilled a sacred role within society and the mad person would come to fill this role after the disappearance of lepers. Not only did the mad

person and madness come to symbolize the sacred, they also came to symbolize knowledge in the age of reason. In other words, madness came to symbolize the limits of reason. The mad person became inextricably linked to the idea of reason. Unique to the emergence of the mad person was the pre-existing social structure left vacant by the leper.

Another shift in the discourse around madness that Foucault (1988 [1961]) brings to point is the shift of madness from outside the body to inside the body. Madness was no longer the journey to find reason nor was madness any longer that which was released by the furies in hell, but madness became one of the internal follies of man's soul. The belief that madness only existed in man and in his illusions emerged. The historical shift from madness as an external danger for man to madness embodied was a change in the definition of the emerging mad person.

According to Foucault (1988 [1961]) madness occupied an extreme place in the literature of Shakespeare and Cervantes. In the earlier literature there was no escape from madness, truth and reason would not be found at the end of a journey. In later literature though, madness moved to a median place. From this median place madness was not the end of reason but the signifier for the return of truth and reason. This shift seen in literature changed how a mad person could be interacted with. Instead of sending a mad person off because there was nothing to be done for him, a mad person could stay and be rehabilitated. The shift in literature mirrored a later shift in the medicalization of madness. No longer was the mad person lost but he/she was now curable.

Also during this time the shift in the place of confinement occurred. Initially the ship of fools served as the method to confine madness and separate it by a span of water from the rest of society. Over time, however, the mad person increasingly became understood as its own entity separate from other undesirables of society. The mad person also became known as curable. After these two shifts occurred, the mad person was then confined in hospitals left vacant by the leper (Foucault, 1988 [1961]).

Kroll-Smith: the drowsy person. Steve Kroll-Smith (2000) discusses the social production of the drowsy person as a composite person defined over time through diverse media. He utilized television news reports, court cases, medical and scientific reports, popular statistics, books, and websites to gather the social messages that define the drowsy person. Kroll-Smith discusses the use of statistics as the normal means of proving ideas as social facts in the United States. Statistics are used to demonstrate the number of drowsy people in the country and the amount of accidents they cause. These large numbers do not always agree and their source is sometimes uncertain, but their dramatic effect in legitimizing an argument is unmistakable.

In defining the moral worth of the drowsy person, the drowsy person is linked to other ideas and composite people. For instance, the drowsy person gets linked as a cause to major technological disasters like the Exxon Valdez oil spill. The drowsy person is also linked to the drunk driver, an already vilified personage in contemporary society (Kroll-Smith, 2000).

Further shaping the moral character of the drowsy person is the way in which s/he is legislated. The drowsy person once formed can be cast as a defendant, a criminal, or a

patient. How a drowsy person is legislated brings a dimension of social control through state intervention (Kroll-Smith, 2000).

Kroll-Smith (2000) also analyzes the social production of the drowsy person under a heading he called “hardwiring the drowsy person.” He describes the creation of technological devices that measure a person’s level of alertness. The creation of such technologies already assumes the drowsy person is a real, taken-for-granted, composite person. The machine’s creation and use function to create more big numbers, charts, and graphs where the drowsy person can be seen. From the sheer amount of scientific data produced by these machines, the drowsy person becomes for some people an undeniable reality.

Gusfield: the drunk driver. For Joseph Gusfield (1981) a public problem like the drunk driver is not a thing in and of itself, but is a procedure by which car accidents and deaths come to be viewed as socially problematic after the fact. This procedure influences public officials and agencies to act on the social problem. From the start, the process of constructing the problem of drinking and driving is uncertain, inconsistent, and inaccurate. Yet from the beginning, this knowledge is presented as certain and consistent which heightens its believability and dramatic impact. The result for Gusfield is a homogeneous image of the drinking-driver as a person who causes accidents and is immoral. Looking at media such as hospital and health care brochures, newscasts, and government legislation, Gusfield argues that the creation of composite persons like the drunk driver is a function of the process in which science and statistics convey meaning. The very way things are stated and taken for granted allows for immediate and dramatic

effects. Large numbers offered as facts, such as the number of car accidents caused by drinking and driving, closes the door to any other option of explanation.

Lofland: the stranger. Lyn Lofland's (1973) book *A World of Strangers* is primarily about urban living, but to demonstrate, a change in the ways people interact in cities, she discusses "the stranger." Lofland offers a brief history of the stranger as a specific type of person. Before the emergence of cities or in isolated communities the stranger was an exception to the norm. People living in small or isolated communities rarely came in contact with anyone they did not know. The appearance of a stranger was so rare that there were no rules or norms for how to interact with an unknown person. During this period, people thought of a stranger as something non-human or godly, often, a stranger would either be killed on sight or revered.

With the emergence of cities, the stranger became more common. In fact instead of being an exception, the stranger became the norm. Rules of interaction had to be created in order for people to know what to do from moment to moment when living in a city. A stranger as a category of person went from being a demon or god, to being just another type of person. Specific behaviors and rules of interaction were then tied to this category of person. The emergence of the city increased the frequency of contact with strangers and created the space and networks needed to change the definition of stranger (Lofland, 1973).

The literature offers insight into the different ways a composite person can emerge in society. From the mother-as-idea to the stranger as a category of person, a composite person is composed over time by multiple voices and often in response to a

social problem. For the drowsy person, these voices came from scientific experts, journalists, and lawyers to name a few. Emerging definitions or definitional changes in composite people are reflected and constituted in cultural artifacts, technologies, and scientific knowledge. It is easily imagined how the formation of a composite person can have consequences throughout society.

CHAPTER III

METHOD

I used two significant United States newspapers to analyze the developing idea of the modern *infant* in American culture; the *New York Times* and the *Washington Post*. These two media were chosen because of their national distribution and their ability to deliver ideas into and out of the public sphere. I assume that newspapers present ideas to culture as well as deliver ideas from culture. Not only are newspapers a medium for people to be exposed to new ideas; they are also a medium that reflects ideas that already have meaning for people.

At the initial outset of this project a brief analysis of headlines from the period of 1900 to 2000 was performed. The brief analysis included 8,203 headlines. Later a focused content analysis was conducted using articles from 1900 to 1910 only. The focused analysis included 218 articles. Articles from the focused analysis were categorized under three headings for the purpose of organizing the data and providing an initial basis for discussion. Please refer to appendix A. for a graph depicting the number of articles used in the analysis by year and heading. The three organizing headings included: *the sacred infant*, *the legal infant* and *infant mortality and expert knowledge*. *Sacred infant* was used to organize articles on the basis of religious/spiritual definitions. These definitions were supplied by church authority or some other recognized spiritual authority. *Legal infant* was used to organize articles on the basis of legal definitions of

the infant. These definitions were supplied by the state and included policy, bills, court decisions, and what situations the police handled. *Infant mortality and expert knowledge* was used to organize articles on the basis of medical or scientific definitions and technologies. These definitions were supplied by doctors, scientists, and other recognized experts.

By using headings I am not suggesting that there were three distinct types of infant. I am simply putting three permeable borders around one general idea of *infant*. Using the headings facilitated discussion of the emergence of the contemporary *infant* as a composite person. For instance a specific headline may have conveyed *infant* under two or more headings at the same time. This was not a problem or confusion with the headings; it demonstrated that the headings were only a communicative tool and not a concrete concept in and of themselves. The headings were devised by looking for common themes running through the headlines over time. As few headings as possible were used so that discussion focused on *infant* and did not become confused in all the different organizational headings.

Headlines were procured from the *New York Times* archive website (<http://query.nytimes.com/search/advanced>) and the *Washington Post* archives website (<http://pqasb.pqarchiver.com/washingtonpost/advancedsearch.html>). Advanced searches were used in both websites. Searches were done year-by-year, between the years 1900 and 1910. The word “infant” was typed in the keyword space and “infant*” was typed in the headline space. The author space was left blank and headlines were requested oldest to newest.

Headlines, and abstracts when available, were copied from Internet pages into word files. In word files headlines could be analyzed in one-year chunks and across the whole decade for analysis purposes without having to redo searches. If a headline discussed the *infant* in contexts other than the “abstract baby” context it was omitted. For instance, if an article was actually about an infant business or an infant animal these headlines were discarded. Also, if the infant was not the main subject of the headline, that headline was discarded from the analysis. The only exceptions to this rule were if a headline had multiple subjects or if the headline subject was meaningfully related to the idea of infant. For example, if a headline was about an infant asylum, it was included, but if the headline was about a famous person having an infant, that headline was excluded.

The *Pro Quest* website was used to retrieve actual articles (<http://proquest.umi.com/pqdweb?RQT=301&UserId=IPAUTO&Passwd=IPAUTO&JSEnabled=1&COPT=U01EPTYmSU5UPTAmREJTPTFBQ0Q@>). Articles were chosen for analysis based on how well they fit under one of the three organizing headings. Articles from headlines that did not fit under one of the headings were not included in the final analysis. All articles that fit under the headings were analyzed for the entire first decade of the twentieth century. For example, some headlines reported heroic acts performed in an effort to save an infant. These headlines were considered during the initial analysis, but the specific articles were not considered during the final analysis.

Initially, more forms of data were considered for content analysis. For example the *Reader's Guide to Periodical Literature* was initially used as a third data set in addition to the *New York Times* and the *Washington Post*. After data collection began it

became apparent that the sheer amount of data was going to be considerably larger than practical for a thesis sized project. Other possible forms of data considered for analysis were movies, books, art, legal documents, medical documents, developmental psychology texts from various years, and infant and baby merchandise of various forms. I decided early on that using the two national newspapers as data would be more time effective and appropriate for the research questions being asked.

Using newspapers as data in social research is an established practice. Some other researchers who have used newspapers in published research include; Nicholson & Anderson (2005), Vincent (2004), Gardikiotis, Martin, & Hewstone (2004), and Davidson & Wallack (2004). Newspapers gave better insight into what the public was exposed to than specific legal or medical documents. Only people who had a legal dispute or medical situation revolving around an infant were likely to see specific legal or medical documents, while an article in a newspaper reporting on some medical or legal documents reached more people than just the specific documents alone. Further, the newspapers reported on a variety of institutions while specific forms of documents only demonstrate definitions of the *infant* within their own institution. Both types of data were important and useful for a cultural analysis, but in the effort to keep this thesis manageable, forms of data other than the newspapers were not considered.

CHAPTER IV
THE INFANT IN MEDICAL EXPERT KNOWLEDGE

Introduction

Following is a discussion of the *infant* as defined in the *New York Times* and the *Washington Post*. In both this chapter and chapter five I discuss the *infant* in the pre-internalization space. What this means is that the *infant* as a composite person is first fashioned outside of physical bodies and then possibly internalized by members of society. My argument rests in the space where the infant is first fashioned as seen in the printed press. In this chapter I will first give a brief contrast between common thought on the infant today and what the newspapers depicted as common thought on the infant at the beginning of the century. Then I will offer a more detailed discussion of the changing *infant* in medical expert knowledge in two-year intervals. Last I will offer a brief conclusion on how the *infant* developed over the decade in infant mortality discourse.

Infant mortality is a standard population statistic used to measure a nation's well being in modern American culture. Infant mortality currently refers to infants one year or less in age only. As well the infant mortality statistic is rarely expressed in different terminology. This was not always the case. In the beginning of the twentieth century infant mortality could refer to a child up to five years of age and infant mortality could be referenced under many different terms. Some of these terms are: death rate among infants (New York Times [NYT], Jul 9, 1900, p. 7), infantile mortality (Washington Post

[WP], Nov 28, 1901, p. 11), infant mortality (NYT, Jan 8, 1902, p. 1), infant death roll (WP, Jul 25, 1908, p. 2), infant death list (NYT, Jul 25, 1909, p. C7), and infant death toll (NYT, Dec 3, 1910, p. 7). There were more variations in terminology for infant mortality at the beginning of the century, but this list is sufficient to demonstrate that the language used was not consistent during this period of history. The *infant* or infant mortality was not yet defined, as it is currently understood.

The words *baby* and *child* are not used interchangeably with *infant* and infant mortality in modern American culture, but at the beginning of the century these words could be used interchangeably and in the same ways. Between 1900 and 1910 a split in the usage of *baby*, *child* and *infant* is seen. By the end of the decade *infant* has separated from *child*, each term has its own mortality statistic instead of sharing the same category as in the beginning of the decade. Further, *infant* is thought of and discussed as its own type of life separate from childhood. The split between *infant* as population and baby as individual that is understood today did not exist at all in 1900 and the split was only beginning to emerge by 1910. The first decade of the twentieth century shows the beginnings of the infant as its own category of being and the beginning of the separation of *infant* from baby.

Infant mortality during the beginning of the twentieth century was framed as a public problem. It appeared that as infant mortality was problemized, discourse on the *infant* was shaped by causes and possible solutions. Many possible causes and solutions emerged during the decade, but two causes and two solutions clearly emerged as the most relevant during this period of history. A mother's ignorance and selfishness emerged as

one cause of infant mortality. Spoiled or adulterated milk emerged as the other major cause of infant mortality. These two causes received more time, attention, and resources than any of the other possible causes discussed during the decade. The two chief solutions related directly back to the major causes: one, educate new mothers on proper infant care and disease prevention methods as defined by medical experts; two, implement government regulation of the milk supply. Regulating the milk supply was discussed for the better part of the decade, but largely remained unlegislated at the end of the decade.

During the first decade of the twentieth century, discourse on infant mortality also indirectly and directly framed the moral worth of the *infant* and defined some of the ethical rules of interaction with infants. The changing descriptive language used when discussing infant mortality showed a far more sacred *infant* in 1910 than the *infant* of 1900. In the late 1800's the infant was already becoming an entity worth protecting in the printed press, but there was a qualitative intensification of how morally important it was becoming to protect infant life (NYT, Jul 13, 1875, p. 2). Medicalization of the *infant* came to be one of the main contributing factors that would make the *infant* sacred, because in the numbers and the discourse, the first year of life was more fragile than any other age range. If an infant made it through that first year, his/her chances went up drastically for a long and fruitful life. What was ethically proper while interacting with babies was changing during the first decade of the twentieth century. The infant should be handled with care and love; he/she was not a plaything as thought in earlier periods of history.

1900 through 1902

As early as 1875 infant mortality was a problem discussed in the newspapers, but infant mortality in this earlier period of history was composed of children five years and under. At the beginning of the 1900's the infant mortality statistic still included young children five years or less. Infant mortality had not yet come to refer to the modern one-year range. In fact, at this point in history, the *infant* and the *child* were still thought of as the same thing. The *infant* had no individual identity at this point in the printed press. Just like the *child* separated from the *adult* in the fifteenth, sixteenth, and seventeenth centuries, the *infant* would separate from the *child* in the twentieth century. The *infant* would become distinguished not only from the baby, but also from the *child*. Through the twentieth century, the first year would become more sacred than any other period of a human's life (Aries, 1962; NYT, Jul 31, 1875, p. 2; NYT, Jul 9, 1900, p. 7).

In 1901, the infant one year and less was occasionally displayed as a subcategory of the infantile mortality statistic that included children up to five years of age. Children under five years were talked about as one group and infants under one year were talked about as a subset. This was a precursor of the future split between the *infant* and the *child*; in fact, this was one of the first times infants with a one-year range were singled out in the newspapers. The change from the *infant* as a type of child to the *infant* as its own type of person happened slowly and over time. Minute changes occurred here and there that over time resulted in a new category of person. The shift did not come instantly. The *child* as idea was slowly morphed and dissected into smaller subsets that

would in some cases, such as the *infant*, form into their own distinct entity (WP, Nov 28, 1901, p. 11).

Another subcategory for infant mortality of children five years and under was infants two years and under. This difference in how the subcategories were defined suggests how even once made into a subcategory the split of the *infant* from the *child* was not final and did not happen in a straight line. The ambiguity of what the infant mortality statistic was or how it should be divided indicated that the *infant* had not yet been defined. What an *infant* was and would become was being worked out and constantly renegotiated in discourse. The change only appears linear after the fact, while the actual change was happening in forward, backward, and sideways directions (NYT, Aug 15, 1902, p. 8).

The descriptive language used in the beginning of the decade was taking on a dramatic tone. The infant mortality statistic was reported as a statistic "...of a most painful nature" (NYT, Sep 7, 1902, p. 30) or as "...the alarming figures..." (NYT, Jan 8, 1902, p. 1). What this type of language did was signify infant mortality as a public problem. To see the rate of infant death so high was painful to the moral and socially conscious person. Words such as "alarming" dictated that people take heed of the problem right away. Infant mortality at this point in history had come to be viewed as a painful problem that should be given significant attention and corrected immediately.

The Causes

The year 1902 also saw the emergence of what would become the two most talked about causes of infant mortality in the first decade of the twentieth century: the ignorance of the mother and adulterated milk. These two causes of infant mortality were intimately related. Adulterated or spoiled milk did not become an issue until an infant was fed by artificial means. Milk was labeled as a potential poison when given to young infants who did not have the same constitution as adults. Mothers who decided to work instead of staying at home to nurse their children or mothers who did not breast feed for any reason, needed to be educated on the dangers of not breast feeding. Sending a child to a wet nurse was just as bad as literal neglect. The wet nurse, while nursing other babies, often had to feed her own baby by artificial means, which if she were not careful would mean exposing the baby to the poison of bad milk. Regardless to where responsibility was placed (with spoiled milk or with the ignorant mother) the underlying problem was almost always seen as the mother's ignorance and selfishness. If all mothers breast-fed their own babies then babies would never be exposed to the dangers of bad milk (NYT, Sep 7, 1902, p. 30; NYT, Jan 8, 1902, p. 1).

The expert knowledge offered in the newspaper articles was targeted directly at mothers. It was assumed and taken-for-granted that mothers were responsible for the care and safety of infants. The responsibility of lowering the infant mortality rate was given to the mother at the site of the baby. Each mother was to insure the survival of her own baby on an individual level and then infant mortality at the level of population would, in theory, be lowered to zero (WP, Jul 10, 1902, p. 12; NYT, Sep 7, 1902, p. 30).

The *infant* as a public problem was still relatively new in the beginning of the twentieth century. At this point in history not enough time had elapsed for the medical institution to produce many concrete scientific studies. At this time, it appears that expert knowledge was common sense based. A doctor's expertise in relation to the infant was derived from commonsense observations. In the beginning when *infant* was problemized; authority in infant care was shifting from the mother or wet nurse to the doctor before the doctor's knowledge had been converted into hard scientific medical knowledge. Not only did the expert and medical institutions take authority in all things *infant* from the mother and midwife, but they did so before they even had their own body of knowledge (WP, Jul 10, 1902, p. 12).

The Infant in Numbers

Infant mortality and its causes were framed with numbers. The *infant* was defined with statistics and became visible to the masses through the numbers and charts expressed in newspapers. The *infant* was made visible with the numbers and then the numbers were described with moral judgments through emotionally weighted descriptive language. The problem was made visible and then discourse exponentially expanded in, through, and around the *infant*, however the infant mortality statistic was not the only place the *infant* became visible. The *infant* could and did become visible in discourse itself. The written discourse around the infant in the newspapers made the problem of infant mortality just as visible as the statistics and charts did. Numbers however, gave an official scientific legitimacy to the *infant* (WP, Jul 10, 1902, p. 12).

In an article from the *Washington Post* (WP, Jul 10, 1902, p. 12) the infant mortality rate was analyzed in two day spans and one day spans. The numbers aroused so much attention that it was worth monitoring changes in them literally day by day. This was a shift from just a few decades earlier when infant mortality was not separated from the overall population mortality statistic. Once *infant* was separated out from other statistics, coupled with social movements in other sectors of society the discourse on the *infant* increased. The media, the public, the political, the medical, and the academic sectors all turned their gaze to this emerging category of person. At this point in history infant mortality appears so problematic, that the need to understand the problem dictated day-by-day updates. A dramatic change from one day to the next could be the inspiration for an entire article, that later could translate into more articles and discourse.

Beginning Distinctions between Infants and Children

While the bulk of articles in this period barely acknowledged infants as one year and less or anything other than a small child, two articles in the *Washington Post* made a clear distinction between the infant and any other period of life. The infant one-year and less statistical category was contrasted against all other statistical categories of mortality. By making this distinction the infant was framed in terms of a specific type of person. This person was considered different from an *adult* or even a *child*; an infant was vulnerable and suffered more from heat and diseases than a child or adult did. The adult or older child may have been able to drink bad milk and live, but the infant would have become fatally ill (WP, Jul 10, 1902, p. 12; WP, Aug 21, 1902, p. 10).

Infant as a category of person was given moral worth, “The life of an infant can be compared to the tiny flame of a candle, easily snuffed out...” (WP, Jul 10, 1902, p. 12). The death of an infant was seen as a moral failing and the dangers to a baby should have been kept at bay during this fragile stage of life. The infant was special, delicate, and needed protecting. Other language and phrases used in these articles suggested the emerging idea of the *baby* as an individual and the *infant* as a population. These articles symbolized the incipient break of *infant* away from children in other periods of life and the separation of *infant* from *baby*, but at this point in time the break was not solidified; it had only begun (WP, Jul 10, 1902, p. 12; WP, Aug 21, 1902, p. 10).

1903

In 1903 results of scientific studies spawned in response to infant mortality began to emerge in newspaper articles. Among many other voices two of the most prominent names, then and for the rest of the decade, were Dr. William Woodward and Nathan Strauss. In these articles the *infant* was used to give the arguments moral weight. The studies often started off citing statistics such as; “one fourth of children born die before the age of five in the United States” (WP, Jul 5, 1903, p. 12) and “of these deaths, fifty percent die of digestive troubles” (WP, Jul 5, 1903, p. 12). These were large numbers involving the infant. The moral worth of the infant was assumed in these articles. The high rate of death alone was considered proof enough of the problem of infant mortality (WP, Jun 27, 1903, p. 12; WP, Jul 5, 1903, p. 12; WP, Jul 29, 1903, p. 12).

In these studies the problem was bad cow’s milk. One aspect of the argument was that milk easily spoiled in the summer heat. Another aspect of the argument was that,

milk like a sponge, soaked up all the bacteria it came into contact with. If this was the case, milk was bad the second it came from a sick cow. Because of these two combined dangers cow's milk was termed as the most dangerous food supply for infants in the world. Milk was dangerous, because it was responsible for so many deaths of artificially fed infants and children (WP, Jun 27, 1903, p. 12; WP, Jul 5, 1903, p. 12; WP, Jul 29, 1903, p. 12).

Breast feeding, "infants nourished in the natural way" (WP, Jul 5, 1903, p. 12) was seen as a way of saving infants. Only eleven percent of infants died while breast-feeding, but up to seventy percent of infants died during the first year of life if fed solely with milk and artificial food products. Indirectly the argument was made for mothers to breast-feed as a safer way of nourishing infants and this method was backed up with scientific data. By this point in history the medical institution unanimously agreed that the loss of infant life was "terrible" and an "unnecessary waste." Statistics were offered as facts and then moral actions were endorsed when ways of stopping the deaths were known. The moral judgments came when the expert knowledge showed that the deaths were not acts of God, but occurred through specific behaviors of women or through controllable environmental factors. If mothers breast-fed and the government regulated the milk supply, then infant mortality could be lowered to almost zero (WP, Jul 5, 1903, p. 12).

A Growing Body of Expert Knowledge

Lowering the infant mortality rate to zero became a visible possibility and belief when Strauss's first purified milk laboratory fed fifty infants from the poorest and most

ignorant people of the city with zero deaths. Even babies born in the worst conditions could be saved with proper feeding practices. As expert knowledge around the infant emerged and showed new possibilities, thinking and practice changed around the infant. The new expert knowledge around the infant collected in newspaper articles, in medical pamphlets and books, in lectures, and in other public discourses. From these various pools of expert knowledge a new *infant* as a composite person emerged (WP, Jul 5, 1903, p. 12).

Infant mortality studies were getting national attention. Woodward and others were expanding the discourse on infant mortality on a national level. This in turn spawned many more discourses on infant mortality across the nation. As the discourse multiplied and splintered in different directions, the body of scientific knowledge around the infant mortality statistic grew. As the infant was problemized in statistics and discourse, more studies looking into the causes of such terrible rates of infant deaths were conducted. This knowledge then changed the composition of the *infant* and spawned even more studies and discourse. The *infant* as a composite person emerged from this growing body of knowledge and discourse as the means to a solution to infant mortality. The problem and the solution ended up being different parts of the same composite person (WP, Jun 27, 1903, p. 12; WP, Jul 5, 1903, p. 12; WP, Jul 29, 1903, p. 12; WP, Aug 14, 1903, pg. 12).

Woodward devoted attention specifically to infant mortality during the summer of 1903. All summer Woodward collected statistics specifically on the infant, looking into causes and studying the diets of dead babies. Woodward appointed a physician to

investigate each and every infant death. Investigators examined the sanitation of the environment the child lived in, the condition of bottle nipples, what the diet had consisted of, how food was prepared and cared for, and so on. Woodward also paid attention to the socio economic class and race of the mothers. The gaze of the health department, a government institution, settled firmly on the infant in the summer of 1903. A lot of time and resources were invested in understanding the problem of infant mortality and in finding solutions (WP, Aug 14, 1903. pg. 12).

Infant mortality had quietly been an issue in the medical field for some time before the issue became a public problem in the newspapers. This may suggest the reason why doctors were the ones using some of the most dramatic language in articles. After years of quietly grumbling about infant mortality, the medical institution through key figures like Woodward, finally had a chance to give voice to the national problem of infant mortality as well as to offer suggestions on how to reduce it (WP, Nov 3, 1903, p. 12; NYT, Nov 21, 1906, p. 2; NYT, Sep 13, 1907, p. 3)

New links between Infant Mortality, Region and Time

In the *New York Times* an article was written discussing the mortality statistics for the state of New York by region during 1902. The numbers were offered and allowed to speak for themselves. The difference between urban and rural regions was not discussed in depth; the numbers were put in a chart for all to see. Regions could then be measured by how healthful they were for infants. A region's infant mortality statistic could be used to say something about the quality of life in that region. At this early point in the life of the *infant* as a measuring rod though, what that rod was saying was not explicitly clear

except that a lower rate was better than a high rate. As the moral worth of infant life gained credence over the span of the decade, however, the level of infant mortality would come to measure the moral caliber of a region. A low rate would mean the people of that region cared about saving infant life and worked hard to keep the rate low. A high rate would mean that the people in that region did not do enough or care enough to keep infants safe. Infant mortality was not often used as a regional measuring rod before 1903, although comparing regions by infant mortality rates quickly became a common practice after this point in history (NYT, Feb 2, 1903, p. 5).

At the beginning of the twentieth century it was a regular practice to print the week's population mortality statistics. By 1903 a trend was emerging to focus these reports on the changes in infant mortality. Other population mortality statistics were simply relayed while the infant mortality statistic was discussed as going up or down from week to week. The trend of highlighting infant mortality before any other mortality statistic was a precursor of the practice of using infant mortality as a common measuring rod of nations (WP, Jul 2, 1903, p. 10; WP, Jul 30, 1903, p. 10; WP, Aug 20, 1903, p. 12; WP, Aug 27, 1903, p. 12).

Language and the Role of Mothers in Infant Mortality

A *Washington Post* headline in 1903 read, "The Slaughter of Infants" (Jun 24, p. 6). This language conjured images of the unconscionable waste of life represented by high rates of infant mortality. For some, infant mortality was not simply a few infants dying nor was it simply a number. Infant mortality was the slaughter of infant life. A Connecticut Board of Health member claimed that mothers were the reason for the high

infant mortality rate. He was not alone in thinking that high infant mortality rates equaled wholesale slaughter of infant life and that mothers were to blame. The author of the article suggested that many experts silently supported these ideas. This article is one of the first public expressions of moral contempt towards mothers by a public official in the newspapers with the added authority of agreement among many doctors (WP, Jun 24, 1903, p. 6).

Further, the comments placed the responsibility for and cause of the high infant death rate on the mother using strong morally weighted language. "... the large death rate among infants in the heated term of summer was due to the selfishness of mothers..." (WP, Jun 24, 1903, p. 6). The lives of 600 babies dying from cholera infantum could have been saved if mothers would have breast-fed; "...the way intended by nature" (WP, Jun 24, 1903, p. 6). Then most of those babies who had been fed by bottle would have lived. "Mothers who refuse to nourish their children in the proper way, and permit them to die from such neglect, he declared, were guilty of infanticide" (WP, Jun 24, 1903, p. 6).

These were strong words directed only at the mother. If a mother did not breast feed she was guilty of murdering her own baby. Further, if an infant died due to disease this was no longer viewed as simply God's will as it had been a few decades earlier. Now for the first time it was the mother's fault due to selfish neglect. The ethical and natural thing for mothers to do was breast feed. The list of possible ethical behaviors for a mother was changing, as the protection of infant life became a mother's duty. These types of ethical judgments only came about after the problem of infant mortality was made

public and visible with a statistic. A doctor's ability to act as an ethical judge was only possible after the medical field had taken from God and mothers the authority to define the problem and the solution (WP, Jun 24, 1903, p. 6).

Other articles also gave voice to the increasing movement to frame the mother's ignorance and selfishness as the root cause of increased mortality. It became a regular practice to speak of the shortcomings of mothers. Woodward was known for his vocalness on the issue, "...Dr. Woodward Again Chides Washington Mothers..." (WP, Aug 14, 1903, p. 12). Mothers seemed unaware of their babies' need for a regular germ-free water supply. High society mothers did not breast feed because of society fashion and personal vanity. These types of comments reflected the underlying belief that a mother did not know the proper way to take care of her own children and must be told how to do so by a doctor. It appears within some printed news media that the medicalization of the *infant* transferred authority in infant care to the doctor (WP, Aug 14, 1903, p. 12; WP, Aug 15, 1903, p. 12).

Woodward, in 1903, instituted the practice of disseminating expert knowledge on infant care straight to mothers immediately after the birth of a new baby. After this point a physician at the birth was required to provide the mother with information on proper infant care methods. If a physician was not at the birth, a pamphlet was sent to the new mother's home by the Health Department with acknowledgement of the birth. The doctor or the Health Department would now be responsible for telling mothers the proper way of caring for their infants (WP, Aug 15, 1903, p. 12).

In 1903, the authority of childcare was moving from the mother to the expert. Authority had not moved to the doctor in a final sense, because there was still a lot of resistance to the doctor, hence the need for so much discourse. That the shift was still underway is evidenced by Woodward's attempt to educate the masses and to argue that a mother's conventional wisdom was wrong. Once this argument was made, the mother was no longer the best person to know about proper infant care. Rather the doctor, with science, was best informed about proper infant care. The medicalization of the *infant* occurred in the minutiae of infant discourse and practices that emerged in response to the problem of infant mortality (WP, Aug 15, 1903, p. 12).

Suggestions of Self Governance

In addition to instituting the practice of disseminating expert knowledge on infant care straight to mothers, Woodward wanted as much publicity in the newspapers as possible. He wanted to use this publicity to get the knowledge of proper infant care to the masses, specifically mothers who had infants before or outside of his jurisdiction. It was thought that once mothers knew what the dangers were to their babies and how to avoid them, mothers "might govern themselves accordingly" (WP, Aug 15, 1903, p. 12). Woodward acknowledged that mothers had genuine beliefs about proper infant care, but these beliefs were misguided and uninformed. The official scientific knowledge that Woodward had discovered and collected was the correct knowledge and mothers needed to be aware of it. Further, once armed with expert knowledge mothers would be able to govern themselves accordingly (WP, Aug 15, 1903, p. 12).

The idea of governance came on the heels of expert knowledge. In the idea realm, or the pre-internalization space, expert knowledge and governance emerged almost simultaneously. At the very birth of the body of expert knowledge on proper infant care, governance was already being suggested as a salient idea and possibility. Proper infant care knowledge was little more than six months old, but with the coalition of the newspaper and the Health Department it was being disseminated as fast as possible. Woodward reached out to mothers (after attacking and insulting them earlier in the year) to work with the Health Department to lower the infant mortality rate to zero. The Health Department, newspapers, and mothers were three different entities, who did three different things, from three different places in society, who for a time would connect to each other in a discursive matrix centered on the infant. In other words, these three entities, for a time, would center around the emerging *infant* as a composite person (WP, Aug 15, 1903, p. 12).

Shifting Infant Care Authority to the Expert

Another way the authority of medical experts in infant care was reinforced during this period of history was articles discussing the failure of mothers to request medical help for sick infants. Mothers not calling for doctors, "...represents a serious phase of the situation" (WP Aug 20, 1903, p. 12). The language suggested that doctors and nurses could have saved the lives of those infants if they had been called in. This medical expertise was even offered for free. Thus the loss of these infants' lives was the result of the mother's failure to call in a doctor. The death of infants from disease was not an instant occurrence, it happened over a span of time that could be broken down into

different phases: *healthy*, *ill*, and *dead*. A mother's failure to call a doctor during the *ill* phase could be corrected. It was taken-for-granted that the expert should handle the situation not the mother (WP Aug 20, 1903, p. 12).

At this point in history the *infant* was just starting to emerge as a composite person. The expert knowledge that had been offered by the medical institution was bundled in the idea of proper infant care. The *infant* was symbolized and realized in this knowledge. The *infant*, as a particular category of person, could then be disseminated to mothers who could apply it to their flesh and blood babies.

Connecting Medical Interests to Legal Authority

The Washington, D.C. Health Department first made use of the state legal apparatus to prosecute doctors, midwives, and parents for failure to report births in 1903. Woodward, with the authority bestowed upon him as Health Officer, instituted prosecutions "without notice" of doctors, midwives and parents for failure to report births. The purpose of these prosecutions was to secure evidence for his infant mortality studies and to insure that a more reliable infant mortality statistic was generated. This was perhaps one of the first times that the law was employed to guarantee collection of methodologically sound infant mortality statistics in the twentieth century. Woodward instituted regulations for the "proper" reporting of births that must be followed by all doctors, midwives and parents. At this point law was demanding that oversights and accidents stop when dealing with state sponsored population statistics. There was a momentary joining of medical and legal institutions centered on a birth statistic that was important for a more reliable infant mortality statistic. This was another instance in which

the *infant* solidified as an idea and was connected to other ideas, sometimes only momentarily, but nonetheless, the *infant* showed itself as a significant idea of the twentieth century (WP, Nov 3, 1903, p. 12).

The Continuing Separation of *Infant* from *Child*

By the end of 1903, the “infant one-year and under” was regularly reported as its own statistic separate from the “children two through five years” category. This shift separated the *infant* from the *child* in a clear linguistic manner. This was a reflection of the shift that had slowly been occurring over the last few years, but particularly of the faster paced shift occurring the late summer of 1903. The infant mortality statistic was written about on its own; it was not accompanied or discussed as a part of the child mortality statistic. The *infant* had started the separation from the *child* to its own type of person. The rest of the decade would still show echoes of the infant and the child as one category especially in the *New York Times*, but the separation expressed by the end of 1903 signified a shift was underway; the *infant* was emerging as a discrete being-in-the-world (WP, Aug 27, 1903, p. 12; WP, Dec 2, 1903, p. 12).

It should be noted that no articles from the search in 1904 discussed infant mortality. The reason for this is not clear, especially after so much discourse erupted in 1903. It is probably not the case that infant mortality disappeared as an issue in 1904. It was more likely the case that in the newspapers infant mortality was only a side note in other stories and not the main focus of articles or it might have been the case that headlines used *child* or *baby* terms instead of *infant* terms.

1905 & 1906

By 1905 and 1906 the *infant* was being used to define the moral worth of additional social problems or events. The Spanish infant mortality rate in 1905 was used to garner attention for the suffering in Spain during the famine of that year. Connecting the two ideas gave the situation in Spain all the emotional weight and obligatory ethical behaviors that the *infant* had encompassed over time. At this point in history, infant mortality had already been established as a problem. Further, the moral worth of the infant had developed to the level that it could be used to define the moral worth of other ideas. Linking the *infant* as idea to the problem of Famine in Spain had effects on two levels. First, linking the two ideas allowed the widespread hunger to be quickly defined as unacceptable. Second, linking the two ideas obligated the Spanish government to act. The Spanish famine is one of the first instances where the *infant* is used as a social object that can manipulate public perceptions of other social phenomenon (NYT, Aug 27, 1905, p. 4).

The Ice Trust Scandal

The ice trust scandal was another instance of the *infant* as idea being linked to an idea or incident to measure its moral worth. Two ice companies that controlled seventy-five percent of the ice supply created a false ice shortage. A part of the public outcry against these companies was fueled by the infant mortality rate, which appeared to go up week after week during the ice shortage. In multiple articles physicians complained that the ice shortage during the hot summer months made it difficult to keep foods fresh which in turn resulted in more infants getting fatal diarrheal diseases. Linking increased

infant mortality to the artificial ice famine insured that the absence of ice would be defined as a moral failing. Some even went so far as to term the artificial ice famine as criminal since poor families had no way of affording expensive ice during the famine. The cases of the Spanish famine and the artificial ice famine demonstrated that by 1906 the *infant* was a taken-for-granted idea with attached moral worth and ethical obligations (NYT, Jul 13, 1906, p. 1; NYT, Jul 14, 1906, p. 3; WP, Jul 12, 1906, p. 2; WP, Jul 13, 1906, p. 14).

Laws of Hygiene

By 1906, infant mortality rates were not only compared by regions or time. Infant mortality was used as a meaningful symbol in and of itself. For perhaps the first time in printed press, public officials expressed the need to defend themselves and their city against the perception that a high infant mortality rate showed the city's failings. In New York City the infant mortality rate was compared against the mortality rate for the entire state and to rates of other large cities. These numbers did not look good; the city rate was more than double the state rate. A region's infant mortality statistic expressed something about the moral posture of that area. Infant mortality had already been connected to other ideas to show moral worth, but infant mortality as an actual and literal measuring rod of a city's worth or status was news. By this point in history what infant mortality as a measuring rod measured was taken for granted. The officials tried to say that the high rate was not the city's fault and they tried to minimize how bad the level of infant mortality appeared. They did not claim that infant mortality was a bad measure. Statements suggested that some cities were actually worse or that if one eliminated ignorant sectors

of the population then the city's infant mortality rate was not really that high. The need to defend a region from its own infant mortality rate was an important development that would have been unlikely ten years earlier (NYT, Jul 14, 1906, p. 3).

The obligatory ethical rules of behavior were becoming more solidified in the infant mortality discourses. The ethics around *infant*, supplied by expert knowledge, solidified to the point that they were referred to as the "laws of hygiene" (NYT, Jul 14, 1906, p. 3). Calling the rules of infant care "laws" gave an official weight to these principles; they should not be violated. Knowing the proper ways of caring for an infant was of utmost importance. The mother was attacked because of her choice not to breast-feed; even after it was established that breast-feeding was the best method of feeding infants. It was claimed that she did not breast feed because she did not want to give up her social pleasures, such as shopping expeditions and other enjoyments. It was believed that not breast feeding was a significant cause of infant mortality. It could be inferred, then, that because of a mother's selfishness more infants died. The mother, again, bore the moral weight of the matter, whether or not she could abide by the expert's prescriptions (NYT, Jul 14, 1906, p. 3).

The New York Association for Improving the Condition of the Poor (NYAICP) gave accolades for the recent decrease in infant mortality to groups involved in the educational campaign undertaken during the summer. The goal of the educational campaign was to teach "mothers the life-saving value of fresh air, clean food, and clean bodies" (NYT, Jul 14, 1906, p. 3); in short, the laws of hygiene. Groups involved in the campaign and who received accolades were the press, the Department of Health, and the

Fresh-Air Agencies. Specific groups were acknowledged as being responsible for the decrease in infant mortality and that decrease came about by educating the mother. Final responsibility to lower the infant mortality rate still landed squarely on the shoulders of the mother who must organize herself and her baby around this knowledge. At this point in time it was not assumed that the mother would learn this information herself, as it is in contemporary American society. During the first few years as *infant* was increasingly becoming medicalized, social groups would make expert knowledge available to the mother. The responsibility to lower infant mortality was the mother's; the responsibility to arm her with expert knowledge belonged to the Health Department and philanthropic organizations (NYT, Jul 14, 1906, p. 3; NYT, Jul 25, 1906, p. 2).

The Value of Life Versus the Cost of Death

By 1906, newspapers were placing an economic value on the lives of infants. The number of infant lives saved by educating mothers was compared against the cost of burying the dead babies. Burial fees for the infants who lived would have cost the parents between thirty-five and forty-five thousand dollars collectively. This monetary value on the life saved was then compared to the cost of milk inspection systems. The money saved was twelve times New York City's cost for a full year's operation of the milk inspection system. That made the milk inspection system a good deal for taxpayers. Giving infant life a monetary value created additional value that could be coupled with the ethical obligation of preventing infant deaths (NYT, Jul 25, 1906, p. 2).

Medicalization Continues

In 1906 a headline read, “PASTEURIZATION OF MILK DEMANDED BY DOCTORS; Convention of Experts Declares City's Health Requires It...” (NYT, Nov 21, 1906, p. 2). This headline was indicative of the medicalization of infant. By the beginning of the twentieth century, experts enjoyed the exclusive right of relegating blame and responsibility for infant mortality in the newspapers. Not only were the experts given absolute authority in defining the problem, but they were also given the responsibility of finding the solution, through the expansion of scientific expert knowledge (NYT, Nov 21, 1906, p. 2; WP, Jul 12, 1906, p. 2; WP, Jul 13, 1906, p. 14).

At the very moment when infant mortality became a public problem it was already framed as a medical problem. Doctors would find the solution; they would also offer a steady stream of moral commentary on infant mortality. While taking the authority of defining reasons for infant deaths away from religion, medical experts attempted to take the moral justifications for infant care out of the church. The difference between the doctor offering moral commentary and a priest offering moral commentary was that the doctor used science and nature to reinforce ethical rules of behavior while the priest used God to reinforce the ethical. As the *infant* emerged both doctors and priests gave their own moral justifications and the two groups ended up reinforcing each other. The expert and the priest with all the authority they possessed created two separate, yet coherent justifications for the moral protection of the infant. The *infant* as a composite person was endorsed as a legitimate social identity by two of the most influential institutions in American society (WP, Jul 13, 1906, p. 14).

Continuing Separation of Infant from Child and from Baby

Through the use of language the *infant* as an abstract idea was separated from the physical bodies of children and babies. *Infant* was used for the official statistic, but *child* or *baby* was used to make the abstract number more personal; "...children ...lie tossing on their death bed, with sunken cheeks and hectic faces..." (WP, Jul 12, 1906, p. 2). The use of *child* or *baby* in relation to the infant mortality statistic symbolically gave an abstract population statistic a physical body. This was one of the first times a definitive split in usage between *infant* as an official population statistic and child or baby as an individual physical body occurred. *Infant* as statistic and idea had a separate identity from child or baby as physical bodies (WP, Jul 12, 1906, p. 2; WP, Jul 13, 1906, p. 14).

Another example of this linguistic split between *infant* and babies was found in a headline in the *Washington Post*, "WHY BABIES PERISH; Frightful Mortality of Infants Is Explained" (WP, Jul 13, 1906, p. 14). *Babies* refers to an individual baby dying, while *infant* is used in reference to the official population mortality statistic. This was perhaps the first time in the major print press that the linguistic difference was expressed so clearly. An individual argument was used first to evoke an emotional response, to make the story personal, but was then backed up and explained by reference to general level expert knowledge. *Baby* first, on the individual level, *infant* second, on the official expert level. The split of *infant* as an abstract statistic or idea separated from the physical body represented by baby was different from the split of *infant*-as-idea from *child*-as-idea (WP, Jul 12, 1906, p. 2; WP, Jul 13, 1906, p. 14).

1907 & 1908

In 1907 Strauss continued an argument that had been quietly building in the infant mortality discourse for the last two or three years. In order to make safe milk policies effective then mandatory legislation would have to be put in place. Strauss called for the state to take responsibility for infant mortality and enforce laws that could lower infant mortality. This was one of the first times law was brought into the safe milk discourse. This meant that the responsibility of the mother to lower infant mortality would be shared with the state (NYT, Sep 13, 1907, p. 3).

During 1907 and 1908 the state did begin to assume some responsibility for lowering the infant mortality rate. Cities started endorsing practices that would sanitize the milk supply and make it safe for infants. Even the Federal Government endorsed these practices. As the discourse expanded around the infant, so did the space for action (NYT, Sep 13, 1907, p. 3).

The discourse on the infant spawned the creation of new government offices. Some examples were the “District Milk Commission” and the “Committee on the milk supply for infants”. Both of these groups were put in place by the state to solve the problem of bad milk and thus lower infant mortality. These groups were not put in place because adults were complaining of spoiled milk, but because by this point it was accepted that bad milk killed infants (WP, Apr 18, 1907, p. 16).

The Agriculture Department was brought into the collection of government offices and bureaus working on infant mortality through the milk issue. The Agriculture Department created government regulations for the milk supply that would not have been

put in place without *infant* becoming such a salient object of discourse. The idea of the *infant* opened all kinds of separate discourses and actions. Government groups armed with expert knowledge moved to make formal regulations for the production of a safe milk supply for this new category of person (WP, Apr 18, 1907, p. 16).

In 1907, Surgeon General Wyman discussed with President Roosevelt plans to create, under a new law, the Hygienic Laboratory. The purpose of the laboratory would be to investigate the quality of milk for infants. Again infant mortality discourse had spawned action and the creation of new government entities focused on the milk supply and infant health. The problem had moved from local governments all the way to the top of the Federal Government, the President himself was now involved in infant mortality discourse. This was one of the first instances of federal law being put in place directly in reaction to infant mortality discourse and would not be the last. By 1908 the Health Department was sponsoring a bill before Congress to give the Health Office authority to control the milk supply in Washington D.C. (WP, Jul 6, 1907, p. 3; WP, Mar 6, 1908, p. 14).

Not only were there more sectors of Government getting involved in the infant mortality issue, but philanthropic groups were forming in more numbers than ever before in reaction to infant mortality. Some of these groups were national associations such as the Woman's National Health Association. Not only was the federal government getting involved, making infant mortality a national problem, but also philanthropic groups formed which collected memberships on a national level. Infant discourse was creating a space for action throughout American society (NYT, Sep 5, 1908, p. 16).

Another organization created for managing infant mortality was the Instructive Visiting Nurse Society; these nurses went into homes right after a birth was announced to instruct new mothers on the proper methods of infant care and disease prevention. The Health Department focused on infant mortality prevention through education. To help accomplish the task of educating every new mother the Health department utilized volunteer groups like the Instructive Visiting Nurse Society (WP, Jul 3, 1908, p. 14).

At this point in history the discourse on infant mortality had slowly spread from specific circles of doctors to the newspapers, private homes, industry, local governments, state governments, philanthropic groups, and the federal government. Once infant mortality was framed as a public problem no one could escape the issue, but ownership of the problem shifted from doctors at the turn of the century to doctors plus the government a decade later. Further, the number of government agencies involved with infant mortality increased from only the Health Department in 1903 to the Health Department, the Agriculture Department, the Surgeon General's office, and the Congress to name just a few. This divergence and expansion of infant mortality discourse and action made the infant that much more of a salient taken-for-granted idea in American culture. Once society moved from discussion to action, something had to be acted on. The target was the infant.

Continuing Linguistic Separation of *Infant* from *Baby*

The individual usage of *baby* and the official abstract usage of *infant* were becoming more common by 1907 and 1908. Strauss (NYT, Sep 13, 1907, p. 3) suggested that people were beginning to see the value in securing safe milk for their babies. He did

not say that people saw safe milk as necessary to lower infant mortality. Invoking *baby* personalized the problem of clean milk. A lowered infant mortality was assumed. Other articles framed the split in another way: lowering infant mortality saved babies' lives. Lowering the abstract statistic was thought to translate directly into saving individual babies' lives. The *infant* as statistic was something different from the idea of *baby* as cute and cuddly. There had been no split between *infant* and *baby* at all in 1902, but six years later a consistent split was evident (WP, Apr 30, 1908, p. 14).

Another example of language encoding the idea of infant was a statement made by a Dr. Moore; "...the preservation of infant life..." (NYT, Nov 17, 1907, p. C1). Infant was its own type of precious life. By the last half of the decade, the infant had become its own type of life. The *infant* composed of the statistic and expert knowledge had become disembodied from the baby and formed into a composite person. This is not to say that *infant* had fully formed into the modern American culture's idea of *infant*. What could be said about the *infant* at the end of the first decade of the twentieth century was that significant changes occurred that set the stage for the *infant* to become an even more solid and sacred social entity. In the printed press, this first decade witnessed the opening of a social space for the *infant* to be born in and suggestions of the direction in which this new composite person would grow.

Changing the Standard for the Moral Protection of Infants

Strauss got a lot of attention in newspapers while he traveled abroad promoting milk pasteurization as the way of lowering infant mortality. In one article Strauss's work was touted, "Probably no more ambitious scheme of real charity has ever been

undertaken...” (NYT, Nov 17, 1907, p. C1). Strauss was credited with saving thousands of infant lives, and his efforts were viewed as morally commendable. People were expected to do what they could to help lower infant mortality in their own homes, but Strauss’s efforts and considerable successes far exceeded what was expected of normal people. With Strauss setting such an example, a mother’s obligations to her own infant did not seem like such a huge task. If one man can save thousands of infant lives then mothers should not be overtly hard pressed to spend some of their own time caring for their own babies (NYT, Nov 17, 1907, p. C1; NYT, Sep 13, 1907, p. 3; WP, Sep 17, 1907, p. 2; NYT, Feb 2, 1908, p. C1).

The Changing tone of Infant Mortality Discourse

The tone of infant mortality discourse shifted a bit during the last part of the decade. For the first time it took on a combative tone. Some examples were; “BATTLE FOR INFANTS; Determined Fight in London to Check Mortality” (WP, Dec 22, 1907, p. 16). “WAR ON IMPURE MILK...ENFANTS [sic] TO BE PROTECTED” (WP, Mar 6, 1908, p. 14) and “COMBATS INFANT MORTALITY” (WP, Jul 3, 1908, p. 14). “Battle,” “determined fight,” and “war” became regular phrases attached to infant mortality in headlines and articles. Attaching combative language to the *infant* denoted the perceived seriousness of the situation and the attempt to rally the public behind solutions. It was one thing to say that the Government was examining the problem of infant mortality. It was quite another to say that the Government was waging War on infant mortality. War was waged, with all the gravity of the term, against impure milk that was responsible for so much of the mortality among infants. Infant mortality would

be lowered and mothers' precious babies would be protected by the strength of the government. Descriptives were wrapped up in the definitions that constituted the composite person *infant*. This combative overtone to infant discourse was another signal that indicated the shift of the infant from a marginal existence to a taken-for-granted and sacred social entity.

1909 & 1910

By 1909, it was assumed that the infant had an economic value and was an asset to the nation's wealth, though what that exact value was had not yet been decided. At a conference on the prevention of infant mortality in the New York Academy of Medicine, doctors sought to determine the exact economic value of the infant. The doctors did not define the economic value of infant at the conference because consensus could not be reached. Later though, in 1910 a group of economists did finally give an exact monetary value to infant life; a baby in the crib was said to be worth ninety dollars. The economists translated the infant mortality rate into the monetary cost to the nation. They estimated the cost of infant mortality to be nearly \$4,000,000 annually. By 1910 not only was the infant given moral worth but it was given an exact economic worth by doctors and economists (NYT, Nov 13, 1909, p. 18; WP, Jan 30, 1910, p. ES4).

Also to note from the economist's report were the different values given to the baby in the crib and to the *infant* as a statistic. The separation of infant as official abstract idea from baby as a physical body in language and thought had become a regular practice by the end of the first decade. Another example could be seen in a *New York Times* headline, "BABIES SAVED AT SEA BREEZE.; Infant Mortality Markedly Reduced..."

(Aug 9, 1909, p. 2). Individual babies are saved while the *infant* as an abstract statistic is reduced. The two actions are thought of and spoken of separately. At the beginning of the century this split was rarely seen, but within a decade the split was almost always seen (NYT, Aug 9, 1909, p. 2; NYT, Nov 13, 1909, p. 18; WP, Jan 30, 1910, p. ES4; WP, Dec 20, 1910, p. 3).

By 1910, it had also become a regular practice for groups of medical experts to gather and discuss recent developments in the body of knowledge around the infant and to suggest solutions or the next course of action. The result of these conferences was usually consensus on what the major dangers were to infants and sometimes the creation of new interest groups. For example, a conference held in New Haven, Connecticut, in November of 1909 produced a new society with the purpose of reducing infant mortality and a reiteration of the mother's responsibility to safeguard the life of her own baby. By the end of the decade infant discourse had resulted in large-scale social action (NYT, Nov 21, 1906, p. 2; WP, Aug 23, 1908, p. 13; WP, Oct 1, 1908, p. 4; NYT, Nov 13, 1909, p. 18; NYT, Aug 16, 1909, p. 6).

Experts concluded at the 1909 New Haven conference that separating the baby from the mother for too long would result in the death of that baby. Then argued that too many infants died in even the best hospitals without regular contact with the mother. It was also noted that artificial feeding of infants was a cause of the death: "Artificial feeding is what kills babies..." (NYT, Nov 13, 1909, p. 18).

Responsibility for Infant Mortality rests with the Mother

No matter how far afield infant discourse went during the decade, it always returned to the mother and breast-feeding. In 1910 it was proclaimed by a Dr. Wilbur Philips that infant mortality was the mother's problem and the mother must solve the problem of infant mortality. Statements about the moral obligations of mothers made by doctors, repeated again and again, year after year, gave more weight to the notion that the mother should be responsible for lowering infant mortality in American culture. It was believed by experts that both distance and ignorance killed babies. The mother had to stay close, breast feed, and arm herself with the best knowledge possible to ensure her baby survived the first year of life. In the printed press, the proper care of the baby became a moral duty and the mother must govern her own behavior to maintain good standing in the community. Thus, the idea of the mother as the ultimate protector of her infant became embedded in American culture (NYT, Nov 13, 1909, p. 18; NYT, Nov 11, 1910. pg. 4).

Another example of how the solution to infant mortality was left to the mother was the government regulation requiring milk companies to attach information labels to their products. In 1910 the New York milk committee tried to institute government regulation forcing milk companies to label milk containers. The desired effect of this regulation was to give mothers the opportunity to decide what was safe for their infants without government oversight. Under the label system, the responsibility of making a good product was removed from the dairymen and the responsibility of procuring a safe product for the infant was transferred to the mother. Moreover, the responsibility of the

government to protect infants was removed and shifted onto the mother. This was an important shift in the milk debate and social thinking as a whole. Instead of companies or the government being responsible for producing safe products, it was the individual mother who was held responsible for buying safe products. The individual consumer would have to discern what was safe and what was not. In the case of infant, the mother was to decide what was safe for her baby by using the expert knowledge embodied in the *infant* as a composite person. The complex relationship between *infant*, baby, and society hit women on many levels and made the *infant* one of the most important ideas of this century. Every woman in the United States then and today has to confront, at some point in her life, the *infant* as a composite person. Whether it be as a mother, as not being a mother, or in having an abortion. Women have been unable to escape the authority of the *infant* since it was created at the beginning of the twentieth century (NYT, Dec 18, 1910, p. 7).

Successes in the War on Infant Mortality

By 1909 and 1910, public discourse on the infant began reflecting the perceived successes of actions taken by certain individuals and organizations. One article discussed the collaboration of the Health Department and private charities in reducing the infant mortality rate over the past two years. Other articles were written about Strauss's milk pasteurization process being internationally endorsed and praised (NYT, Aug 9, 1909, p. 2; NYT, Aug 17, 1910, p. 4; WP, Nov 30, 1910, p. 14).

Health Officer Woodward was credited with the reduction in infant mortality as a result of successfully educating mothers and strictly enforcing milk regulations. These

were the two most touted solutions of the decade, and both were vindicated in the end. With the vindication of milk regulation and education came the clear path that infant discourse would follow for the rest of the century. There after the mother would be responsible for lowering the infant mortality rate and her weapon in this war would be the composite person *infant*. During the decade the *infant* was redefined in response to the public problem of infant mortality and in an ironic twist by the end of the decade the *infant* had come to be the solution to the problem that gave it birth (WP, Dec 4, 1910, p. E1).

Conclusions at the end of the Decade on Infant Mortality Discourse

By 1910 discourse and practice were reinforcing the trends already started during the decade. The *Infant* was on its way to becoming the *infant* as it is understood in modern American culture. Though the evolution of the *infant* as a composite person had not reached the stage witnessed today, it was easy to see the precursors of the *infant* as a composite person taking root in the first decade of the twentieth century (NYT, Aug 9, 1909, p. 2; NYT, Aug 17, 1910, p. 4; WP, Nov 30, 1910, p. 14; WP, Dec 4, 1910, p. E1; WP, Dec 20, 1910, p. 3).

The expert was given final authority in defining the public problem of infant mortality. As exemplified by the words of Dr. G. Lloyd Magruder, the, "...decision... of government experts... would have an all-powerful weight" (WP, Dec 20, 1910, p. 3). Government experts in this case were officially appointed doctors. The expert was the undisputed authority on all things infant. By 1910 the doctor was the sole voice in infant care and prevention of infant mortality in the newspapers. There was no gray area or

echoes of the time when God, mother and midwife were the infant care experts by 1910 (WP, Dec 20, 1910, p. 3).

The number of scientific studies on infant mortality had exponentially increased by 1910. These studies were not common before the second half of the 1800's in the United States. In little more than twenty years, multiple studies, in diverse forms centered on the infant. The gaze of medicine had come to firmly rest on the infant during the first decade of the twentieth century. And under this gaze a new composite person was born.

CHAPTER V
THE SACRED & LEGAL INFANT

The Sacred Infant

In modern American culture many people believe that the infant has a soul. When an infant dies it is assumed that he/she will go to heaven. This was not always the case. According to Badinter (1981) it was commonly believed through the middle of the eighteenth century that infants barely had a soul or had no soul at all. By the beginning of the twentieth century infant salvation versus damnation had become a national issue. The American Presbyterian Church seemed to be at the heart of the debate.

Since the last part of the nineteenth century the American Presbyterian Church had been debating revising the Westminster Confession of Faith, which contained a chapter on infant damnation. Both the *New York Times* and the *Washington Post* reported on almost every national meeting of the Presbyterian leaders. These creed revision meetings happened all across the United States. People weighed in on the debate through letters to the editor in both papers and in one article a nondenominational minister was asked his opinion on infant salvation. Even though much of the discourse centered on what the Presbyterians decided, the issue reverberated throughout the entire United States. During this period of history the gaze of much of the Christian population turned specifically to the infant (NYT, Feb 3, 1900, p. 12; Laws, May 7, 1900, p. 10; WP, Apr 11, 1901, p. 9; NYT, May 29, 1901. pg. 3).

In 1900, it was not clear that an infant had a soul. Nor was it clear whether or not an infant, if it did have a soul, was saved or damned after death. It was a widely held belief that if infants went anywhere at all after death it was not to heaven. A *Washington Post* reader observed, "... show me a verse in the bible that teaches, directly or indirectly, that infants will go to heaven, or that they will live at all anywhere after death" (Laws, May 7, 1900, p. 10). Before the Presbyterian creed revision many in the United States believed in the sanctity and authority of the Westminster Confession of Faith interpretation that said infants would be damned. Prior to 1904 people commonly believed, "... that unblessed infants were necessarily born to be damned" (*WIGHTMAN*, Jul 26, 1903, p. 8).

In 1901, the American Presbyterian Church proposed creed revisions for the Westminster Confession of Faith. The Westminster Confession of Faith was a document written in 1646 that was believed to be a summary of God's word and was a sacred document to the Presbyterians and many other Protestant faiths. One of the proposed revisions was to make clear that all infants are elect; all infants after death would go to heaven by the grace of God. The Presbyterians moved to make this revision, because infants were thought to be too young to be taught fear of God and the possibility of redemption. Adults were damned on the basis of their own actions, while the infant due to its inability to talk and lack of agency did not have the ability to sin or repent. Therefore the infant gained eternal life and entrance to heaven by the grace of God (*NYT*, May 29, 1901. pg. 3; *WP*, Apr 11, 1901, p. 9).

During 1902 and 1903, the creed revision on infant salvation was officially adopted. In a *Washington Post* article the debate was described as the issue that, “...agitated the minds of the Presbyterian Church... for twenty-five years...” (WP, Feb 7, 1902, p. 1). The issue was exhaustively discussed and decided after extended talks by the great leading minds of the Church; all children dying in infancy were saved. Not only did the Presbyterian Creed Revision Committee decide that dying infants were saved, they went on to state that the church never taught otherwise. The American Presbyterian Church had been debating infant salvation versus infant damnation for the past twenty-five years and in the end they decided that they had always believed in infant salvation (WP, Feb 7, 1902, p. 1; NYT, Feb 9, 1902, p. 2).

In addition to stating, “...the church of today [1902] does not believe in infant damnation and never taught it” (WP, Feb 9, 1902, p. 1), Church officials said that revising the text with declaratory statements in parts of the Westminster Confession of Faith was not changing the Confession but was, “... merely an elucidation...” (WP, Feb 9, 1902, p. 1). The Church made clarifications in an effort to right the popular error of belief in infant damnation. Not only was infant salvation for all infants the only correct interpretation but infant damnation, after the revision, was considered an error. Making the change in theological ideology in this manner had implications for the *infant* as a composite person. Church officials asserting that infant salvation was the only perspective since the beginning of time, allowed infant salvation to be taken-for-granted after people forgot that infant salvation had been a major debate. All the authority of the church and of time, offered the sacred infant a firm footing in modern American culture.

By invoking God's word the church silenced any other way of thinking about the infant (WP, Feb 9, 1902, p. 1; WP, Apr 10, 1902, p. 5).

During this period infant-as-idea was separating from child as idea linguistically and in thought. As in the infant mortality discourse, the *infant* was finding its own identity in the creed revision discourse. Phrases such as, "...children who die in infancy..." (WP, Apr 10, 1902, p. 5), demonstrate how infancy was separated from the rest of childhood linguistically. Infant was a type of child or a type of person that was different from all other types of person. Further, special rules for getting into heaven were "rediscovered" for the *infant* that were different than the rules for older children and adults. The need for different rules of salvation denoted a different type of person (NYT, Feb 9, 1902, p. 2; WP, Apr 10, 1902, p. 5; NYT, May 29, 1903, p. 2).

The *infant* was fashioned into something special because of specific characteristics unique to the infant. The discourse on creed revision appeared focused on the youngest infants because during this vulnerable stage an infant could not talk and did not have enough agency to sin and damn him/herself. Whereas infant mortality separated out the youngest infants because they were in the stage of life experiencing the highest level of mortality, the religious discourse focused on the youngest infants because of their inability to speak and their lack of agency (NYT, Feb 9, 1902, p. 2; WP, Apr 10, 1902, p. 5; NYT, May 29, 1903, p. 2).

By 1908 a Church leader Professor Smith, declared that infant salvation and damnation was a dead issue. While speaking at the Southern Presbyterian General Assembly in Greensboro, North Carolina Smith, with the agreement of most of the other

church leaders, argued that trying to keep the debate alive hurt the Church. Not only was infant damnation an error, it was an attack on the Church itself. Smith reiterated that the Church, with all of its authority, believed and taught infant salvation only and had never done otherwise. Smith's statements demonstrated how by 1908 the argument of infant salvation and damnation had almost come to completion (NYT, May 26, 1908, p. 6; WP, May 26, 1908, p. 5).

By 1910 the issue of infant salvation versus damnation was resolved. The only lasting argument on the matter by this point was the issue of the word "elect." The Church stood united that all infants dying in infancy went to heaven. From this perspective, the word "elect" was considered misleading and for clarity should be removed. "Elect" implied that some people did go to heaven while other people did not. If all infants went to heaven after death then all infants were elect and hence no infants were elect. It was proposed that the word "elect" and the idea of election would not be applied to infants at all since they were already exempt from the adult paths to salvation and damnation (WP, May 26, 1910, p. 2).

Conclusions on the Sacred *Infant*

It was clear that by 1910 the Presbyterians believed the infant did have a soul and if an infant died during infancy she/he would go to heaven. The shift from infant damnation to infant salvation focused much of the nation's gaze directly on the infant. The attention and discourse generated another social space for the *infant* as a composite person to emerge in social thought. Arriving at this idea of the sacred *infant*, who unlike any other type of person enjoyed God's grace for simply being an infant, was a complex

shift in thinking. The sheer amount of time given to the debate and the sheer amount of discourse generated on a national level suggested the weight of the issue. Further, discourse produced at this level was indicative of a major change in thinking nationally and not just in the American Presbyterian Church.

Once the church separated the infant from any other category of person; *infant* as idea enjoyed God's grace and God's ability to silence any other way of thinking about the earliest period of human life. Making the infant sacred with all the authority of God went a long way towards silencing past ways of thinking about the infant. Framing infant damnation as an error in interpretation and debating infant salvation as damaging to the church, positioned anyone who did not agree with infant salvation against God. This shift in religious thought, while also reflective of other sectors of society, opened social space necessary for the modern conception of the *infant* as a composite person to emerge.

The Legal Infant

In 1900, an editorial appeared in the *New York Times*, arguing that infants should not have been hanged for criminal actions, but should have instead been reformed due to their immaturity. In articles relating to legal practices in the beginning of the century an infant was anyone under twenty-one years of age. An infant was different than an adult, but not the sacred infant understood today. Infant was referred to as a "...half-developed reasoning animal..." (BRIGHT, Dec 23, 1900, p. 19) versus an adult; "... a man in his maturity of his intellectual and moral powers" (BRIGHT, Dec 23, 1900, p. 19). This type of comparison expressed the infant as something different from man. The infant was not even human, in actuality, an infant was thought of as an animal, as subhuman. The infant

was only half developed. One day he would become a man, if he were not a “decrepit infant,” evil in heart, who would not change with maturity. This suggested the idea of protecting these partially formed sub-humans from themselves and from the injustices of the world (BRIGHT, Dec 23, 1900, p. 19).

The *infant* in legal articles and in written law could relate to any child under twenty-one years of age; however, a subcategory of stories emerged in legal articles during the first decade of the twentieth century depicting infants as one year or less. Horror stories were often told; these stories discussed abandonment, infanticide, baby farming and a few other types of immoral actions against infants. The horror stories focused on very young or newborn infants. Rarely did horror stories discuss an infant older than a year and most often the infant discussed was only a few months or even just a few hours old. Another component of these stories was that state was investigating, prosecuting, or hanging the “monster” that committed these horrible types of crimes. These stories reinforced ethical values in relation to the treatment of very young infants. In one case relayed in the *New York Times*, a judge scolded a young woman for spanking her six-month old infant; “I think that nothing is too bad for a person who would strike a child of that age” (NYT, Mar 26, 1904, p. 9). The youngest infants had a level of sacredness that was already, by the beginning of the twentieth century, assumed by some people (NYT, Jul 10, 1900, p. 2; WP, Dec 1, 1902, p. 8; NYT, Mar 26, 1904, p. 9).

Legal articles in the first decade of the twentieth century discussed two types of infant. On one side, infants up to twenty-one years old were discussed, most often as an older child or a teenager in a civil or criminal case. On the other side, infants one year or

less were discussed as helpless victims of immoral people. Both types of infant had pseudo citizen status, meaning that they had limited rights of justice and the protection of the state. Both types of infant were thought of as subhuman, but with the potential, if protected, to develop fully into human beings and citizens of the state. My argument focuses on the one year or less subcategory of legal *infant* (NYT, Jul 15, 1900, p. 1; NYT, Nov 11, 1901, p. 6; WP, Jun 28, 1903, p. 11).

The discourse around infanticide and abandonment did not change much during the decade. Horror stories were consistently expressed as morally wrong and illegal. The *infant* as a composite person, however, was not realized in the same way it is currently understood in modern American culture for two reasons. First, the infant was considered subhuman in these articles. Second, the language used to express an infant one-year or less was often confused. The split between *infant* and baby did not occur in legal articles during the decade. Nor did a linguistic split of *infant* from *child* occur. Infanticide was referred to as “child murder” in 1907, in an article that discussed a girl who had just killed her newborn infant (NYT, Oct 18, 1900, p. 8; WP, Apr 6, 1905, p. 5; WP, Mar 29, 1907, p. 3; WP, Oct 29, 1907, p. 5).

The split between infant-as-idea and child-as-idea occurred differently in legal articles than in infant mortality articles. In legal articles infants may have been up to twenty-one years old, but in the subcategory of horror stories, infants were almost always under one year old. The infant appeared to become a distinct category by the repetition of horror stories only discussing the youngest victims. The most despicable acts seemed to only happen to the youngest infants. The infant became a distinct ethically protected

entity by the exclusion of other categories of childhood. The focus on the youngest infants reinforced the ethical duty to protect infants. The victims of crimes such as infanticide and abandonment were characteristic only of infants of the youngest ages. This very early stage of life came to be handled differently than other stages of life, and this message repeated over and over again helped define the sacred *infant* as one year or less. Though the language was not yet in place by the end of the decade in legal articles, the precursor to the split that is currently understood in modern American culture was evident (NYT, Oct 18, 1900, p. 8; WP, Apr 6, 1905, p. 5; WP, Mar 29, 1907, p. 3; NYT, Jan 10, 1908, p. 1).

By the end of the decade the infant had still not been fully realized as a sacred social entity. At this point in history abandoned infants and dead or murdered babies were worthy of a few lines of text but they were still not realized as fully human. The language in abandonment and infanticide articles was often emotionally and morally loaded, but in these articles the dead infant was normally referred to as “it;” “The policeman had found it on the stairway...” (NYT, Jul 10, 1900, p. 2). Another example of the infant being referred to as an “it” was in an article discussing an infant after he/she had been found dead in a river; “...it was so badly discolored...” (WP, Oct 24, 1903, p. 2). The infant, while being positioned in an ethically and morally protected position in society still had not achieved a fully human status at the beginning of the twentieth century (WP, Jun 15, 1904, pg. 10; WP, Nov 28, 1904, p. 1).

Abandonment and infanticide articles were common throughout the decade. The practices of infanticide and infant abandonment had moved from the ignored or tolerated

status they had in many earlier periods of history to an immoral and punishable status by the beginning of the twentieth century. Infant mortality emerged and became problemized during the beginning of the twentieth century. Infanticide and abandonment, though, were already recognized as problems by the turn of the century. Even though these practices were no longer openly acceptable they still happened on a fairly regular basis, as expressed in one article; “And still another abandoned infant is reported” (WP, Aug 16, 1901, p. 3). What had changed about infanticide and abandonment was that the police had started investigating these types of cases. As the gaze of the judicial system turned to the infant, abandonment and infanticide became problems that needed to be investigated and punished (NYT, Jul 10, 1900, p. 2; WP, Jan 10, 1901, p. 2; WP, Aug 16, 1901, p. 3; WP, Jul 2, 1902, p. 2; WP, Mar 29, 1907, p. 3).

The Baby Farm

One new issue relating to crimes against the youngest infants did emerge for the first time during the beginning of the century: baby farms. Farming out babies for fraudulent reasons had been quietly going on for some time, but was rarely noticed by the public or the authorities. The first few times these baby farms were discussed in articles they were not even called baby farms. The first decade witnessed the birth and problemization of the baby farm (NYT, May 31, 1903, p. 5; WP, May 26, 1903, p. 3; NYT, Jan 30, 1910, p. 4; NYT, Jan 30, 1910, p. 3).

In 1903, one of the first articles on baby farms appeared in the *New York Times*. A “dealer in babies...” (NYT, May 31, 1903, p. 5) had been arrested in Hamburg, England, and accused of selling babies to a woman in America under fraudulent conditions. The

American woman purchased the baby in Hamburg and then claimed her/him as her own to collect her husband's estate. She was charged with the crime of filing a false birth report in the United States and pleaded guilty. Baby farming was not illegal at this point in history, but the fraudulent birth certificate got the woman a fine and much embarrassment (NYT, May 31, 1903, p. 5; WP, May 26, 1903, p. 3).

Also in 1903, one of Health Officer Woodward's physicians discovered two baby farms in Washington, DC. Baby farms were unofficial places where orphaned infants or infants born to poor mothers were cared for and at times sold. The conditions in these places were often unsanitary. Baby farms were staffed by wet-nurses and other uncertified caregivers, both of whom were becoming taboo by this point in history. Baby farms were not illegal in and of themselves, but they were morally looked down upon as unsafe and improper. Babies were known to die in baby farms (WP, Jun 28, 1903, p. 11).

Dr. Woodward's infant mortality studies had again spawned splinter discourses and actions. Baby farms became an issue in part as a result of his infant mortality studies. After some farms were found during infant mortality investigations the Health Department pledged to keep an eye on these baby farms since at the time nothing could legally be done to stop them (WP, Jun 28, 1903, p. 11).

In 1905, baby farms took on another sinister aspect as expressed in newspaper articles. Certain individuals were using baby farms to make money. A *New York Times* article described a pair of women who farmed out babies and collected commissions on them. The women had been getting infants from a legitimate orphanage that would pay for nurses. The women then farmed the babies out to poor Italian women and split the

commission; this type of activity was called graft and was illegal. Both women were arrested for technical crimes; one of the women did not have a license to be a wet nurse the other was charged with graft. Since 1903 the Health Department had been busy pushing on two fronts for legislation that made baby farms illegal. First, women who worked as wet nurses now had to have a license from the Health Department. Second, baby farming was illegal if done in an uncertified manner or for money. This was the first time peripheral actions related to baby farms were made illegal (NYT, Jul 19, 1905, p. 3; NYT, Jul 20, 1905, p. 3).

The women involved in baby farming were framed as morally culpable, because they did not care what happened to the infants they placed in horrible conditions; the infants often died. Baby farming and baby farms came to be viewed as immoral because these activities and places did not subscribe to the ethical treatment of infants demanded by medical experts, state authorities, and the church at the end of the first decade of the twentieth century (NYT, Jul 19, 1905, p. 3; NYT, Jul 20, 1905, p. 3).

Baby farms and farming would continue to be described in slightly different ways and from different angles throughout the decade. By 1910 the baby farm, though not technically illegal, was attracting more negative attention than ever before. Two stories out of the *New York Times* demonstrate how baby farms were dangerous to infants. In the first article, a story was told of a woman who bought an infant for twenty-five dollars. After the woman purchased the infant she killed and then buried “it” up to its neck in sand. This story exemplified the lack of safety checks to make sure infants were given to

people who would actually take care of them (NYT, Jan 30, 1910, p. 4; NYT, Jan 30, 1910, p. 3).

In the second article, a story was told of a police investigation into a physician rumored to be selling babies for one to ten dollars and giving newborns away for free. Police were investigating the truth of this rumor. At issue was how the physician came into custody of so many infants. No one at the time of the article knew where the physician had obtained the infants. Implicit in this story were two questions: first, where do infants sold in baby farms come from? Second, should it be legal for infants to be sold (NYT, Jan 30, 1910, p. 3)?

The *Washington Post* (WP, Jan 31, 1910, p. 14) also published an article about baby farming. In this article a woman from a legal orphanage, called for stringent laws to be put in place, for what happened to the baby after an illegal adoption, in her opinion, was almost never good. Often a woman who was trying to trap a man procured these babies. Once the lie was discovered or the man committed himself to the woman, the infant was often discarded, back into an orphanage or worse. Furthermore, blackmail usually followed an uncertified adoption. Not only was baby farming itself immoral and hence should be illegal, but baby farming spawned additional crimes and immoral activity.

By the end of the decade people were publicly calling for legislation to make all baby farms illegal. The language used to describe these baby farms made them sound horrific; "...babies crowded into quarters like cattle in a pen and literally left to die of starvation and neglect" (WP, Oct 19, 1910, p. 6). Legal articles published by the end of

the decade confirmed that the infant was clearly an entity that needed and deserved protection from the evils of the world. Baby farms became an issue during the beginning of the twentieth century in part as a result of the problemization of infant mortality and the increasing sacredness of the *infant* (WP, Jan 31, 1910, p. 14; WP, Oct 19, 1910, p. 6).

At the beginning of the twentieth century experts were assuming authority in all things infant and the state reinforced that authority. If a doctor was not present to administer medical care when an infant became ill the infant's death was considered criminally negligent or outright murder. In the *Washington Post* (Jul 18, 1900, p. 8), an article discussed a case against two owners of a pseudo orphanage that let an infant die without medical assistance. The owners were faith curists and had not believed in doctors. They thought that only prayer should be used to heal the sick. Irrespective of the owner's beliefs, the death of the infant without medical care was regarded as criminal and prosecuted. Their crime was that they "allowed an infant to die in their orphanage without medical care" (WP, Jul 18, 1900, p. 8). Not only was it an ethical duty for a parent or guardian to do everything possible, including calling in a doctor to help a sick infant, it was by this time required by law. The courts reinforced the expert's authority in infant care. Medical experts argued that it was not God's will, but human behaviors that killed infants. The state reinforced this notion by sending faith curists to jail for letting an infant die without medical attention.

The infant had achieved a pseudo citizenship status by the beginning of the century. The *infant* as a pseudo citizen had the right to not be harmed, the right to a safe environment, the right to safe milk and the right to justice. The infant's right not to be

harm and his/her right to justice were reflected in the fact that by 1900 the state would investigate and punish crimes against infants. Infanticide was even considered a capital offense. Far from being the accepted practice infanticide was in many earlier periods of history, to kill an infant during the first decade of the twentieth century meant the possibility of being executed for one's actions. The people who killed babies did not always automatically get the death penalty. In some cases the penalty for infanticide was a few years in jail or a few years in the asylum. By 1900, instead of normal people getting rid of a burden, as was the case earlier in history, only criminals, monsters, evil people, and mad people killed babies (WP, Jun 17, 1904, p. 4; WP, Mar 14, 1902, p. 2; WP, Mar 29, 1907, p. 3; WP, Sep 26, 1909, p. 1).

By 1910 the state was extending its protections over the infant. Laws were in place to protect against infanticide and abandonment. New to the twentieth century though were laws in the works to protect infants against baby farms and, as discussed in chapter four, bad milk. This decade saw the status of infant as a pseudo citizen grow and the ethical duty of protecting infants repeatedly reinforced, though, by the end of the decade an infant was still referred to as an "it" in many legal articles (WP, Jun 17, 1904, p. 4; WP, Mar 14, 1902, p. 2; WP, Mar 29, 1907, p. 3; WP, Sep 26, 1909, p. 1; WP, Oct 19, 1910, p. 6).

Conclusions on the Legal *Infant*

The *infant* as a composite person was evolving at different speeds in different sectors of society. The infant was deemed a special and distinct form of life in the religious and medical fields, for different reasons, but with the same end effect by 1910.

The legal articles, did not keep the same pace of change seen in other articles. With infant singled out in horror stories at the beginning of the century, crime discourse showed a level of infant sacredness not seen at that time in other discourses. However, the fact that *infant* and *baby* were still confused and referred to as “it” by the end of the decade showed that in other ways crime discourse did not change as fast as other types of infant discourses. The emergence of the *infant* appears to have been a fluid non-linear process (WP, Jun 17, 1904, p. 4; WP, Mar 14, 1902, p. 2; WP, Mar 29, 1907, p. 3; WP, Sep 26, 1909, p. 1; WP, Oct 19, 1910, p. 6).

CHAPTER VI

DISCUSSION

During the first decade of the twentieth century the *infant* emerged as a composite person. In significant ways, the idea of *infant* was born in this first decade. The *infant* had not finished evolving by 1910, but in hindsight these were ten critical years in the development of the *infant* as a composite person. The *infant* received a soul, a growing body of medical knowledge focused on infant care and increased rights as a citizen. For many Protestant Christians the infant salvation versus damnation debate came to an end with infant salvation winning. Scientific studies on the infant were being conducted on a scale not seen before in the printed press. The state was enforcing new regulations and laws, such as milk regulations and laws against baby farming. It appears that, during the first part of the century, many sectors of society had turned their gaze to the infant. The semantic foundation for the *infant*, as it is currently understood in American culture, was actively being laid within a wider history where the family unit was becoming a mechanism of social control and an ideological basis for a system of patriarchal capitalism (Rose, 1999, p. 126).

The *infant* as a composite person appeared to emerge as a distinct social entity by the end of the first decade of the twentieth century. The *infant* was on the path that would eventually lead to the sacred *infant* as understood in contemporary American culture. The one-year or less infant emerged as a category in population mortality statistics; the *infant*

was fashioned by expert knowledge, the infant pursued distinct paths to heaven, and the infant was singled out in criminal horror stories throughout the decade. Three sectors of society, medical science, the church, and the state, joined in a persuasive chorus to create the idea of the *infant* as a special category of person, one we were morally obligated to protect. This was all happening in the greater context of a changing political environment.

During the nineteenth and the beginning of the twentieth century the political climate in western democracies was shifting towards the creation of welfare states (Rose, 1999). As western democracies changed from police to welfare states, practices of population control changed from controlling by threat of death to controlling through life management. The family unit opened new possibilities for governance in this changing political environment. The *infant* as composite person and as an inherent component of the family unit emerged within and as a part of the changing political context. Before the emergence of the current abortion and stem-cell research debates, when life was thought to begin at the moment of birth, the infant was one of the most reasonable places to start managing life.

The *infant* as idea and as target was linked in thought and practice to the destiny of the nation and to the aspirations of the authorities. Infants as citizens in potentia were important as a future labor market as well as insuring the continuation of the nation state. The family unit was becoming the mechanism that would insure infants grew into functional citizens and not delinquents. The family unit as an ideology and as a mechanism of social control was only possible if the individuals composing the unit

governed themselves under the guise of individual freedom. The infant came to serve, as the reason the mother would govern herself and willingly play her part in producing functional citizens. The infant was the source of individual guilt, personal anxiety, and private disappointment that would influence mothers to “freely” choose to abide by the behaviors dictated by religious, political, and expert authorities (Rose, 1999, pp. 125-32; Badinter 1981, pp. 55-8).

The Emerging *Infant*

In 1900 infant mortality was a statistic that measured the mortality of children five years and under. Through slow shifts in thought and discourse infant mortality was on its way to being defined as a measure of mortality among infants one year and under only by 1910. This group of infants, the youngest of children, was separated out from other children when initially arbitrary statistical categories were divided up to compare different groups of the population. When infants one year and under consistently showed the highest level of mortality the medical gaze focused on the youngest infants. The medical field coupled with the news media problemized the wasted deaths of so many infants, which resulted in what Rose (1999, p. 125) would call a moral panic. The media, the government, and the public followed the medical expert, and the *infant* was soon framed as a public problem. Medical experts capitalized on the moral panic caused by high infant mortality rates and spread the influence of their expertise. Discourse on the infant mortality statistic grew and spread over time from inside particular medical circles to other sectors of society. Infant mortality and the knowledge created in response spread from medicine into newspapers, government bureaus, and private homes. Infant mortality

signaled a public problem and a special period of life. As such, the infant mortality statistic was integral in generating the knowledge that would eventually give birth to the *infant* as a composite person. The knowledge discovered and created to save infant life in actuality created the *infant* it was trying to save.

At the same time that infant mortality was being formulated as a public problem the American Presbyterian Church was at the heart of a national debate on infant salvation versus damnation. By 1908 infant salvation was the official belief of the Presbyterians. The *infant* emerged out of religious discourse as the decision was made to believe and teach infant salvation. The youngest infants were thought incapable of understanding a fear of God or the hope of redemption, due to their inability to talk and their lack of agency. Due to this lack of agency an infant was incapable of damning or saving her/himself. The infant then would enjoy the grace of God in death, for simply being an infant. The *infant* as a special and sacred form of life emerged in the discourse formed during the salvation versus damnation debate. The infant went from being a damned sinner from the moment of birth to a pure entity protected by the grace of God. In the discourse during the twenty-five year debate *infant* as idea was given an identity that separated it from all other forms of human life. The sacred *infant* emerged in religious discourse at the same time the *infant* was emerging out of the infant mortality discourse. God and science both came to endorse the sacredness of the infant. Science reinforced the demands of morality with the norms of medicine (Rose, 1999).

By the last half of the decade the state had also become involved in the infant mortality discourse. The welfare state's role reinforced the authority of medical experts.

The state enforced regulations and laws suggested by recognized medical experts in the public sphere, while openly staying out of the private sector.

In addition the state, coupled with the media, reinforced the negative and unacceptable image infant abandonment and infanticide had already achieved by the beginning of the twentieth century. The practices of abandonment and infanticide went from accepted to ignored to abhorred by the turn of the century. The practices had not disappeared, but the state had begun investigating and prosecuting abandonment and infanticide cases with regularity. Infanticide was even considered a capital offense. The news media often reported on these cases conveying the message that the state intended to enforce the laws protecting the youngest citizens. In these stories as well as in the infant mortality and religious discourses, ethical rules of behavior around the infant were defined and reinforced.

By the end of the first decade of the twentieth century the three most respected voices of authority- religion, science, and the state- all endorsed the sacredness of the *infant*. The infant was no longer necessarily born to be damned; the infant was born to be saved. A person would not be damned to hell until s/he was old enough to commit sins on his or her own. This meant that infant life was worth protecting and nurturing. The death of an infant was no longer insignificant. All infants were born with the potential of going to heaven as long as they did not fail later in life. An infant was understood to be born with all of life's potential. A new view spread into the secular discourses as well: the infant could be viewed as a citizen in *potentia*.

Once science showed that it had successful ways of lowering infant mortality, it became an ethical obligation to save the lives of potential citizens. Once infant mortality could be used as a moral measuring rod, it became important for a region to have the lowest infant mortality rate possible. When the judicial arm of the government started prosecuting infant abandonment and infanticide cases, it no longer made a woman's life easier to simply discard an unwanted infant. Instead of getting rid of all of her troubles she was only getting new ones, including the possibility of being executed. These trends together over time, expressed and worked out in public discourse, created an *infant* that was separate from any other form of life and one that was more sacred than it had been before.

At the beginning of the twentieth century medicine, government, and the church all had turned their gaze to the *infant*. Discourses on how each institution would handle the *infant* were then reported in some of the most popular newspapers in the United States. The newspapers served to bring the multiplicity of *infant* discourses to one place. Not only did the multiplicity of discourses report the idea of *infant*, they actually fashioned the modern conception of the *infant* as a composite person. Once the *infant* became available and embedded in American culture, any individual or institution could use it. For some it would become an ethical obligation to use *infant*.

The emergence of the *infant* in the beginning of the twentieth century and the changes in thought among medical, religious, and state institutions did not happen at this time by coincidence or in a vacuum. Three larger social forces were also in play during this time that helped create a moment where the *infant* could emerge. First, since 1860

the United States was moving from an agrarian society to a significant industrial power. Fueled by this shift in the economic structure, America was experiencing drastic population migrations from rural areas to urban centers as increasing numbers of people began looking for work in the new factories. These population shifts created new types of problems in cities. Coupled with unrest among citizens over work conditions and periods of severe unemployment the problems in cities lead to questions of the quality of American life even in the face of great progress. Infant mortality could be viewed as one of the “new” problems of industrial urban living; big cities often had the highest infant mortality rates. As already stated, infant mortality also later became a measure of “quality of life” in American society (Spielvogel, 1999, pp. 524-5).

Second, the beginning of the twentieth century was a period of uncertainty in intellectual and cultural thought. Through 1914 most Westerners believed in the ideas of human progress established during the Scientific Revolution and the Enlightenment. However, by the end of the nineteenth century, transformations in the views of the physical universe, human nature, and artistic expression resulted in uncertainty and anxiety when set against conventional views of the time. This uncertainty created social space for many ideas and conventions to be rethought and renegotiated. The infant salvation versus damnation debate was a reflection of other larger shifts in intellectual and cultural thought (Spielvogel, 1999, pp. 512-34).

Last, the United States was moving towards policies that extended the functions of the state on multiple fronts (Spielvogel, 1999, pp. 524-5). Safe milk initiatives put forth by medical experts gained traction in government in part because they fit in with the

political trends going on in other sectors of society. New industrial methods of food processing and packaging were increasingly being viewed as unsanitary and unsafe. The state expanded its role in regulating the food and drug industries. The increased regulation and criminalization of the peripheral activities of baby farms reflected not only efforts to reduce infant mortality, but also the focus of the state to eliminate graft in government and economic sectors of society (Rose, 2004, pp. 306-7, pp. 324-6; Caughey & May, 1964, pp. 364-404).

Infant versus Baby

In modern American culture *infant* most often refers to disembodied expert knowledge, while *baby* most often refers to a flesh and blood entity. *Infant* represents the knowledge that dictates how a baby is to be interacted with in society. The linguistic separation of *infant* as knowledge, from a physical body *baby*, was not evident at the beginning of the century. By the end of the decade, though, the linguistic split was clearly understood and formed in infant mortality discourse. In response to infant mortality as a public problem, expert knowledge about infant care was created. *Infant* came to be used most often when discussing infants at the level of population. The infant mortality statistic and expert knowledge that was to be applied to all babies represented *baby* in an aggregate form. By the end of the decade, *infant* rarely related to an individual baby in infant mortality discourse. By the end of the decade lowering infant mortality and saving the life of an individual baby were thought of and expressed as two different things in public discourse.

As *infant* separated from *baby* over time in the newspaper articles, standard ways emerged of presenting each. *Infant* was the term adopted first by medical experts and by the end of the decade was firmly their term. *Infant* expressed the aggregate baby; *infant* expressed official scientific knowledge. *Baby* was left free to assume the individual physical body: the loveable baby, the unique baby. The two terms were used interchangeably at first, but as expert knowledge on the infant accumulated, it became necessary to express *infant* as a composite person separately from the embodied baby. *Infant* and *baby* appeared to be arbitrary labels at first. However, over time and with repeated use of specific meanings in printed press, the two ideas became irrevocably linked, but distinctly different social entities.

The *Infant* Separate from the *Child*

At the beginning of the century the *infant* and the *child* were often thought of as the same thing. The infant was simply a young child. In infant mortality discourse infants and children up to five years old were often put into the same category. As infant mortality became problemized and subjected to closer scrutiny, subcategories emerged. In the case of the youngest infants, those one-year or less, their mortality showed itself to be consistently higher than any of the other age ranges. Thus, discourse began to focus on this especially dangerous period of life. The expert knowledge created in response to infant mortality then focused primarily on the youngest infants.

In religious discourse, the *infant* separated from the *child* as a result of specific characteristics unique to only the youngest children. The infant salvation versus damnation debate turned religious gaze onto an *infant* who then required special

consideration. Infants required special consideration primarily due to an infant's inability to talk and his/her lack of agency. Infants were different from children and adults, because, unlike an older child or an adult, an infant lacked the ability to damn or save her/himself.

Written law defined the *infant* as a child twenty-one years of age or less at the end of the decade. However, this was not all that the legal institution had to say on the *infant*. Before the beginning of the twentieth century, the legal institution actually already offered a sacred *infant* that was most often a year or less old. The legal institution investigated and prosecuted crimes that were committed against the youngest citizens in society. Cases of infanticide and infant abandonment were often reported in the newspapers. This subcategory of the legal *infant* was repeatedly discussed by itself. The *infant* separated from the *child* in crime discourse by the exclusion of all other age categories. Infanticide and infant abandonment were presented as horrible crimes committed against only the youngest infants. The infant one year and under came to symbolize a helpless victim of heinous acts, while other possible ages of the *infant* faded through their silence in newspaper horror stories.

Medical, religious, and legal institutions separated the *infant* from the *child* in different ways but with the same outcome. By the end of the first decade the *infant* was coming to be commonly understood as only the first year of human life. Further, the moral and ethical obligations that came from all three institutions gave a weight to the *infant* that quickly moved this young composite person right into taken-for-granted status. By the end of the decade, to argue against the Presbyterian's definition of the *infant* was

an attack on the Church and God. To violate the sacredness of the *infant* through infanticide or abandonment meant going to jail, the asylum, or possibly the gallows. Failure to use expert knowledge and to do one's part in lowering infant mortality could mean being compared to a murderer. By the end of the decade going against the moral and ethical obligations instilled in the *infant* as a composite person resulted in being branded as selfish, as uncaring, as a mad person, as a murderer, as an evil person, or as godless. In many earlier periods of history when an infant was not wanted, it was discarded. This was a common practice; normal people did it every day. By the end of the first decade of the twentieth century, however, normal people did not discard infants; only the vilest inhuman people did anything other than protect and nurture the infant.

The *Infant* after 1910

A history of the emergence of the *infant* as a composite person does not end in the first decade of the twentieth century. Additional research is required to finish telling the story. Key events happened later in the century such as the advent of the psychological gaze upon the infant. Not only would the *infant* have special rules for getting into heaven, special needs to survive the first year of life, or specific protective laws. The infant mind would come to be seen as different from a child or adult mind. Not only would obligatory ethical behaviors in the physical care of infants govern behavior, but obligatory ethical behaviors to protect the mental health of infants would emerge.

The *infant* as a composite person would also later be commodified. In fact, the infant would become a category of research. An industry of experts emerged to create products, policy, and public awareness of the physical baby. Infant care products would

become a lucrative market. From infant formula to DVD's on how to teach your baby to read, infant products would be available for caring parents to purchase. Stores would be built that specialized in products for infants. Instead of the Health Department coming into the home to teach parents proper infant care, parents were expected to know that being a good parent was to buy the products that would give their baby the "best chances" in life. Good parents would buy their babies the right food for a strong body, the proper hygienic product to keep them clean and disease free, and the right toys and nursery decorations to stimulate creativity and learning potential. The historically new practice of parenting by consumption of baby goods was the outcome of years of corporate research, development, and advertising targeted at parents. This infant care market was facilitated by the notion of the *infant* as a composite person.

As the *infant* became more taken-for-granted over time, *infant* discourse continued to splinter and in some cases form other composite people. The "good mother," the "good father," and the "baby hitter," were just some of the categories of person that were created in part by the emergence of the *infant*.

By the last half of the twentieth century the *infant* as a composite person inescapably shaped a mother's responsibilities to her baby. The mother's responsibilities would not have to be taught to her immediately after a birth by the Health Department. These behaviors would be ingrained in her from the moment of her own birth. By the twenty-first century the *infant* could govern even the father's behavior. The switch in parent's behavior after the birth of an infant is not taught at a birth by the twenty-first century; the switch happens automatically and without question. Governance of parental

behavior centered on the *infant* is not only sold by the doctor at a birth as it had been at the end of the first decade. Governance of parental behavior happens now because it is the natural and right thing to do. When people have a baby now, a nurse does not often have to come into the home and instruct them in infant care. They go and buy a book themselves.

Once emerged, the *infant* had rippling effects throughout society. The *infant* acted back on the society that created it, with each continuing to change and react to the other throughout the century. Infant mortality as a measuring rod and governance of the mother's behavior are only two of the many ways the *infant* has influenced modern American culture. Illuminating these effects and how they happened on the ground in homes and offices would be a worthwhile project.

Between 1910 and 2005 the *infant* progressively and reflexively became sacred to the level that the *infant* affects every woman born into modern American culture. The *infant* as a composite person is now irrevocably tied to the physical baby. As a result, women must at some point in their life confront the *infant* as idea, in her decision to be a mother, to not be a mother, or to elect an abortion. The *infant*, either directly or indirectly, affects a woman's identity. For some women the *infant* defines their very existence. The *infant* in part defines how they see themselves and their place in the world. In addition, the *infant* can help define how other people see them and their place in the world. Male identities do not escape confronting the *infant* in contemporary American society either. For men it is a question of being a "responsible adult," a "good father," or

a “dead-beat dad.” The *infant* can and does at specific periods define the moral worth of people, institutions, and nations.

The *infant* as a composite person is an abstraction with social authority; it has very real implications to real people with bodies every day. These implications not only affect babies; they affect everyone who might ever possibly interact with a baby. Even modern democratic states that are dependant on the production of functional citizens have to confront the *infant*. An entire nation can be weighed and measured by its infant mortality statistic. The success or failure of government policies, a nation’s health care system, and a nation’s economic status can all legitimately be measured with one number. Initially utilized to govern individual behavior, by the end of the century the *infant* had come to influence the behavior of the nation state. During the last century, the *infant* became one of the most important social constructs in modern American culture. The *infant* as currently understood appears to have emerged out of a multiplicity of discourses and practices in medical, religious, and government sectors of society. The *infant* as composite person emerged out of the religious and expert knowledge that was created to spiritually and physically save it. Almost from the moment of its conception; the *infant* was composed by society and at the same time changed the composition of society. Few other ideas have carried so much influence in American culture as the modern conception of the *infant*.

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- WP, (1904, Jun 15). Trial of Eva De Veal.; Damaging testimony against colored girl charged with infanticide [Electronic version]. *Washington Post*, p. 10.
- WP, (1904, Jun 17). Verdict of manslaughter; Eva De Veal, colored, held for murdering infant child. Jury reported finding after more than three hours of deliberation -- the defendant broke down [Electronic version]. *Washington Post*, p. 4.
- WP, (1904, Nov 28). Infant roasted to death.; Police charge young mother at Paterson, N.J. with awful crime [Electronic version]. *Washington Post*, p. 1.
- WP, (1905, Apr 6). Woman pleaded guilty.; Ella Fisher given five years for infanticide at Lynchburg [Electronic version]. *Washington Post*, p. 5.
- WP, (1906, Jul 12). 56 Infants die in seven days; Startling mortality record of Washington babies. Lack of ice is blamed milk not kept sweet caused cholera infantum. Responsibility is placed physicians declare that the shortage of ice prevented families from keeping milk in good condition for the infants. Warm weather caused the milk to undergo a chemical change, filling it with a bacteria deadly to children. Total number of deaths in the district for the week is 183, an alarming record, according to officials [Electronic version]. *Washington Post*, p. 2.
- WP, (1906, Jul 13). Why babies perish; Frightful mortality of infants is explained. Physicians give views impure milk and lack of ice the chief causes. One doctor has to send his own child to a sanatorium, suffering from lack of nutrition, because ice could not be obtained for fourteen hours -- milk properly chilled essential to health of child, says medical man [Electronic version]. *Washington Post*, p. 14.

- WP, (1907, Mar 29). Girl sent to asylum; Poisoner of infant boy declared insane by jury. Baby's parents forgive her judge finds it would be unsafe to give fifteen-year-old Jennie Burch liberty and commits her to Matteawan. Hears her fate as she sits alone in court room and weeps bitterly [Electronic version]. *Washington Post*, p. 3.
- WP, (1907, Apr 18). Wants dairies rated; Dr. Wiley urges publication of bacterial count. Advocates stringent rules head of chemical bureau in agricultural department suggests plan to bridge interval before proposed service of certified milk for infants can be established -- presents regulations [Electronic version]. *Washington Post*, p. 16.
- WP, (1907, Jul 6). Calls milk germ carrier; Surgeon general writes president regarding district supply. Says impure product is responsible for much of infant mortality -- criticises local product [Electronic version]. *Washington Post*, p. 3.
- WP, (1907, Sep 17). Warns against raw milk.; Congress as Brussels indorses pasteurization as means of saving infants [Electronic version]. *Washington Post*, p. 2.
- WP, (1907, Oct 29). Child murder charged.; Young wife accused of killing her newly born infant [Electronic version]. *Washington Post*, p. 5.
- WP, (1907, Dec 22). Battle for infants; Determined fight in London to check mortality. "A school for mothers" teaches women to feed and clothe babies properly, and helps expectant mothers to save funds necessary for crisis -- meat dinners costing less than six cents given weekly [Electronic version]. *Washington Post*, p. 16.
- WP, (1908, Mar 6). War on impure milk; Health department will put rigid rules in force. Infants to be protected regulation of the traffic so as to admit only high-grade milk is expected to save human life -- infant mortality will be especially lowered -- bills before congress -- profit vs. health [Electronic version]. *Washington Post*, p. 14.
- WP, (1908, Apr 30). Saving lives of babies; Health officials aiming to prevent disease. Safeguards are increased parents instructed in the danger of rich summer milk and the need of keeping infants' food cool -- mortality figures expected to show a large decrease as a result of the work now under way [Electronic version]. *Washington Post*, p. 14.
- WP, (1908, May 26). Say Calvin is slandered; Presbyterians discuss infant damnation at Greensboro. Effort to change programme for celebration of Calvin day fails, after a warm debate [Electronic version]. *Washington Post*, p. 5.

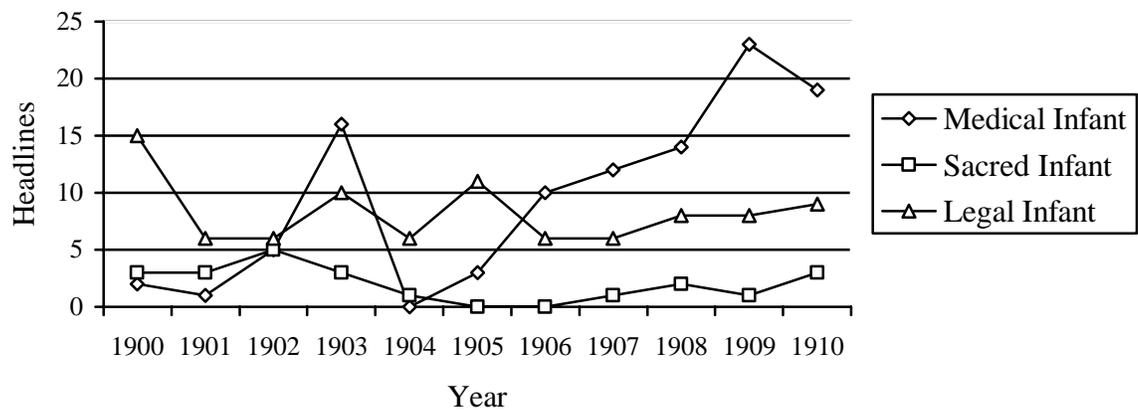
- WP, (1908, Jul 3). Combats infant mortality; Health office increases vigilance and sends aid to mothers. Last week's death rate of sixty-one babies, attributable to excessive heat, alarms authorities [Electronic version]. *Washington Post*, p. 14.
- WP, (1908, Jul 25). 17 Babies die Daily; District's infant death roll heavy for two months. Hot weather responsible improper attention during warm pe- riod also a cause -- Record for seven weeks this year is 372, against 836 for same period in 1907 -- Intestinal troubles kill many white children [Electronic version]. *Washington Post*, p. 2.
- WP, (1908, Aug 23). Cut death rate in half.; Nathan Straus, in London, says he can do it by pasteurizing infants' milk [Electronic version]. *Washington Post*, p. 13.
- WP, (1908, Oct 1). Goat's milk for sick; Practically no tuberculosis among them. Used for infants in Europe chairman of Nebraska phthisis delegation tells of advantages of Angora milk, which, he says, is purer and better flavored than cows – profitable industry [Electronic version]. *Washington Post*, p. 4.
- WP, (1909, Sep 26). Woman to die on gallows.; Killing of infants of her two daughters the crimes to be expiated [Electronic version]. *Washington Post*, p. 1.
- WP, (1910, Jan 30). Ninety-dollar infants.; Value of baby in the crib definitely fixed by economist [Electronic version]. *Washington Post*, p. ES4.
- WP, (1910, Jan 31). Palm off babies here; Many women in this city deceive their husbands. Foundling homes careful but wives, says matron, go to so-call- ed "baby farms" and get infants which they claim as their own. Cites remarkable case of diplomat. Urges need of stringent laws [Electronic version]. *Washington Post*, p. 14.
- WP, (1910, May 26). Favor revised creed; Presbyterians submit a new "elect infant" clause. Victory foe prohibitionists minister who complained of action of worth Alabama church for sanctioning recent "dry" amendment to state constitution is censured by the Lewis- burg assembly [Electronic version]. *Washington Post*, p. 2.
- WP, (1910, Oct 19). Exposes baby farms.; Mary Boyle O'Reilly, poet's daughter, finds many infants starving [Electronic version]. *Washington Post*, p. 6.

- WP, (1910, Nov 30). Milk plant hearing; City to be urged to acquire Straus laboratory. Mothers will enter plea commissioners also will be swamped with statistics at today's meeting, showing value of pasteurization in lowering infantile death rate - charitable organizations to be represented [Electronic version]. *Washington Post*, p. 14.
- WP, (1910, Dec 4). Infant death rate is low; Education of mothers aid to conditions in 1909; Say's Woodward. In report to commissioners, health officer promises strict enforcement of milk regulations [Electronic version]. *Washington Post*, p. E1.
- WP, (1910, Dec 20). Milk ruling sought; U.S. asked to settle merits of different grades. Would have a wide effect question as to value of pasteurized and raw products, as food for infants, new interests entire world, Dr. G. Lloyd Magruder tells President Taft. Agricultural department to be judge [Electronic version]. *Washington Post*, p. 3.
- Wightman, J. W. (1903, Jul 26). Doctrine of "elect infants" [Electronic version]. *New York Times*, p. 8.

APPENDIX A.

HEADLINE GRAPH

Number of Headlines Containing Infant By Subject Heading



The graph above depicts the raw numbers of actual headlines collected and included in the final analysis. This graph offers a quick visualization of the number of headlines of any specific heading by year; however, this graph should be viewed with caution for three reasons. First, this graph does not accurately depict the level of actual discourse on *infant* as idea. This graph does not represent an exhaustive search of every available article that discussed the infant during the beginning of the twentieth century. Second, the method used to collect headlines purposely focused on the word *infant*. This method excluded some articles, which, if added to the current raw numbers, could alter the chart. Without knowing how the altered chart would appear, no definitive conclusions can be drawn from the current graph. Last, the purpose of this graph was to show the

amount of data used for analysis. This graph was not supplied as additional evidence of the argument presented in the thesis.