



GOOD AND MAD WOMEN: A STUDY OF THE GENDER-ORDER
IN SOUTH AUSTRALIA 1920-1970.

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PREFACE

This thesis has been helped and nurtured by many people over many years. I wish primarily to thank the women of the Women's Liberation Movement, without whom I would never have defined the problem, and because of whom there is the possibility of change.

I wish to acknowledge my gratitude to the South Australian Director of Mental Health Services, the Superintendent of Glenside Hospital, and the Glenside Hospital Research Committee, who granted me permission to use the Glenside Hospital case notes. I have taken careful regard throughout the thesis to discharge the responsibility placed on me to preserve the privacy and confidentiality of the patients whose notes I had access to. The names of the women in this thesis are totally fictitious, and have no relation whatsoever to real individuals or real families who may bear those names. Details from the notes which might be used to identify any actual woman have been altered to preserve her privacy.

In terms of "getting a feel" of the period, I wish to thank those people who talked to me about their work and lives: Dr. L.C. Hoff, Matron N.M. Birch, and other members of the Glenside Hospital staff; Mr. J. Stafford, Director of the Commonwealth Department of Immigration in South Australia; various workers in the Victorian and Australian Capital Territory mental health authorities; many relatives and friends.

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LIST OF ABBREVIATIONS

A.M.A.	Australian Medical Association
ANZCP.	Australian and New Zealand College of Psychiatrists
A.P.M.A.	Australian Pharmaceutical Manufacturers Association
CAR.	Commonwealth Arbitration Reports
C.P.D.	Commonwealth Parliamentary Debates
C.P.P.	Commonwealth Parliamentary Papers
D.P.	Displaced Person
I.A.C.	Immigration Advisory Council
IRO.	International Refugee Organisation
J.P.	Justice of the Peace
N.H.M.R.C.	National Health and Medical Research Council
SAA.	South Australian Archives
SAC.	South Australian Collection
S.A.P.D.	South Australian Parliamentary Debates
S.A.P.P.	South Australian Parliamentary Papers
W.A.A.A.F.	Women's Auxiliary Australian Air Force
WEB.	Women's Employment Board

SUMMARY

The meaning of being a woman is determined by the nature of relationships between women and men or, more precisely, by the specific ordering of those relationships within a particular society. This order I have called the "gender-order." The gender-order is one of the major ideological forms by which social meaning is created, an order which encompasses the entire society, sub- or super-imposed on all other orderings. In this thesis, I discuss some of the component parts of the South Australian gender-order, and the ways in which half of the South Australian population during the twentieth century was directed to become women. In particular, I analyse the ways in which three major institutions shaped the gender-order and enforced it, and the ways in which a particular sample of women lived within that order.

The three institutions are the Education Department, the Arbitration System, and the Immigration Department. Each institution had its own concerns and directions, and hence its own definition of "women" -- in each case a definition which changed over time and was also different from and sometimes contradictory to the definitions of the other institutions. This constellation of definitions I have called the "ideal of the good woman." I have followed the internal logic and history of this ideal through the workings of each institution, looking at both the rhetoric concerning "good women," and at the consequences of practical applications of the ideal.

In order to offset the institutional bias of such an analysis, I have examined the biographies of sixty women, looking at the ways in which the gender-order affected their daily lives. These biographies were drawn from the case notes of women admitted to Glenside (Psychiatric) Hospital in South Australia.

DECLARATION

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university and, to the best of my knowledge and belief, it contains no material previously published or written by another person, except when due reference is made in the text.

Jill Matthews

INTRODUCTION

INTRODUCTION

In the last twenty years there has been a resurgence of social history as a concern of Western historians.¹ In the last ten years, there has been a resurgence of women's history.² This thesis is situated in both traditions. It began in a desire to understand the history of the everyday lives of women in South Australia during the twentieth century. It has become an investigation into the specific meanings of the ideal of the "good woman" as it was held by various public institutions between 1920 and 1970, combined with a discussion of some of the experiences of South Australian women who attempted to live up to or within that ideal.

The passage of my concern from everyday life to that of the ideal of the good woman has been long, involving much trial and error and experimentation in the broad and conceptually diffuse fields of social history and women's history. I began by exploring theories of everyday life and concepts of women's status and position. That was too abstract, too far from the real lives of South Australian women. This raised the question of sources: where were there records of ordinary women's lives? In thinking about this, I turned the problem on its head: it might be possible to find out more about the rules and experiences of normal life by studying abnormality, i.e., what led to particular women being defined as deviant? Specifically, I decided to look at the recorded lives of mad women, to discover what norms they had transgressed. Two major difficulties arose here. To understand and situate the records required a lot of background

1. See e.g., E.J. Hobsbawm, "From Social History to the History of Society," Daedalus, 100, No. 1 (Winter 1971), pp. 20-46; Susan Eade, "Social History in Britain in 1976-- A Survey," Labour History, 31 (Nov. 1976), pp. 38-53.

2. See e.g., Grenda Horne, "Bibliographic Essay. The Liberation of British and American Women's History," Society for the Study of Labour History Bulletin, 26 (Spring 1973), pp. 28-39; C.C. Lougee, "Review Essay. Modern European History," Signs: Journal of Women in Culture and Society, 2, No. 3 (Spring 1977), pp. 628-50.

history, involving me in an extensive study of major South Australian social institutions. More importantly, I realised that there was no clear-cut boundary between normality and abnormality, no easy way of identifying what were the norms transgressed. I came to see that I needed to focus on who was doing the transgressing. My fundamental task was to define the category "women."

Women as a social group have, until recently, been conspicuously absent from most historical writing. "Women," and the "private sphere,"¹ or the "domestic domain,"² with which they were commonly associated, were generally regarded as essentially "natural." As such a natural category, women as a group were taken for granted, were simply "there," outside history and outside the realm of social analysis.³ In the last decade or so, however, substantial questioning of women's position in society has arisen, and a body of social scientific literature has begun to emerge dealing with women and the sexual division of labour.⁴ In this

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1. H. Arendt, The Human Condition (New York: Doubleday Anchor, 1959), pp. 9-69; J. O'Neill, "Public and Private Space," in Agenda 1970: Proposals for a Creative Politics, ed. by T. Lloyd and J.M. McLeod (Canada: University of Toronto, 1968), pp. 74-93; J. Bethke Elshtain, "Moral Woman and Immoral Man: A Consideration of the Public-Private Split and its Political Ramifications," Politics and Society, 4, No. 4 (1974), pp. 453-73.
 2. Meyer Fortes, Kinship and the Social Order: The Legacy of Lewis Henry Morgan (London: Routledge and Kegan Paul, 1970), pp. 87-100.
 3. Aileen Kraditor, Up from the Pedestal (Chicago: Quadrangle, 1968), p. 3. On the specific exclusion of women from Australian history, see M.D. Liebelt, "Women in Australian History: A Plea for Recognition," B.A. Hons. Thesis, History Department, Adelaide University, 1975.
 4. In terms of Australian history, see S. Encel, N. MacKenzie and M. Tebbutt, Women and Society: An Australian Study (Melbourne: Cheshire, 1974); B. Kingston, My Wife, My Daughter and Poor Mary Ann: Women and Work in Australia (Melbourne: Nelson, 1975); E. Ryan and A. Conlon, Gentle Invaders: Australian Women at Work 1788-1974 (Melbourne: Nelson, 1975); A. Summers, Damned Whores and God's Police: The Colonisation of Women in Australia (Victoria: Penguin, 1975); A. Curthoys, S. Eade and P. Speeritt, eds. Women at Work (Canberra: Australian Society for the Study of Labour History, 1975); J. Mercer, ed., The Other Half: Women in Australian Society (Victoria: Penguin, 1975); M. Dixon, The Real Matilda: Women and Identity in Australia 1788 to 1975 (Victoria: Penguin, 1976).

literature, women have been treated as a social group, their situation and status as a social matter and hence deserving of historical analysis. Despite this resurgence of interest, there is still, nonetheless, considerable conceptual confusion in much of the work, revolving around the definition of "women": in what sense are women a homogeneous social and historical category? Women were not and are not any particular sub-group, caste, race or minority, but comprise approximately half of every major social grouping, are approximately half of humankind in general, half of all societies and each of their categories. By their identification as members of these specific categories, women are radically distinguished from each other. In what sense, then, are women a group?

It became increasingly clear to me that "women" conceived as a natural group might be a discrete category, but "women" as a social group could only be identified in relation to another term: "men" as a social group.¹ That is, what universally unites women is their social-sexual identity, their gender, their "femininity" as distinguished from the social attribute of "masculinity."² The meaning of being a woman is thus determined by the nature of relationships between women and men or, more precisely, by the specific ordering of those relations within a particular society. This order, which I call hereafter the "gender-order," is a

1. Joan Kelly-Gadol, "The Social Relation of the Sexes: Methodological Implications of Women's History," Signs: Journal of Women in Culture and Society, 1, No. 4 (Summer 1976), pp. 812-17.

2. These concepts are clearly defined by Ann Oakley, Sex, Gender and Society (Melbourne: Sun Books, 1972), p. 16: "'Sex' is a word that refers to the biological differences between male and female: the visible difference in genitalia, the related difference in procreative function. 'Gender' however is a matter of culture: it refers to the social classification into 'masculine' and 'feminine.'"

rigid and coherent division of society on the criterion of gender, and it is reproduced generation after generation without the need for individual conscious intervention. The gender-order, as an order, is universal; its content, however, is sociologically and historically variable. That is, the specific relations between men and women, and the meanings of being a man or a woman, differ between societies, and within the same society across time. The gender-order itself remains one of the major ideological forms by which social meaning is created, an order which encompasses the entire society, sub- or super-imposed on all other orderings. This gender-order is the structure of relations that establishes the meaning of "women" and "men" in any particular society: it establishes the pattern of relations between men and women as gender groups, and between individual men and women as members of those specific groups.

My aim was to understand a specific gender-order -- that of twentieth century South Australia. I began with the postulate that any such order is premised on a specific ideal of the relations between men and women, and that the component institutional parts of the order attempt to shape the lives of all individuals towards that ideal. In other words, an important function of the gender-order is to transform people into ideal/good women and men; and insofar as people regard themselves as women or men (that is, having the gender identity of women or men), they are in some sense, in many senses, measuring themselves and others against their understanding of the ideal standard, of true or good women and men. Thus, to investigate the meaning of being a woman in twentieth century South Australian society would require an analysis of the institutions of the society that shaped the gender-order, the ways in which they enforced the order, the ways in which women lived within that order; the establishment of the precise content of the ideal of the good woman

and the consequences of trying to achieve it. Obviously, this would be an enormous undertaking insofar as the gender-order is the most fundamental, most pervasive, and most taken for granted structure of the society. Every condition of an individual's life is affected by the gender-order. Selection was necessary. I therefore, limited my analysis in three areas: firstly, by looking at only one term of the masculine-feminine relationship; secondly, by accepting the intrinsic limitations of my empirical data; and thirdly, by considering only three major institutional components of the gender-order.

(1) Most historical writing, as mentioned above, has concentrated on the universal/masculine experience, and we have limited knowledge of feminine experience. It seemed to me, therefore, that it was impossible to approach the gender-order head-on until this severe imbalance had been rectified in some degree. This meant that the application of my conceptual framework should be biased towards the definition of the good woman contained in the gender-order operative in twentieth century South Australia. This bias seemed necessary insofar as the effects of the gender-order on the experiences of men and women are substantially different; social experience that, in the past, has been termed universal is, in fact, predominantly masculine/public experience. Throughout the thesis, the lives of women are shown to intersect constantly with those of men. Nonetheless, it is the meaning of such experiences for women that I have focussed upon.

(2) The second area of selectivity derived from my concern to investigate individual experience within the gender-order as well as the workings of the order through its component institutions. The problem here was data. In general, most people leave no personal account of their lives. A few write biographies, more write letters (few of which survive), some write diaries, some are interviewed by oral historians. For the rest,

they remain anonymous except in the mass. Only the repetitious, cyclic, common aspects of their lives are recorded by the State: birth, baptism, marriage, taxes paid, death -- bureaucratic records which give meaning to the actions of the bureaucracy but little to the subject. To this anonymity, however, there is an exception. When an apparently ordinary person transgresses some law or tenet of behaviour, when she/he steps across the boundary of legitimate ordinariness into some form of deviancy, then the State requires an explanation. The nature of the transgression, its explanation and what is done by authority are recorded, and the transgressor becomes a "case." All institutions that deal with cases build up records of people's lives containing different types of detail according to each institution's concern with a specific type of deviancy. The two major institutional systems dealing with deviance in twentieth century South Australia were the judiciary/police force and the medical profession -- with the institution of social work coming latterly to span the two. The legal system was mainly concerned with those individuals who were held to have intentionally transgressed against a specific and socially sanctioned norm, who were individually responsible for their behaviour, and hence must be punished. Accordingly, the minimal case records of this system are concerned with the immediate deviant behaviour, the nature of the punishment, and the effects of inflicting that punishment. The medical system, in contrast, concerned itself with those individuals who were held to have unintentionally deviated from more general norms, who were not responsible for their behaviour which was believed to be caused instead by social, hereditary or biological/physical factors, and hence could be treated/cured. The more extensive medical records are thus concerned with the immediate deviant behaviour, not in itself, but as a specific manifestation or symptom of a wider illness or physical/mental disability whose nature must be discovered historically,

accurately defined or diagnosed, then appropriately treated. Within the medical profession, the psychiatric branch compiled the most extensive case notes, amounting often to life-long biographical sketches of its patients.

I therefore sought and was granted permission from the South Australian Director of Mental Health Services and the Superintendent of Glenside Hospital, South Australia, to study some of the case notes concerning women admitted to Glenside Hospital between 1945 and 1970.¹ It appeared to me that use of psychiatric records as data for my research would have two advantages. Firstly, they were the most comprehensive bureaucratic records maintained of the lives of women. Secondly, psychiatry as an institution was strongly implicated in the maintenance of the gender-order insofar as it was concerned with "curing" deviation and restoring normality. This normality was gender-specific: not normal individuals but normal women (and men) was the hoped-for goal, and normal women, by definition, pursued the ideal of becoming good women. There were also, however, two major limitations on my use of the records. First was the fact that they were records of the lives of mad women, not ordinary women. The next chapter (Madness, Medicine and Women), involves a detailed discussion of the meaning of madness and of being mad. Here, I wish merely to indicate the need for caution in assuming any simple connections or discontinuities between madness and normality, and between mad women and good women. This caution is explicit in my use of the notes throughout the thesis. The second limitation concerned the nature of

1. These dates were fixed somewhat arbitrarily as a means of limiting my sample. Within the biographies of the sample thus drawn, however, the general period of my investigation, c. 1920-1970, was amply covered. For a sociological breakdown of the content of the case note biographies, see below, p. 17.

bureaucratic records, per se, and the specific purposes for which psychiatric records were compiled.

The case notes from Glenside Hospital provided several types of information: basic administrative details (name, age, birthplace, dates of admission, trial leaves, discharge), details from medical certificates requesting admission, record of diagnoses made and treatments given. Occasionally, there were reports by ward nurses, psychologists, social workers, mental health visitors, occupational therapists and Outpatient clinic staff. Most importantly, for my purposes, there were psychiatric histories, taken more or less according to the following formula:

begin with the onset, duration and progress of the patient's illness, including their complaint -- verbatim. The next part will normally be an account of any previous psychogenic disorder. Then follows the history of the patient's life with comments on the presence or otherwise of familial or hereditary diseases, alcoholism or epilepsy, with notes on the home atmosphere and influence. A profile of near relatives is useful. The personal history should include notes on early development; neurotic traits in childhood; play life and sociability; school and work records; premarital and marital sex history.

What this plan sought to elicit was information that could be translated into medical terms. Psychiatry saw madness predominantly as an illness caused by genetic, constitutional, or accidental factors. It did recognise as well, however, that some forms of madness were due to social maladjustment or exacerbated by social conditions, and therefore sought information concerning the patient's past and present environments. Nonetheless, despite the wide range of types of information recorded, the case notes were often fragmentary and cryptic. Occasionally, they did not appear even to provide an adequate medical record.

This character of the notes was explicitly acknowledged by the present-day hospital staff, who maintained that the case notes were an exceedingly limited source of information about how the hospital actually operated. They insisted that the notes emphasised the purely formal

relations of the doctor and patient and the physical treatments ordered, excluding the informal relations of doctor and patient that occurred in the "therapeutic environment" and were not recorded but kept in the doctor's mind and usually passed on to other members of staff concerned with the patient at the time; and generally excluding also both the formal and informal relations between the patient and the nursing and paramedical staff. Again, these relations were not usually recorded in the case notes but communicated between all those people concerned with Patient X. In other words, the case notes contained only a circumscribed and formal record of the hospital-patient relations. In order to be usable, even by the staff, they had to be supplemented by the informal, unwritten records of "people in the know."

The only way to overcome such a discrepancy in information between the formal record and the informal practices is to become a member of the group generating both, and thereby acquire an understanding of the "code," of the presuppositions and assumptions of the group in its daily activities. Insofar as my purposes were historical, this was not possible. I was urged to "get a feel" of the hospital and its operations by wandering around, sitting in on meetings, watching how things were done, talking to people. This I did, but such a "feel" could only be of the present, and my concern was with the past. The only records of the past were the formal ones, the informal practices having passed away with their perpetrators. Of course, other people were frustrated by this dual system, not least the new doctors who took over another doctor's patients and notes but were not informed of the latter's private knowledge. This happened most often when patients were transferred from one hospital to another. But this discrepancy was not unique either to Parkside Hospital, nor indeed to psychiatric notes.

All institutional and bureaucratic records -- the staple sources of much historical research -- suffer in the same way. The meaning of the discrepancy lies in the dual purpose of such records. They are required as a day to day record of what has been done, but they are also required as a record of justification. No institution in modern society is a law unto itself, but is accountable for its operations to other institutions. Thus, case notes are not only a private record of the doctor-patient relationship for the purpose of appropriate medical treatment of that patient, but they can also be used as a public record, open to supervision and review by people other than the particular doctor or team of doctors. The activities of each occupational group within the hospital are constantly under scrutiny to ensure that they are in the interests of the hospital as a whole; the hospital system itself is under constant scrutiny to ensure that it is acting in the best interests of the society as a whole. Clinical records are the evidence, the defence against accusations of improper practice. Inevitably, therefore, informal practices grow up which are considered by their practitioners merely to facilitate their particular group's accomplishment of its day to day job, that are none of the business of any other group, and for which they should not be held formally accountable. What is noted in the formal records is a truncated and often cryptographic version of what is actually done, the minimum required for day to day continuity and for legal accountability.¹ Psychiatric case notes thus contain the intrinsic ambiguity of all institutional records.

1. Harold Garfinkel, "'Good' Organizational Reasons for 'Bad' Clinical Records," (1967), rpt. in Roy Turner, ed., Ethnomethodology: Selected Readings (U.K.: Penguin Education, 1974), pp. 109-127.

Such ambiguity did, of course, affect the nature of my analysis, but insofar as my purposes in using the case notes were neither those of the psychiatric profession in creating them, nor of a public body seeking to judge from them, the effect of their ambiguity was indirect. I wished to use the notes as a source of biography. Their explicit limitation for me thus lay in the fact that such biographies had been recorded in an attempt to find the social causes of individuals' madness, and hence were biased towards the deviant, the unusual, the idiosyncratic, and away from the ordinary, common, and shared aspects and experiences of the women's lives. Nonetheless, my use of the cases was much less involved in the ambiguity of legal accountability than would have occurred had I attempted to use them in an analysis of the internal operations and relations of the hospital or of the careers of the women as patients. For my analysis, the fragmentary and cryptic nature of the data had simply to be accepted as a limitation on their use and to be kept in mind when interpreting them.

(3) The third restriction of my analysis of the South Australian gender-order lies in my selection of the institutional components of the society which maintained the order and enforced the ideal of the good woman. There were no adequate guidelines for such selection. None of the theories of society or of social stratification that have generally been used in social history seemed to me to be adequate for an ^aanalysis in terms of gender. Their concern appeared fundamentally to be with masculine-public experience of the world. Feminine experience was either ignored, and by implication subsumed within a universal that was masculine, or alternately, tacked on the end in a "special case" category. I returned therefore to my empirical data, to the ideological conception of the social order held by the psychiatric profession and manifested in the case notes.

Psychiatric case notes contained that information concerning patients' lives that the profession considered crucial in the determination of (gender-specific) normality. Maladjustment in certain critical social areas provided a provisional indicator of madness. These critical areas, set out in the formula for recording psychiatric histories (quoted above), were family life, sex life, school and work. A fifth category was also recorded in all patients' notes and was taken to influence strongly the patient's social adjustment: "native place" or nationality. Within South Australian society, there were three public institutions which had a major concern in the maintenance of the gender order in these five areas: the Education Department had a central and coherent policy concerning school-family-sex life as affecting women, and delegated this concern specifically to its Domestic Arts branch; work life was subject to many influences, significant amongst which was the Arbitration System; nationality was of prime concern for the Immigration Department. Each of these three institutions, as examples of major institutions implicated in the maintenance of the gender order, I then subjected to an historical analysis of its rhetoric and practice concerning women: in particular, what ideal of the good woman was held to fit most closely the specific purposes of each institution, and how each institution directed the women under its dominion towards that ideal.

(Before continuing with a more technical discussion of the case notes themselves, I wish to point out my use of the word "mad" throughout this thesis. I do not mean it to be pejorative, but as a general description of a social status. Once an institutional diagnosis has been made of a woman that she suffers from a mental disorder, her social status changes. At that point, I call her "mad," rather than confuse the issue with the variety of other colloquial and legal terms: "having a nervous breakdown," "ill," "off her head," "mental," "insane," "lunatic," etc.)

II. Glenside Hospital Case Notes

Between 1945 and 1970, there was a total of approximately eleven and a half thousand people admitted to Parkside Mental (later Glenside) Hospital, with an annual total ranging from about 290 in 1945 to 790 in 1960 to 230 in 1970.¹ The fluctuations in annual admissions (shown in part in Table 1), have no clear-cut relation to the level of madness in South Australian society, but rather relate to administrative and ideological changes within the psychiatric profession: to changes in admission policy at Parkside Hospital, and at the other major South Australian public mental hospital, Hillcrest; to changes in the relations between the hospitals and their receiving houses and wards;² to changes in the geographical "catchment areas" of each of these institutions; and to a major change in the mid-1960s from a conception of "institutional" treatment of the mad to one of "community" responsibility.

As well as fluctuations in numbers admitted annually, there was also considerable change in the types of patient received. For example, over the years, alcoholic and mentally retarded patients were alternately admitted to the hospital despite professional discouragement and hidden away in back wards, were encouraged to seek treatment and placed in special wards, then were segregated out, discouraged from hospital admission and sent to specialized institutions elsewhere. Within such variations it is possible, nonetheless, to make a very rough division of the patient intake into Parkside Hospital over the twenty five years. As will be discussed in more detail in Chapter One, by the early decades of the twentieth century, psychiatrists had conclusively proved that certain types of madness were caused by physical, hereditary or organic accident,

1973,

1. S.A.P.P. No. 21, 1946; 1965-6;/ Reports of the Director-General of Medical Services.
2. The distinction between mental hospitals and receiving houses is discussed in Chapter One.

malfunction or disease. On the other hand, there remained a large number of categories of madness that, even by the 1970s, could not be shown to have any organic cause. These latter categories were defined solely in terms of peculiarities of behaviour, and can be termed "behavioural" or "functional" disorders to distinguish them from "organic" disorders. Within the classification system accepted by Parkside Hospital in the 1960s (Section V of the International Classification of Diseases),¹ organic madness (including such disorders as general paralysis, Korsakov's psychosis, senile dementia) were covered by categories 290-94 and 309-15; while functional madness (including such disorders as schizophrenia, depression, paranoia) were covered by categories 295-308 (see Appendix 1).

For the purposes of this thesis, being concerned with the social behaviour that defined "good" and "not good" women, I was interested in functional madness only, so I set about dividing the hospital population along organic and functional lines. This was possible by using the Hospital Admissions Register of Patients, a Register that the institution was obliged to keep by law.² Each person admitted or re-admitted to the hospital had an entry recorded chronologically in the Register, and was given a number which became the identifying number of her/his case notes. As well, each entry included the category, "form of mental disorder." Beginning with the Register of 1945, and taking that of every fifth year to 1970, I separated out those admissions whose diagnoses fell within the functional categories, then took a random sample of ten female functional admissions for each year, making sixty in all. The numbers involved are shown in Table 1.

1. Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death (8th. Revision; Geneva: World Health Organization, 1967), pp. 141-155.

2. 1935, Act No. 2230. Mental Defectives Act, 1935, s.57.

Table 1. Total Admissions and Functional Admissions to Parkside Mental Hospital 1945-1970¹

Year*	Total Admissions*	Total Functional Admissions**	Female Functional Admissions**
1945 (45-6)	261 (291)	98	52
1950 (50-1)	417 (378)	178	87
1955 (55-6)	403 (329)	165	85
1960 (60-1)	703 (786)	417	227
1965 (65-6)	603 (556)	357	152
1970 (70-1)	331 (229)	182	92

* Years and numbers in brackets are the equivalent statistics from the Annual Reports of the Director-General of Medical Services, S.A.P.P. No. 21.

** Functional Admissions are only roughly calculated.

Source: Admissions Registers, Parkside Mental Hospital, and S.A.P.P. No. 21, 1946-71.

The sixty female functional patients thus selected were then traced through their case notes. These case notes varied considerably in the quantity and quality of information they contained -- from year to year, and from patient to patient. The usually limited nature of the records from 1945 to 1960, and their relative expansion in the next ten years, was explained by the hospital staff (in 1974) in terms of, firstly, the increased numbers of staff over the years which allowed more time for the keeping of records, and secondly, the fact that case notes used to be

1. These figures are derived from the Hospital's Admissions Register, and are slightly at variance with those of the published figures in the Annual Reports of the Director of Mental Health Services (S.A.P.P. Nos. 21). The difference is explained, firstly, from the fact that the published statistics covered the periods July to June, while the Register recorded from January to December; secondly, the published figures were partly corrected for discrepancies in the Register arising from administrative procedures, e.g., recording of transfers of patients from one section of the hospital to another, transfers between different hospitals and receiving houses, and readmissions after trial leave.

kept in a central, and hence isolated, room in the Administration Building and were written up only once a week, whereas later they were kept in the wards with the relevant patients, and were therefore much more accessible after each visit or examination.

Within this thesis, there has been no intention to deal explicitly with the women of the case notes as patients, or as being statistically representative of anything. Their biographies are treated individually and qualitatively, as examples of lives and experiences within the gender-order of South Australian society: examples that may be extreme, but that nonetheless happened. Because they were real women, I have taken considerable care to preserve their privacy and the confidentiality of their stories. The sample of notes was selected by random process, as described above. The cases so selected were coded several times, and the women were given invented names which bore no resemblance to their real ones. For those women who were not Australian-born, their names were invented so as to retain a semblance of ethnic authenticity. I decided to use surnames as well as first names in order to reduce confusion between the cases, to invest them with more individual identities, and thus to aid readability. The names of all the women from the case notes used in this thesis remain, nonetheless, totally fictitious, having no relation whatsoever to real individuals or real families who may bear those names. Details from the notes which might be used to identify any actual woman have been altered, except insofar as they were intrinsically important to my analysis of her life.

The use of the case notes, and hence the lives of real women, is important to my analysis in that they provide the individual unity, social complexity, and precision of detail necessary to follow through the relations of the gender-order: the meaning of being a "woman"; the relations between individual women, individual men and specific

institutions; the discrepancies between the ideal of the good woman and the lives of real women. Their use is in their individual detail. As an overview, however, the following list establishes the broad sociological and historical outlines of their sixty lives.

Birth dates: 1884 to 1953;
 First admission dates: 1932 to 1970;
 Age at first admission: 15 to 84;
 Place of residence: 7 in the City of Adelaide, 14 in the country, 3 in hostels or camps, the rest in the Adelaide suburbs;
 Nationality: 12 were migrants, of 7 nationalities (Greek, Italian, English, Polish, Maltese, Yugoslav, American), and 6 of them were said to have a "language problem" (2 Italians, 3 Poles, 1 Greek);
 Marital status: 16 were single, 4 divorced or permanently separated, 5 widowed, 2 in de facto relationships, and 33 married;
 Occupation: according to the Admissions Register, only 11 worked in the public economy (1 nun, 1 ballet dancer, 4 domestics, 2 office workers, 2 process workers, 1 unemployed); on following through the case notes, a further 14 women, initially classified as "home duties," were shown to have worked in the public economy at some stage (4 unknown, 4 domestics, 3 skilled or unskilled manual workers, 2 teachers, 1 office worker);
 Hospital career: 51 were certified at some stage, with information given variously by husbands, parents, children, relatives, in-laws, neighbours, landladies, nurses, nuns, police; 4 died and 1 committed suicide; number of admissions per person ranged from 1 to 17; overall time spent in hospital per person ranged from 10 days to 31½ years.

Of the sixty cases of my sample, six have not been dealt with individually within the thesis: three were eventually diagnosed as being organically mad; two were so chronically mad at the time of their first admissions that no social history could be recorded; and the notes of the sixth, who was diagnosed as depressed, were almost entirely taken up with the pros and cons of her having a leucotomy (which she eventually did), and insofar as I was not concerned with internal hospital treatments or patient careers, was irrelevant.

My concern throughout this thesis is to establish a double focus on the South Australian gender-order and its ideal of the good woman: how the order and its ideal were maintained and enforced by specific institutions, and the particular ways in which women experienced them. The first chapter establishes the ideological context of my empirical data, discussing the institutional treatment of the mad in South Australia, the role of the psychiatric and medical professions, and the meaning (or lack of it) of madness and being mad. The following three major chapters discuss the five areas outlined above as being critical to both the ideological control and the subjective experience of being a woman in twentieth century South Australia. Chapter Two concerns the Domestic Arts Branch of the Education Department and its goal of training girls to become good wives and mothers; Chapter Three deals with the public economy and the definition of good women as public workers; Chapter Four discusses immigration policy and the ideal of the good "New Australian" woman.

CHAPTER ONE: MADNESS, MEDICINE AND WOMEN

- I. **The State and Madness.**

- II. **The Medical Profession: Its Conception of Madness.**
 - (a) **The Medical Model**
 - (b) **The Organic Approach**
 - (c) **Functional Madness**
 - (d) **The Psychosocial and Eclectic Approaches**
 - (e) **General Practice**

- III. **Mad Women.**



MADNESS, MEDICINE AND WOMEN

I. The State and Madness

Within eight years of the European colonisation of South Australia, the first ordinance concerning madness was proclaimed by Governor Grey: "to make provision for the safe custody of, and the prevention of offences by, Persons dangerously Insane, and for the care and maintenance of Persons of Unsound Mind."¹ The ordinance established formal legal and medical procedures whereby such people could be lawfully committed to "some gaol, house of correction, or public hospital," or to "such lunatic asylum as he, the Governor, may appoint." A second ordinance was proclaimed in 1847, "Further to provide for the Care and Maintenance of Persons of Unsound Mind,"² while Act No. 6 of 1854 dealt with the estates of lunatics. These laws were consolidated and amended in the Lunatics Act of 1864.³ All these provisions, which followed closely the concerns and solutions of the British Parliament of the same period, dealt with the establishment of State control over and the detention of mad people. The State's objects were two-fold: the maintenance of public order, and the protection of the sane. In Britain, much of the pressure for "lunacy reform" had come after revelations of sane people being illegally detained as mad: it was acceptable for the genuinely mad to live in the appalling conditions of the madhouse, but the sane must be protected from fraud, malice or error that might lead them to be subjected to such treatment.⁴ In South Australia, there were no such

1. 1844. Ordinance No. 10.

3. 1864. Act No. 21.

2. 1847. Ordinance No. 2.

4. Kathleen Jones, Mental Health and Social Policy 1845-1959 (London: Routledge and Kegan Paul, 1960), p. 11.

scandals, but the fear was still there, and the 1864 Royal Commission on the Lunatic Asylum recommended strongly that provisions be established "for the greater security against incarceration of sane persons in Lunatic Asylums."¹ Such provisions had been made previously, but had not been strictly adhered to, so each new law attempted to tighten the formal procedures necessary for detention. But as well as fear of illegal incarceration of the sane, there was also fear of violence from the truly insane. In 1909, another Royal Commission was convened to report on the management of the Parkside Lunatic Asylum, in response to allegations that the institution was too liberal, and run in an irregular and slipshod manner.² It became clear to the Commissioners that the Resident Medical Officer in charge of the Asylum was allowed too much autonomy under the legislation directing his duties, and in 1913 a new Act was passed which spelt out in even more detail the duties and responsibilities of those concerned with the management and treatment of the mad.³ This Act also provided a more diversified system of institutions to deal with mad people. Firstly, mental hospitals rather than asylums were to be established. Parkside Lunatic Asylum, which had opened in 1870, was renamed Parkside Mental Hospital (its next name change was in 1967, when it became Glenside Hospital).⁴ A second

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1. S.A.P.P. No. 30, 1864. Report on Lunatic Asylum by Commission Appointed to Inquire Into and Report on the Management, etc., of the Lunatic Asylum and Hospital, par. 5.
 2. S.A.P.P. No. 25, 1909. Report of the Royal Commission on the Management of the Parkside Lunatic Asylum and Treatment of Criminal Lunatics. This Commission was established following the discovery of certain irregularities in the management of criminal lunatics during an earlier Royal Commission, On the Conviction of Miles Flynn, S.A.P.P. No. 20, 1909.
 3. 1913, Act No. 1122. The Mental Defectives Act, 1913.
 4. S.A.P.P. No. 21B, 1970-71, Report of the Director-General of Medical Services.

hospital, Northfield Mental, was opened in 1929. The Act provided, secondly, for receiving houses, which were for the short-term treatment of acute or borderline cases.

The main object of a receiving house is for the observation and temporary treatment of patients in cases where it is not clearly established that they will need to be dealt with for a considerable time in a mental hospital.¹

Under this provision Enfield Receiving House began operation in 1922.²

Forty years later, two new receiving houses were gazetted: Paterson House and Cleland House, both on the grounds of Parkside Hospital.³

The third category of institution, the receiving wards, were similar in function to receiving houses, but operated within general public hospitals. Finally, the Act allowed for the establishment of hospitals for criminal mental defectives. The Mental Defectives Act of 1913 thus created the basic legal and institutional framework for the care of the mad throughout the period of my survey, 1920-1970. Following numerous amendments to the Act, a new consolidating Act was passed in 1935,⁴ and ultimately repealed in 1977.⁵

All of these statutes were concerned fundamentally with the organisation of the Asylum, Hospital, and Mental Health Service; with the procedures for the admission and discharge of patients; and with the administration of mad people's estates. In regard to treatment, the legislation provided merely for supervision: records of various sorts

1. S.A.P.D., Vol. 59, 1912, Second Reading of the Mental Defectives Bill, p. 318.

2. S.A.P.P. No. 21, 1923. Report of

3. S.A.P.P. No. 21A, 1965-6.

4. 1935, Act No. 2230. Mental Defectives Act, 1935.

5. 1977, Act No. 24. Mental Health Act, 1976-1977.

must be kept, and the various institutions caring for the mad must be open to inspection by official visitors. That is, the Acts set up special government institutions for the care of the mad, established the boundaries between the world of the sane and that of the mad, and designed the formal procedures whereby an individual could be legitimately removed from one world and transferred to the other. From 1844 to 1977, the only way a person could be legally detained as mad was through an examination by a justice of the peace or a judge, and by a qualified medical practitioner certifying that she/he was indeed insane.

Until 1922, all admissions to asylums or mental hospitals were, in effect, compulsory detentions (see Table 1). In that year, Voluntary Boarders were permitted, that is to say, people who requested their own admission. But such action, however, made them "liable to be detained in the institution for three days after any application in writing to be discharged therefrom has been received by the superintendent of the institution."¹ The encouragement and practice of voluntary admission was very limited until after 1962, when this provision was amended to allow admission without any formal application and to remove liability of detention.² During the first forty years of my survey, then, the definition of who was mad and therefore liable to detention and treatment in a mental hospital was established strictly by law.

Although there were numerous changes over the period from 1844 to 1978, there were always two basic components to the legal definition of a mad person: firstly, a legal perception of some threat to public

1. 1922, Act No. 1532. Mental Defectives Act Amendment Act, 1922.

2. 1962, Act No. 28. Mental Health Act Amendment Act, 1962, s. 7.

Table 1. Certified Civil Admissions in South Australia, 1920-1970.

Year	No. of Certified Patients*	Total Admissions	% Certified of Total Admissions
1920	290	290	100
1925	538	538	100
1930	588	588	100
1935	743	743	100
1940	606	613	99
1945-6	748	816	92
1950-1	1141	1184	96
1955-6	1456	1910	76
1960-1	1498	2439	61
1965-6	642	2810	23
1970-1	716	3527	21

(Source: S.A.P.P. No. 28, 1921; Nos. 21, 1926-71: Reports of the Director General of Medical Services.)

* Because of the changes in certification procedures over the years, these figures and percentages have been derived by subtracting Voluntary Boarders and Informal Admissions from the total admissions, excluding forensic admissions.

order; secondly, a medical perception that the threat derived from the individual's unsoundness of mind. Until 1913, these two components were left implicit in the legislation, but in that year the new Act provided a substantial definition of a "mentally defective person": "a person who, owing to his mental condition requires oversight, care or control for his own good or in the public interest."¹ The definition of a person's own good and the public interest were spelt out broadly, as being where a person: (a) was not under proper care or control; (b) was cruelly treated or neglected by any person having or assuming the care of him; (c) was without sufficient means of support; (d) was found wandering at large; or (e) was found under circumstances denoting a purpose of committing some offence against the law.² These were the conditions under which a justice of the peace could order the detention of a person in a mental hospital, provided that a medical practitioner certified that the person was mentally defective.

The "good" and the "interest" embodied in these conditions arose from the State's historical perception that the law should intervene only when a person's family had fallen down in its social task of looking after and disciplining its members, and when the member in question was deemed not capable of being responsible for her/himself.³ A sane

1. Mental Defectives Act, 1913, s. 4. This definition was adopted from the New Zealand Act of 1911. See, S.A.P.D. 1912, Vol. 59, p. 317. Previously, under the 1864 Lunatics Act, a lunatic had simply been defined as "every person of unsound mind and every person being an idiot."

2. Ss. 35, 38.

3. Kathleen Jones, Lunacy, Law and Conscience 1744-1845: The Social History of the Care of the Insane (London: Routledge and Kegan Paul, 1955); David J. Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, 1971), pp. 3-29.

person could be exploited or cruelly treated by her/his family or guardians, and the law would not intervene; a sane person could not be apprehended merely for being poor or wandering the streets; a sane person had to have actually committed an offence or be in the process of doing so before the criminal law could come into operation.¹ In other words, the law made an exception to its generally uninterested position in regard to individual well-being and its interested but generally restrained position in regard to the threat posed by individuals to the society. It was willing to take over paternalistic control and to deny individual civil liberties, but only when the person concerned could be judged to be less than a citizen. Once this judgment had been made, the individual was turned into a patient and lost control of her/his life; more so, in fact, than did criminals. The criminal law contained many procedural safeguards and evidentiary rules in favour of the accused, but the mental deficiency law had none; the criminal could appeal against conviction, the mental defective was deemed incapable of such action.

The necessary judgment of the "mental condition" which justified this legal exception was left entirely in the hands of the medical profession. Only a doctor could legitimately certify a person as being mentally defective, and all commitment procedures required the involvement of a medical practitioner. The law did recognise that individual doctors might be untrustworthy, and made provision that when a justice was not involved in the committal proceedings, the suspected mental defective must be examined by

1. T.S. George, "Commitment and Discharge of the Mentally Ill in South Australia," Adelaide Law Review, 4, No. 2 (Dec. 1972), p. 339.

two medical practitioners, neither of whom is in partnership with, or is the parent, child, brother, or sister of, or an assistant to, the other, and each of whom has separately from the other personally examined the person to whom the certificates relate, within the period of seven days immediately preceding the reception of the said person.¹

It was not so much to individual doctors as to the self-regulating, semi-autonomous profession of medicine that the State delegated its powers concerning the definition of its citizens as sane or insane, and their treatment thereafter. The State was concerned with the maintenance of public order and harmony, and was prepared to lock away those who disturbed it if they could be defined as irresponsible. The State and the medical profession together provided the passports across the social border between liberty-sanity and confinement-madness. Once inside the world of the mad, the profession had almost total control. Since the State allowed the medical profession the power to define madness, it is necessary to look at that institution to discover the content it gave to madness. If the women of Glenside Hospital were defined as mad, what did this mean, and what implications did that meaning have for the medical profession's understanding of the good woman?

1. Mental Defectives Act, 1913, S.42; Mental Defectives Act, 1935, S.31.

II. The Medical Profession: Its Concept of Madness

(a) The Medical Model.

The medical profession began to emerge in Western Europe and England during the thirteenth century. Its concern initially was with physical disease and illness alone, and it competed with the old informal networks of self-styled "healers" -- witches, midwives, herbalists, etc. Over the centuries, because of its self-organisation and through the patronage of the elite it served, the medical profession came to establish a virtual monopoly over the definition and treatment of all physical illnesses. Direct competitors were driven out, or underground, to become the "crank" fringe. Collateral occupations, for example pharmacy, were placed under supervision, their powers were limited, and they were made ancillary to medicine. By the mid-nineteenth century, medicine's pre-eminence and autonomy as both a learned and a consulting profession were such as to be limited only by the State which granted and protected its privileges.¹

The State's concern with health and illness was in the creation and maintenance of an able-bodied workforce. Those who fell ill could not work, and became a burden upon their families, or, in extreme cases, upon the State itself. If medicine could fit them again for economic activity (and if they could afford it), well and good. If not, they became superfluous and served only as deliberately degraded examples to keep all other workers with their noses to the grindstone.²

1. Eliot Freidson, Profession of Medicine: A Study of the Sociology of Applied Knowledge (New York: Dodd, Mead, 1970), pp. 23-24; Barbara Ehrenreich and Deidre English, Witches, Midwives and Nurses: A History of Women Healers, Glass Mountain Pamphlet, No. 1 (New York: Feminist Press, 1973), pp. 13-18.

2. F.F. Piven and R.A. Cloward, Regulating the Poor: The Functions of Public Welfare (London: Tavistock, 1972), pp. 33-34.

All such economically useless people were considered to be a family or communal responsibility. But if this responsibility was lacking, they were herded into jails and poor-houses where conditions were such as to ensure that no one with any conceivable alternatives would seek public aid. Until the eighteenth century, this group of unfamilied, economically useless paupers was undifferentiated, and the aged, the disabled, the mad, the petty criminals and the vagrants were all lumped together indiscriminately.¹ During the late eighteenth and early nineteenth centuries, some differentiation began to occur. The old familial-communal responsibility for deviants was seen as inadequate, and a more institutional approach took over. The criminal were directed to the penitentiary, orphans and juvenile delinquents to houses of refuge, the poor and the aged to almshouses, and the insane to asylums.

This physical, institutional differentiation of deviants was accompanied also by intellectual or conceptual changes concerning the cause, meaning, and treatment of deviancy. In the case of madness, this involved its transition from the competence of the church to that of the medical profession. Previously, demonology had been the study that analysed madness, not psychiatry. Three centuries, from the sixteenth to the eighteenth, were required to effect this transition, in barest outline. Gregory Zilboorg, in his A History of Medical Psychology,² proclaims Juan Luis Vives (1492-1540) the founder of modern

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1. Andrew T. Scull, "From Madness to Mental Illness: Medical Men as Moral Entrepreneurs," Archives of European Sociology, 16 (1975), p. 222; Rothman, Discovery of the Asylum, pp. xiii-xiv.
 2. A History of Medical Psychology (New York: Norton, 1941), pp. 180-95, 207-35.

psychology, and Johann Weyer (1515-1588) the founder of modern psychiatry. But these were isolated intellectuals, not practical founders of professional procedures. It was only with the birth of the asylum in the early years of the nineteenth century¹ that medicine was able to begin its campaign to achieve virtually undisputed possession of the realm of madness. This transition from religious to medical control of madness came about largely through the superior power of the latter in the field of physical illness. Up till now, the mad had been either punished or cared for. The medical profession offered an alternative -- that of cure. By defining madness as an illness, it gained an advantage. Everybody "knew" that it had powerful remedies and "cure-alls" which worked against a large range of complaints.² Moreover, it defined these complaints and explained its remedies in terms of "science" (or at least of its possession of special training and expertise), as against "superstition" and used as well a technical language which tended to overawe lay people. By the 1830s, a doctor was an essential member of the administration of all madhouses.³ The asylum was turned into a medical space, lay and religious competitors were driven out if they would not become subordinate, and madness became a medical problem.⁴

Having gained possession of the field, the profession then had to determine how to deal with madness. In the mid-nineteenth century,

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1. See Johns, Lunacy, Law and Conscience, pp. 66-78. History of the Clergy of the City of London.
 2. Scull, "Madness to Mental Illness," p. 224.
 3. Ibid., pp. 256-57.
 4. Michel Foucault, Madness and Civilisation: A History of Insanity in the Age of Reason, trans. R. Howard (1967; rpt. London: Tavistock Social Science Paperback, 1971), p. 270.

there was a host of theories to explain causes, and a proliferation of treatments. Some worked, some did not. But generally, these theories and treatments derived from a belief in the equivalence of physical and mental disorders.¹ Madness came to be fitted into the framework of the "medical model" which was the paramount ideological and practical structure of the treatment of illness for over a century, and was still adhered to in large degree at the end of the 1960s. David Clark, in Social Therapy in Psychiatry,² gives a bald statement of the medical model:

People are healthy until they fall ill. Illness is caused by a disease which is usually an invasion of the body by a poison or a germ, or an accident. Ill people go to doctors who study their signs and symptoms and diagnose the disease. They then apply treatments, medications, surgery or special régimes, which cure the disease, mend the injury, drive out the poison, or kill the germs. Some illnesses can be cured at home, but for some it is necessary to go into hospital. There the doctors carry out their tests and later their treatments while the nurses provide care, make the patient comfortable, and carry out the doctors' orders. Hospitals are basically places in which patients are cured by the doctors' skill and cared for by the nurses' compassion.

An essential aspect of this model was its characterisation of the patient as ignorant, as passive, as a physical entity in which one of the parts had gone wrong. The patient must simply follow instructions and cooperatively allow necessary things to be done to and with her/him. The model thus established the essential social meaning of "being ill" over the last hundred years: the removal of responsibility from one person to another (usually a doctor), a transfer of will, a temporary or permanent abdication of one person's status as a competent human being

1. Scull, "Madness to Mental Illness," pp. 250-57.

2. Social Therapy in Psychiatry (England: Penguin, 1974), p. 34.

and the placing of the control of her/his life in the hands of other people. Depending on the severity and legitimacy of the illness, the ill person was exempted from normal social role responsibility and must be taken care of; she/he was under only one obligation -- to want to get well -- which entailed seeking and co-operating with technically competent help.¹ The corollary of the passive and ignorant patient was the scientific and humane doctor.

The patronising implications as well as the continuing strength of these social roles derived from the medical model are exemplified in an article written at the end of my survey period, applauding and encouraging the dichotomy between expert and layperson. It was written by an American doctor, but published in an Australian professional journal, and was headed by the editorial assessment that the article "sums up to perfection [the] concept of excellence" of the clinician's role. The author proposed "some practical guidelines in talking to patients":

Almost all patients, regardless of intellectual capacity, are naive and simplistic when dealing with their own health problems. One should assume nothing, and start from basic facts, and build upward. A brilliant person is often a dull patient. A less endowed patient is often like a child. . . . Needless details and technicalities should be avoided. They will not be understood, and may prompt a host of new anxieties.²

This medical model arose out of the profession's treatment of physical/tangible disease. How rational did a patient have to be in order for her/his broken leg to be set? how knowledgeable to be

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1. Talcott Parsons, "Social Structure and Dynamic Process: The Case of Modern Medical Practice," in The Social System (London: Tavistock, 1952), pp. 436-47; Freidson, Profession of Medicine, p. 238.
 2. P.A. Tumulty, "What Is a Clinician and What Does He Do?" Annals of General Practice, 16, Part 6 (Oct. 1971), p. 148.

inoculated against smallpox? But when medicine took over the treatment of the insane, the medical model was imperially imposed, with far less justification.¹ Only a few cases of madness were clearly caused by accidents, only a few could be traced to germs or poisons. The medical model, however, organized the profession's knowledge and research into a pursuit of such tangible, physical causes, which could be treated by tangible, physical means -- surgery, inoculation, drugs.

(b) The Organic Approach

Throughout the nineteenth century, there was conflict within the profession over the understanding and systematization of madness, a conflict polarized into the somatologists vs. the psychologists. The issue was an ancient one -- Hippocrates had argued for physical brain-disease against the priestly proponents of divinely-inflicted injury.² By the end of the century, the somatological approach was triumphant.³ The publication, in 1896, of the fifth edition of Emil Kraepelin's Lehrbuch, was widely taken to have proved decisively that madness, after all, was a disease like any other, caused either by a defective organ, by heredity, by metabolic changes or disturbed physiology.⁴ Once the disease had been acquired, its course was predetermined, as was its outcome. Kraepelin's classification of mental diseases was based on extensive clinical observation and fully documented statistics.

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1. But see, P. Sedgwick, "Mental Illness is Illness," Salmagundi, No. 20 (Summer-Fall 1972), pp. 196-224.
 2. Anthony Hordern, "Psychiatry: Past and Present: The 'Organic' Approach," Journal of Neuropsychiatry, 4 (July-Aug. 1963), p. 356.
 3. Zilboorg, History of Medical Psychology, pp. 379-464.
 4. Ibid., pp. 454-60.

He used no concept of personality; he

was interested in the form, the types, of mental illness, rather than their ideational content. Kraepelin did not want to know what the patient thought when he was ill, but how he thought.¹

This somatological classification refined by Kraepelin, and the basic assumptions of his approach, were still in use in the late 1960s, although considerably modified by later researchers. Such somatological conceptions of madness obviously fitted in perfectly with the medical model. The patient had merely to remain passive and co-operative while the disease worked its course or was dealt with by the doctor. The general medical justification for this passivity, viz., the patient's irrationality and ignorance when confronted by her/his own illness, was, as well, doubly legitimate in the case of the mad. Clearly, mental or brain disease destroyed rationality.

With Kraepelin, then, at the turn of the twentieth century, madness as a physical disease was painstakingly described and classified. But its treatment was not much further advanced. The asylum was a place of dread, with its high walls, its crowded, locked wards, the bizarre behaviour of its inmates and the peculiarity of their keepers.² The "moral treatment" of the early asylum doctors had degenerated into mere incarceration. The mad got better, if at all, "by the grace of God

1. Ibid., p. 453; also, L.L. Robbins, "A Historical Review of Classification of Behavior Disorders and One Current Perspective," in The Classification of Behavior Disorders, ed., Leonard D. Eron, Current Concerns in Clinical Psychology, I (Chicago: Aldine, 1966), pp. 12-13.

2. As Sir John Downer reported to the S.A. Parliament, in 1912: "to put it colloquially, the Miles Flynn Commission found that every man who had been a long while in charge of lunatics became as mad as a hatter." S.A.P.D., 1912, Vol. 59, p. 379. See also, W.A. Cramond, "General Hospital Psychiatry," South Australian Clinics, 4, No. 3 (1969), p. 167; J.F. Williams, "Present-Day Trends in Psychiatry," Medical Journal of Australia, II (1947), p. 505.

and the natural history of disease processes . . . with the passage of time -- often rather a long time,"¹ The psychiatrist, or alienist, might be able to diagnose the disease, but could not cure it. He simply kept the mad away from society, and dealt with their physical complaints. Nonetheless, the psychiatrists, inspired by achievements in the treatment of other forms of illness, continued to experiment with a variety of physical cures.

Parkside Asylum was opened in 1870, and from the beginning, a series of chemical and physical treatments was employed. Sedatives, such as chloral hydrate, were used from the first year; bromides were introduced soon after, then paraldehyde in 1882, and barbiturates in 1903.² These were used basically to calm agitated patients rather than to cure them. In 1917, Wagner-Jauregg discovered that infecting patients with malaria was effective in the treatment of general paralysis of the insane,³ and the method was taken up with enthusiasm at Parkside.⁴ In the 1930's, arsenic was used, also for the treatment of syphilitic disorders. Next came a series of chemical "shock" therapies: in 1938 cardiazol, a central nervous system stimulant, was first used, as was insulin (to induce convulsions while in coma). In that same year, two Italians, Carletti and Binni, developed a machine to induce shocks electrically. Three years later, Superintendent Birch of Parkside

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1. A. Stoller, "Modern Trends in British Psychiatry," Medical Journal of Australia, II (Dec. 1947), p. 765.
 2. H.T. Kay, 1870-1970: Commemorating the Centenary of Glenside Hospital (S.A.: Griffin Press, 1970), p. 57.
 3. Initially it was thought that the fever itself was the remedy, but it was later discovered that the malarial protozoan destroyed the syphilitic spirochete. Horder, "The 'Organic' Approach," p. 356; Zilboorg, History of Medical Psychology, pp. 276, 551.
 4. Kay, Centenary, p. 57.

Hospital built an electroconvulsive shock machine himself and began regular use of it. In 1945, he also pioneered neurosurgical procedures in Australia with the first leucotomy operation.¹

In the case of general paralysis of the insane, there was accurate knowledge of the disease's cause and how the various drugs worked. With other mental "diseases" and their treatments, the approach was purely pragmatic: if they worked, they worked, but no-one knew how or why. As the Superintendent of Parkside Hospital wrote in 1947, concerning leucotomy,

it is said that the prefrontal cortex is concerned with thought, but actually we do not know much about its precise function, despite the accumulating knowledge of what a man is like with his frontal lobes partially removed or severed as in leucotomy. . . . At the present time, we have to confess that we do not know precisely what fibres it is necessary to sever to get the best results, and moreover, if we did know it would not matter, for the present operative procedure does not allow exact localization.²

Despite this lack of knowledge about the operation and effect of physical treatments, each of them was quickly introduced into Parkside Hospital, not the least reason being that such treatments seemed "to bring psychiatry more into line with other branches of medicine";³ they were "real" treatments, and served to confer medical respectability on the mental hospital.

The next major development in the physical treatment of the mad came after the Second World War. In the early post-war period, many medical researchers were showing considerable interest in biochemistry

1. Ibid.

2. H.M. Birch, "Prefrontal Leucotomy," Medical Journal of Australia, II (1947), p. 508.

3. Williams, "Present Day Trends in Psychiatry," p. 505; Clark, Social Therapy, pp. 26-27.

and neurophysiology. A great number of new compounds were developed, and used for a variety of purposes. Then their "side-effects" were realised to have more therapeutic effect than the originally planned major effect. One such substance was phenothiazine, which had originally been used by veterinarians to kill intestinal worms. From this was derived promethazine, which was used for its anti-histamine properties. Then chlorpromazine was synthesized and used as an anti-histamine, and later as an anti-emetic, but in both uses it produced too much sedation, at which point its psychiatric possibilities were tested. Chlorpromazine (Largactil) was found to sedate and quieten aggressive patients, reduce hallucinations and delusions, and generally bring mad behaviour under control. From the late fifties on, a whole battery of similar "psychotropic" tranquillising and anti-depressant drugs were developed, sparking off what was termed a new psychiatric revolution.¹ The new drugs were introduced into Parkside Hospital in 1955, and very quickly began to show effect. Many patients who had formerly been kept under restraint became manageable; chronic patients became sociable, and some were even discharged; the staff was freed from the constant fear of violence and they were allowed space to consider other forms of therapy.² Here again, as with the other physical treatments, no-one knew how or why the new drugs worked.³

Thus, by the early years of the twentieth century, the somatologically oriented psychiatrists had established a classification of the forms

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1. A. Stoller, "The First Tranquilliser Decade: A Review," The Australasian Journal of Pharmacy (Jan. 1966) 47, No. 553 Supplement No. 37; Clark, Social Therapy, p. 28.
 2. S.A.P.P. No. 21, 1957.
 3. National Health and Medical Research Council, Modern Psychotropic Drugs in Medical Practice (Canberra: Australian Government Publishing Service, 1974), p. 2.

of madness; by the 1960s, they had developed a set of electrical, surgical and chemical treatments which affected the behaviour of their patients. During the century, they had discovered the causes of many forms of madness -- physical causes.¹ General paralysis of the insane was proved to be caused by syphilis, senile psychosis by degeneration of brain tissue, while various intracranial infections produced symptoms of madness -- memory loss, disorientation, physical unco-ordination, delusions. But there were other forms of madness for which no cause could be found: schizophrenia, manic-depression, paranoia, personality disorders, neurosis -- the so-called functional disorders.² The somatologists worked throughout the twentieth century to discover in these instances, too, a physical cause for the disease. Most particularly, they sought biochemical explanations.³ But none of the many theories advanced has to date been widely accepted or conclusively proved, and many researchers consider that the somatological approach is by its very nature incapable of defining or treating functional mental disorder.⁴

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1. These disorders fall in the categories 290-94 and 309 of Section V, "Mental Disorders" of the World Health Organization: Manual of the International Classification of Diseases, Injuries, and Causes of Death (8th Revision; Geneva: W.H.O., 1967). See Appendix One.
 2. Functional mental disorder is defined by Gove and Tudor as follows: "a disorder which involves personal discomfort (as indicated by distress, anxiety, etc.) and/or mental disorganization (as indicated by confusion, thought blockage, motor retardation, and, in the more extreme cases, by hallucinations and delusions) that is not caused by an organic or toxic condition. The two major diagnostic categories which fit our definition are the neurotic disorders and the functional psychoses." W.R. Gove and J.F. Tudor, "Adult Sex Roles and Mental Illness," in Changing Women in a Changing World, ed. Joan Huber (Chicago: University of Chicago Press, 1973), p. 50. I have extended this definition to include personality disorders. That is, throughout this work, functional mental disorder covers categories 295-301 of the International Classification of Diseases, Section V. See Appendix One.
 3. Hordern, "The 'Organic' Approach," pp. 364-65.
 4. Zilboorg, History of Medical Psychology, pp. 459-64, 494-500; Robbins, "Classification of Behavior Disorders," pp. 16-17.

(c) Functional Madness

Through their researches, then, the somatologists succeeded in splitting madness in two: on the one hand, organic mental illness, on the other, functional mental disorder. With the functional mental disorders, medical science had advanced by the 1960s¹ no further than had the church prior to the nineteenth century: the profession's belief in the possibility of finding somatic causes was as much an ideological construct as the church's belief in madness as divine punishment. Moreover, the profession's ability to diagnose and define the functional mental disorders was as little scientific as the church's identification of witches.² The medical profession could not devise a test which could conclusively prove that a person was, for example, schizophrenic, as compared with its certainty in the diagnosis of syphilis by use of the Wassermann test. The diagnosis of any of the functional disorders was based not on a scientific codification of symptoms but on a doctor observing and assessing behaviour -- the so-called "clinical procedure." Thus, Charlotte Silverman wrote of depression:

the diagnosis of depression is still essentially a clinical process. There are no established criteria or objective procedures upon which there is phenomenological, behavioural, or psychodynamic agreement. The recognition of depression results from inspection, history, interview, and empathy. . . . In general, it appears that the clinical diagnosis of manic-depressive psychosis and other depressive conditions is made no more consistently than would occur by chance, and that observer variability is³ the principal element in diagnostic discordance.

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1. Thomas Scheff, Being Mentally Ill: A Sociological Theory (London: Weidenfeld and Nicolson, 1966), p. 7.
 2. The second part of the Malleus Maleficarum (the Witches' Hammer) of 1484 "is devoted to what we would call today clinical reports. It tells of various types of witches and the different methods one should use to identify a witch. To use modern terminology, it describes the clinical pictures and the various ways of arriving at a diagnosis." Gregory Zilboorg, The Medical Man and the Witch during the Renaissance (New York: Cooper Square, 1969), pp. 8-9.
 3. Charlotte Silverman, The Epidemiology of Depression (Baltimore: Johns Hopkins, 1968), pp. 14, 24.

Other studies have tested the reliability of the diagnosis of schizophrenia, and discovered the same discrepancies. Psychiatrists presented with the same patient rarely agreed on their diagnosis, and the more experienced the doctors, the less likely they were to agree.¹

Identification of functional mental disorder was through clinical judgment. That judgment was the fruit of years of practice, of trained subjectivity. Nonetheless, that judgment was necessarily conditioned by the life of the judge. It was inevitably caught within the limited compass of any single doctor's experience, and therefore inevitably biased according to the doctor's age, sex, class position, and according to the particular society and the particular age in which she/he lived.² Clinical judgment in this instance meant that the doctor was confronted by a person who either felt unhappy or whom other people said was acting oddly. The person's behaviour was the only evidence upon which the diagnosis could be made. But judgment of behaviour means judgment of performance of social role, which is a social and moral issue, not a scientific one. As Lemert³ has pointed out, there is no behaviour which is intrinsically proof of madness, it is only the social context within which the behaviour occurs which gives it social meaning. (This is clearly exemplified in one of the cases from my Glenside survey: Karen Arndt had for many years "lived in her dream world." Over three or four years, her daughter-in-law had got to know her as "always away from reality; strange, but nice. Thought it was because she was artistic."

1. D.D. Jackson, "Introduction," in The Etiology of Schizophrenia, ed. D.D. Jackson (New York: Basic Books, 1960), p. 11.

2. Freidson, Profession of Medicine, pp. 346-48.

3. E.M. Lemert, "Paranoia and the Dynamics of Exclusion," in The Mental Patient: Studies in the Sociology of Deviance, ed. S.P. Spitzer and N.K. Denzin (New York: McGraw-Hill, 1968), p. 72.

It was only when Karen went "downhill" and was admitted to Glenside Hospital that the meaning of her behaviour changed from being a sign of creativity to a symptom of madness -- chronic paranoid schizophrenia.)

The importance of this social context in determining the meaning of behaviour was ignored by the somatologists within the medical profession. Behaviour was merely a symptom, a sign of the existence of a disease which they could not define but which they "knew" was there.¹ Insofar as they sought this disease entity, they were uninterested in the patient; their concern was only that the patient should be "good" within the terms of the medical model. Many mad people, however, behaved in ways contrary to the passivity, the desire to get well and the co-operation required of them. This contrariness was therefore seen by the doctors as further symptoms of disease. Wendy Logan was admitted to Parkside Hospital in 1955.

She required much persuasion before she allowed herself to be examined. Whilst attempting to examine her fundi she stated that I was wasting my time as her mind was perfect. She was suspicious and overbearing in her manner, and behaved as though she was arguing against the prosecution in the courts. . . . She seemed indignant that she was not allowed to call a witness in her defence. . . . She was indignant at having been brought here "by the police." She was obviously paranoid and she has well rationalised her delusions. With the lack of insight into her character and the misconstruction of truths to support her grandiose and persecutory ideas, she is classically a paranoiac.

Insofar as Wendy considered herself sane, she validly objected to being treated as potentially mad, but her indignation and sense of being on trial were ignored by the doctors, except as symptoms. It was only the form of her statements that mattered to them, not the content.

1. On the importance of clinical conceptualization, see George Rosen, "Patterns of Discovery and Control in Mental Illness," in Madness and Society: Chapters in the Historical Sociology of Mental Illness (London: Routledge and Kegan Paul, 1968), pp. 247-62.

(d) The Psychosocial and Eclectic Approaches

There were, however, other understandings of madness within the profession than this. Mostly, these had little bearing on the reality of psychiatric practice, at least from the turn of the century until the 1950s. Nonetheless, there were doctors who were more concerned with the patient and her/his personality than with any hypothetical diseased organ. Such doctors listened to their patients rather than simply observing their behaviour; they were concerned with the content of thoughts rather than their form. These doctors, throughout the nineteenth and early twentieth centuries, developed the idea that madness was not so much a disease but rather a developmental result of a series of psychological adaptations throughout a person's life. Madness and sanity were not diametrically opposed, but were fluid and interconnected states of mind. These medicopsychological theories had little effect upon either mainstream psychiatric theory or its methods of treatment until the crucial breakthrough came with Freud and Breuer's presentation of the theory of the unconscious in the 1890s and the development of psychoanalysis during the early years of the twentieth century. Even so, Freud's influence was limited until the Second World War. Prior to that, there was a flowering of private psychotherapeutic clinics in America, but in England, and Australia, there was little contact between institutional psychiatry and psychoanalysis.¹

During and soon after the War, a sudden upsurge of interest in madness and psychiatry was shown both by the medical profession and the population at large. This can be related to many factors including the use of psychological as well as physical testing of

1. Zilboorg, History of Medical Psychology, pp. 500-506; Clark, Social Therapy, p. 29; Jones, Mental Health, p. 93.

soldier-recruits; the awareness of "psychiatric casualties" in the lines;¹ and the war time propaganda which proclaimed the power of Nazism to be that of the evil use of mass psychology and brain-washing techniques.² Popular interest in madness was further stimulated by a new genre of film emerging from Hollywood and England to the rapturous delight of Australian audiences and the chagrin of Australian doctors.

One effect [of the recent spate of psychiatric films] is undoubtedly to place psychiatrists and psychologists on a pedestal which is very insecure. Far too much is portrayed in the way of dramatic therapeutic results, and it will be a matter for considerable disappointment to patients and relatives when the methods of "The Seventh Veil" and "Spellbound" cannot be used with the same success here as in Hollywood.³

Professional interest in psychiatry within Australia also grew during the war and post-war period. In 1946, the Australasian Association of Psychiatrists, later the Australian and New Zealand College of Psychiatrists (ANZCP), was founded. The ruling conception of madness in this Association was quite explicitly eclectic. Neither the somatic nor the psychological approaches predominated, but rather their combination. In his inaugural address,⁴ the first president, Professor W.S. Dawson,

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1. The Medical Journal of Australia, 1946, contained such articles as H.J.B. Stephens, "Observations on Psychoses Occurring in Service Personnel in Forward Areas," pp. 145-47; D. Ross, "Psychotic Casualties in New Guinea, with Special Reference to the Use of Convulsive Therapy in Forward Areas," pp. 830-33; C.M. McCarthy, "The Rehabilitation of War Neurotics," pp. 910-15; etc.
 2. "Post-War Germany: A Psychiatric Problem," Medical Journal of Australia, I (Jan. 1946), p. 119.
 3. Williams, "Present-Day Trends in Psychiatry," p. 505; A.A. Pain, "Correspondence: Psychotherapy," Medical Journal of Australia, I (June 1946), p. 859.
 4. W.S. Dawson, "Medical Education in Psychiatry in Australia," Medical Journal of Australia, II (Nov. 1946), pp. 721-30.

argued that "unfortunately there is as yet far more art than science in our methods," and that therefore a judicious balancing between the neurological approach, psychotherapy, psychobiology and a concern for psychosomatic medicine was necessary. He emphasized the need to consider the patient "more as a whole and not just as the unfortunate possessor of one or more diseased organs." As well, the patient should not be seen as an isolated individual, but as related to a wide social environment. There was no question that the organic aspect of madness was vital, but over-emphasis on its study would lead to a "too narrowly mechanistic point of view," and it must therefore be paralleled with study of personality and social context.

This Australian approach to psychiatry and madness was summed up the next year at the Association's meeting by Dr. John Williams: the philosophical background to modern psychiatry was its emphasis on the unity of body and mind.¹ Such a view was overly simplistic, and disregarded the contradiction between seeing madness either as a disease or as an abnormal variety of sane mental life. It was also still very much within the medical model: although the whole patient and not just a part was now the problem, the whole patient must still abdicate responsibility for her/himself and passively co-operate in the régimes imposed by the doctor. Moreover, there was also an evolutionary aspect to this Australian approach to madness which placed the mad person outside the pale of civilised society. Zilboorg writes of an attitude of "attenuated contempt, which was the hereditary feature of European psychopathology."² This attitude involved defining the non-organically mad as having a

1. Williams, "Present-Day Trends," p. 508.

2. Zilboorg, History of Medical Psychology, p. 493.

"fundamental weakness." This clearly was the way the Australasian Association of Psychiatrists saw the issue.

How much of our treatment, especially in the realm of psychiatry, is designed to make life easier for those by nature unfitted to stand the demands of their social environment? . . . Progress in those qualities which distinguish mankind from the brutes can continue only at the expense of those who must drop out of the race.¹

In the late 1940s, such moral contempt was covered by the pseudo-scientific veneer of social evolution. By the 1960s, the contempt, or at least exasperation, was more blatant. Of Gwen Kirk, her psychiatrist wrote in 1968:

therapeutically it is to be hoped that the remaining "grain of goodness" in this person may prevent her from becoming "wholly" bad, but the chances are that her impulsivity and inability to put time between thought and deed will carry her further to the precipice of disaster.

The reason for this outburst was that Gwen maintained that she "had no more to lose anyhow by more rigid adherence to social conventions," and refused to follow her psychiatrist's instructions. The doctor was committed to trying to change Gwen's immoral behaviour, but neither major tranquillisers nor supportive therapy had worked. Gwen refused to co-operate with medical treatment, so the doctor recommended her discharge from hospital and her admission to jail:

It was thought fit to recommend her admission to jail on remand (for insufficient means of support) rather than a return here, in the hope that this may perhaps drive home a lesson.

This was an extreme course of action, but nonetheless was indicative of the moral nature of psychiatry: insofar as people did not adhere to

1. Dawson, "Medical Education," p. 724; see also, R.S. Ellery, "A Psychiatric Programme for Peace," Medical Journal of Australia, I (April 1946), pp. 457-65; A. Stoller, "The Beattie-Smith Lectures: Social Health and Psychiatric Service," Medical Journal of Australia, II (July 1948), pp. 1-8.

social convention, or did not behave in socially acceptable ways, they could be classified as ill; insofar as they would or could not change themselves, they were to be considered as either "wicked" or "weak." At least in regard to functional madness, psychiatrists throughout the period of this survey were clearly "moral entrepreneurs,"¹ even when they appropriated for themselves the name of scientists.

The eclectic, mixed style of psychiatry that was predominant in Australia eventually brought about (or allowed to happen) a quite dramatic change in the institutional treatment of the mad during the 1960s -- a change that was pioneered in England in the 1950s.² The somatological approach produced the tranquillisers which meant that the excited, aggressive and anxious behaviour of patients could be controlled. The psychological approach produced an effective form of therapy -- group psychotherapy -- which was suited to the larger numbers and shorter time available in hospitals than was the case with psychoanalysis. The psychobiological (and sociological) approach produced a theory -- "institutionalization" -- which showed how the authoritarian and hierarchical nature of traditional mental hospitals was anti-therapeutic and made patients "worse." Professor W.A. Cramond, one-time Superintendent of Parkside Hospital, described institutionalization as

the secondary process which is grafted on to the original condition with which the patient is first admitted to hospital. It is characterised by a state of apathy and indifference, or of withdrawal and automatic obedience. . . . Many of the classical textbook descriptions of advanced states of deteriorated, dilapidated schizophrenia are now known to be due to the syndrome of institutionalization plus the underlying schizophrenic process. It is now appreciated that this syndrome developed because of the combination of

1. Scull, "Madness to Mental Illness," p. 218.

2. Clark, Social Therapy, pp. 14-33.

particularly rigid authoritarian administration and of the social control of a closed community acting on the withdrawn vulnerability of the schizophrenic individual who had already found interpersonal relationships traumatic.¹

The result of these developments, in South Australia, was the attempt to turn Parkside Mental Hospital into an "open door" hospital and a "therapeutic community." The details of this change were spelt out in the first report of the new Director of Mental Health, Dr. W.A. Cramond, in 1964, and ranged from the re-organisation of the administration of the Mental Health Service to alteration of the minutiae of ward life.² The purpose of the changes was to create "a more democratic and participating environment" in order that patients should "respond by taking more responsibility for their own actions." This, in turn, would lead "to a total improvement in their social behaviour and [help] to offset the deleterious effects of their basic illness."³ The medical model was still in force, but now the patient's responsibility to "want to get well" was the emphasized aspect, rather than passive co-operation.

One consequence of the many changes in psychiatry and mental hospitals in the decade of the sixties was that the meaning of madness began to change. It was no longer a dread disease which, having struck, led to the victim's forced incarceration, usually for life. Rather, it was a psychological maladjustment of personality and/or a fairly permanent illness which was controllable if treated early enough. At the time of acute crisis, the mad person might require hospitalisation, but

1. Cramond, "General Hospital Psychiatry." See also, D.V. Martin, "Institutionalization," Lancet, II (1955), pp.1188-90; Russell Barton, Institutional Neurosis (Bristol: John Wright, 1959).

2. S.A.P.P. No. 21A, 1965, pp. 8-16.

3. Ibid., pp. 12-13.

in general, the disability could be handled with drugs and therapeutic support within and from the community, in the person's own environment.¹ Early treatment was the key to the control of madness, so no longer were mad people expected to be "stark raving" before they could be identified. Since the scientific nature of functional madness was still not known, all and any "odd" behaviour might be an early symptom. The numbers of people seeking institutional psychiatric help increased remarkably: admissions to the Mental Health Services institutions increased steadily from 1700 in 1961-2 to 2800 in 1965-6 to 3500 in 1970-1.² In 1963 an Outpatients Department was organised and a Day Hospital established; in the next few years a number of Community Mental Health Centres were opened. By 1970, there were 4500 people under care in these less formal institutions. Meanwhile, many hundreds of thousands of other people were visiting their local doctors for treatment of psychiatric problems: in 1970, 8% of all visits to general practitioners were so classified.³

(e) General Practice

Throughout the period of this survey, 1920-1970, the general practitioner was the outrider for the mental hospital and psychiatrist: defining behaviour as early symptoms of madness, treating it with available drugs, issuing the referrals and certificates for more specialised or intensive psychiatric care. The growing emphasis on early treatment meant that psychiatry as a discipline became more generalised throughout

1. W.A. Barclay, "Providing Psychiatric Services for the Community," and B.J. Shea, "Community Support in Action: The Training and Roles of Mental Health Visitors," in Psychiatry and the Community, ed. Issy Pilowsky and David Maddison (Sydney: Sydney University Press, 1969), pp. 67-93.

2. S.A.P.P./21, No. 1965-6, 1970-1, 1970; See Table 1.

3. Ian L. Rowe, "Prescription of Psychotropic Drugs by General Practitioners: 1. General," Medical Journal of Australia, II (March 1973), pp. 589-93.

the medical profession. The number of doctors with post-graduate training in psychiatry increased quite substantially, but the absolute numbers remained small. There were five South Australian foundation members of the ANZCP in 1946; by 1970 membership had increased to forty two.¹ More importantly, however, there was an increase in the quantity and quality of psychiatric teaching in the general undergraduate medical course: if general practitioners were to be able to identify early symptoms of madness, they needed more training than the twelve or sixteen lectures in psychological medicine they had previously received.² In 1963, the South Australian Association for Mental Health raised the capital to establish a Chair of Mental Health at Adelaide University.³ Dr. W.A. Cramond took up the post, and restructured psychiatric teaching in terms of the new concern with the social context of madness. It still occupied, however, a quite small proportion of the overall six-year general course.

The change in the course of training was one of many professional and social changes affecting general practitioners which, in turn, affected their conception of madness. In the early decades of the twentieth century, the Australian medical profession was fundamentally composed of general practitioners. Even in the late fifties, general practitioners comprised more than half of all qualified medical practitioners in Australia.⁴ General practitioners were, however, poorly trained

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1. "The ANZCP Office Bearers and Fellows and Members as at 30th April 1970," insert in *Australian and New Zealand Journal of Psychiatry*, 4, No. 2 (June 1970).
 2. *Calendar of the University of Adelaide, 1935, 1960.*
 3. *Annual Report of the South Australian Association for Mental Health, 1972.*
 4. In 1949, 79% of all qualified medical practitioners were in general practice; by 1961; the proportion was 50%. *Australian Medical Association Study Group on Medical Planning, First Report: General Practice and Its Future in Australia: The Scope and Method of Practice of the Future General Practitioner* (Sydney: Australasian Medical Publishing, n.d. [1972]), Table 2.1, p. 14.

in dealing with unhappy, disturbed, mad patients.¹ Certainly, they were often closer than specialist psychiatrists to the patient's social and family environment, and may perhaps have understood something of the long term dynamics within it. But they were still trained to see the situation through the grid of the medical model: madness was a disease residing in the individual, to be treated physically as an organic illness. Moreover, general practitioners were professionals operating within a free enterprise system on a fee-for-service basis, so that the treatment of illness had to be made profitable, or at least pay its own way.² To diagnose someone as mad was to lose them as a paying patient by referring them to a mental hospital, but at least got rid of a possibly time-consuming and disturbing case.

In the late 1950s, however, another avenue of treatment was opened up: tranquillizers. Very rapidly, they came to be prescribed in all sorts of general practice situations, almost as a cure-all. H. Tait described the circumstances of the overworked "common-sense" doctor:

his classification of patients tends to be "good blokes," those lacking any fortitude, a bit odd, and frankly mad. The frankly mad ones are referred to a psychiatrist; those lacking fortitude he often treats very well by common-sense, which of course in other terms is exhortative or suggestive psychotherapy, while the somewhat odd patient receives tranquillizers because the doctor does not know of anything else to do. Again, tranquillizers are used at times, possibly injudiciously, by some doctors who through their own personal make-ups are unable to discuss the emotional problems of patients without becoming involved or disturbed themselves.³

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1. John H.T. Ellard, "Psychiatry and the General Practitioner," Annals of General Practice, 15 (Oct. 1970), pp. 165-6; see also, Allan Stoller, Report on Mental Health Facilities and Needs of Australia (Canberra: Government Printing Office, 1965), p. 126.
 2. A.M.A. Study Group, General Practice, p. 30.
 3. H. Tait, "Tranquillizers," Annals of General Practice, 3, Pt. 4 (Dec. 1958), p. 139.

There were only clinical, i.e., trained-subjective, assessments of functional madness; general practitioners were less trained and less experienced than psychiatrists but had equally powerful drugs to employ; the consequence was that many patients were given psychotropic drugs at a point where less drastic measures could have been employed. A national survey conducted in 1962-3 by the Royal College of General Practitioners reported that general practitioners were over-inclined to diagnose severe depressive disorders in their patients,¹ depression and anxiety being the major psychiatric symptoms found in the general practice situation.² Even those general practitioners who were dubious about the psychotropic drugs often found they had little choice -- their practices were changing, their knowledge and training were not. More patients were coming to them with "psychological problems" and were expecting help.³ Situations which were never before defined as "health problems" came to be so, and the general practitioner had to find solutions for marital discord, apathy, unhappiness, and so on. Her/his medical training, however, had little fitted the general practitioner for these tasks.⁴ On the other

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1. A. Stoller and J. Krupinski, "Psychiatric Disturbances," in Report on a National Morbidity Survey Feb. 1962-Jan. 1963, Pt. 2 (Canberra: National Health and Medical Research Council, 1969), p. 49.
 2. Rowe, "Psychotropic Drugs," p. 590.
 3. Between 1962-3 and 1973 there was a 6% increase in the proportion of patients visiting general practitioners who were diagnosed as having a mental disorder within the meaning of Section V of the International Classification of Diseases: 3.6% in 1962-3, 8.1% in 1970-1, 9.8% in 1973. Krupinski and Stoller, National Morbidity Survey 1962-3, p. 48; Rowe, "Psychotropic Drugs," p. 590; Royal Australian College of General Practitioners and Intercontinental Medical Statistics, "A Morbidity Index, Oct. - Dec. 1973," Vol. I, (Sydney: unpublished, n.d.).
 4. J.M. Rogers, "Drug Abuse -- Just What the Doctor Ordered," Psychology Today, 5, No. 4 (Sept. 1971), p. 16.

hand, the area of competence of the general practitioner was being whittled away by the activities of specialist doctors, social workers, psychologists, and by community hospitals and health services; as well, from the early 1960s there was developing a shortage of general practitioners both absolutely and relatively to the rest of the profession.¹ Thus, the general practitioner came to feel overworked, under-recognised, and frustrated: a process worker in the conveyor belt of medicine.

In this situation, tranquillizers became "wonder drugs," affording relief to both doctor and patient. For the doctor, a wider range of illnesses and hence paying patients became treatable; the psychotropic drugs themselves produced many side-effects which needed to be treated with still other drugs;² the general practitioner was excused from the difficult task of diagnosis and could treat simply on the basis of symptoms. For the patient, she/he gained from the drugs some short-term reduction or relief from tension, anxiety or depression; however, the causes of such states were not dealt with, and were sometimes perpetuated by the use of the drugs.³ These mutually beneficial aspects of the use of psychotropic drugs were well exemplified in a drug advertisement originally published in the American Journal of Psychiatry: six identical photographs of the same unhappy-looking woman accompanied by a text which said, "You've talked. . . . You've listened. . . . But here she is again." Prescription of a major tranquillizer relieved the doctor of a demanding and worrying patient at the same time as it relieved

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1. A.M.A. Study Group, 'General Practice,' p. 15; Report of the Committee on Facilities for Training Medical Practitioners in South Australia, S.A.P.P. No. 114, 1965-66.
 2. N.H.M.R.C., 'Psychotropic Drugs,' pp. 3-12.
 3. Rogers, "Drug Abuse," p. 24; R.H. Thorp, "Drug-Taking by Prescription," Current Affairs Bulletin, 50, No. 6 (Nov. 1973), pp. 10-13.

the patient of her unhappiness.¹

Such advertisements point to a major influence on general practitioners in regard to their definition and treatment of madness: the pharmaceutical industry. From the Second World War onwards, there was an enormous expansion in the size of the industry and in the numbers of its products: an expansion so great that it became virtually impossible for specialist doctors to keep up with advances in their own fields, let alone for general practitioners in all fields. The industry synthesized the new compounds, then tried to find uses for them. Whatever aspects of behaviour they affected could thereby be turned into symptoms. That is, cures were being manufactured for diseases which then needed to be created. Feelings and behaviour which previously had been ordinary aspects of social living could be turned into symptoms of maladjustment, mental illness, madness. The pharmaceutical industry was stimulated by the imperative of profit-making into seeking the highest possible consumption of pills and medicines by constantly expanding the types of feeling and behaviour that could be defined as illness.² It was from this source that, to a very large extent, the Australian general practitioner gained her/his expanding understanding of madness in the fifties and sixties.³ The pharmaceutical industry spent a large

1. Discussed in Ruth Cooperstock, "Prescribed Psychotropics -- The Upward Trend," Addictions (Spring, 1974), p. 40.

2. Therp, "Drug-Taking," p. 6.

3. David Watson, "Some Factors Influencing General Practitioner Prescribing," Australian Journal of Pharmacy (Nov. 1973), pp. 788-90; Cooperstock, "Prescribed Psychotropics," pp. 39-44; Rogers, "Drug Abuse," pp. 18-24; Health Economics Research Division of the Australian Pharmaceutical Manufacturers Association, The Prescription Medicine Industry in Australia: Fact Book (2nd ed.; Sydney: Health Economics Service, 1973), p. 16.

proportion of its revenue in "promotion";¹ sending representatives to general practitioners (many doctors were visited two or three times a week by representatives); regular consignments of unsolicited mail to general practitioners; placing advertisements in medical journals (all of which journals were dependent upon this financial support, and rarely criticised any particular drug); providing other information through the paramedical press and the local press.² The general practitioner had little access to other information on drugs than this, and was liable to take it too much at face-value. Occasionally, at professional meetings, small warnings were sounded: "let the clinician remember in reading this material that the basic intent is to sell drugs by educating physicians."³ But still, by the 1970s, little alternative education was available.

1. 19% of the total cost of sales in 1971 was absorbed in advertising and promotion. A.P.M.A., Fact Book, p. 28.

2. Watson, "General Practitioner Prescribing," pp. 788-90.

3. Ibid., p. 789.

III. Mad Women

In looking at the concept of madness over the fifty years of this survey, we find that the State delegated total power over the definition and treatment of mad people to the medical profession. The profession was able to provide scientific definition and treatment in cases of organic madness. But the definition of functional madness remained a subjective and highly variable moral judgment of individual behaviour, insofar as there were no precise, agreed criteria for determining the existence of such disorder. These judgments were exercised in the first instance by general practitioners, who sorted out patients and provided either prescriptions or referrals. People who were admitted to mental hospitals had almost inevitably been passed on by a general practitioner, the few exceptions being those picked up by the police, and examined by the police surgeon. Even J.P. committals required the person to be examined by a general practitioner.¹ The general practitioner's assessment of madness was based on a very limited undergraduate training; her/his own possible insecurity in regard to status and personal ability to deal with distressed people;² the pharmaceutical industry's information designed to sell more drugs; and the medical model which pre-established an extreme status differential between the ostensibly scientific doctor and the ignorant passive patient. To a certain degree, these factors also affected the specialist psychiatrist in the mental hospital. However, the psychiatrist usually had a greater sense of confidence, both in her/himself and in the fact that the patient had already passed

1. See George, "Commitment of the Mentally Ill," pp. 334-35.

2. Royal Australian College of General Practitioners, New South Wales Faculty, "Who and What Are You, Doctor," Australian Family Physician, 1, No. 4 (June-July 1972), pp. 211-12.

through the first general practice test and was therefore more easily assumed to be mad. (In three of the cases notes of the Glenside Hospital women -- Wendy Logan, Irma Weiman and Carmella Gniada -- some doubt was expressed as to the validity of the certificates, but in each case the woman was nonetheless detained in hospital.) Furthermore, the psychiatrist had a wider range of treatments and therapies, and to some extent was able to define madness in terms of what was treatable. In the years before electroconvulsive therapy and the psychotropic drugs, this was less important, as treatment was basically restraint and sedation, and the patient either recovered in the course of time and was released (that is, her/his behaviour was judged to be appropriate to the psychiatrists' perceptions of community standards); alternatively, the patient did not recover and remained incarcerated. After physical treatments that did affect behaviour became available, various disorders (or patterns of behaviour) came to be more clearly differentiated and some, which did not respond to any treatments, began to be dropped from the category of madness. By the 1970s, psychiatrists in South Australia were becoming loath to classify personality disorders as mental illness.¹

Madness was formally constituted by the subjective judgment of general practitioners and psychiatrists as to inappropriate social behaviour. Once organic madness had been ruled out in a particular case, the medical perception of inappropriate/mad behaviour was little different from the perceptions of lay people, although often more refined because of greater experience with such behaviour, and usually expressed in more technical language. One indicator of this similarity of professional and lay perception is that, as defined by the medical profession and as proved by the people it admitted to mental hospitals, madness was gender specific. All American data on functional madness indicate that many

1. Chris Butler, "Who's Mad, Who Cares? The Doctor Interview with Dr. J. R. Clayer", Advertiser, 8 Oct. 1977, p. 17.

more women than men were, are and are likely to be, mad, regardless of the methods and statistics used, or of who made the selection.¹ Few specific studies have been published on this issue in Australia, and none concerning South Australia, but the following tables were derived from the Annual Reports of the Director-General of Medical Services to the South Australian parliament from 1966 -- when the statistics were first made available.

Table 2. First and Total Admissions for all Functional Mental Disorders

	<u>First Admissions</u>		<u>Total Admissions</u>	
	M	F	M	F
1966-67	280	397	678	936
1967-68	227	368	601	925
1968-69	265	369	695	942
1969-70	295	363	805	992
1970-71	292	389	782	951

Table 3. First and Total Admissions for Schizophrenia

	<u>First Admissions</u>		<u>Total Admissions</u>	
	M	F	M	F
1966-67	134	104	426	336
1967-68	119	94	355	388
1968-69	121	90	392	339
1969-70	103	106	453	353
1970-71	123	97	463	344

1. For a survey of the American studies, see Gove and Tudor, "Sex Roles and Mental Illness," pp. 55-65.

Table 4. First and Total Admissions for Depressive Psychosis and Depressive Neurosis

	<u>First Admissions</u>		<u>Total Admissions</u>	
	M	F	M	F
1966-67	72	229	167	428
1967-68	81	207	172	405
1968-69	95	194	182	412
1969-70	110	197	211	427
1970-71	109	217	216	433

Source: South Australian Parliamentary Papers, Nos. 21.

Table 2 indicates that in South Australia, too, more women than men were functionally mad. Table 3 shows that, in keeping with the American data, schizophrenia was a mixed classification, with considerable fluctuation in male/female admission rates. (The reason for this fluctuation is unknown. There has been considerable research into schizophrenia, but "the amount of useful and systematic knowledge about social factors in the epidemiology of schizophrenia is disappointingly small.")¹ However, the cumulative figures on depressive psychosis and depressive neurosis indicate that depression was, par excellence, a female madness (Table 4).

As could be expected from the discussion above, there have been a variety of explanations for this phenomenon of greater female functional madness, none of which has received widespread acceptance. These range

1. Elliot G. Mishler, and Norman A. Scotch, "Sociocultural Factors in the Epidemiology of Schizophrenia: A Review," Psychiatry, 26, No. 4 (Nov. 1963), p. 343.

from glandular and hormonal explanations, through the inherently greater weakness of women as compared with men, to analyses of the various distinctions in the social roles of men and women. One group of researchers, however, has looked not at the characteristics of mad women, but at the perceptions of women and madness held by those doing the judging of madness: doctors and clinicians. This study, by Broverman, et al.,¹ was preceded by a survey of the sex role stereotypes held by college students.² Here, they discovered significant differences between what was considered appropriate behaviour for men and for women; that is, the students held a double standard as to the meaning and value of behaviour based on the gender of the person involved. From these results, the research group then tested a large group of mental health workers as to their sex role stereotypes and the differences these made to their perceptions of mental health and illness. This study revealed that clinicians had a double standard of mental health: health, per se, was a masculine attribute and the image of women held by clinicians was a "sick" one. Thus, the meaning of madness, or the meaning of the behaviour defined as mad, would be different as between women and men.

Doctors in general judged women and their behaviour in a similarly biased, gender-specific way as the wider society. Moreover, once they had judged a woman mad, they had power over her -- the power to attempt to make her conform to the image of a good woman that they held, and thereby help her "recover" from her madness. The perception of appropriate behaviour and the definition of a "good woman" as held by psychiatrists (and representatives of other social institutions) will be discussed in the next three chapters.

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1. I.K. Broverman, et al., "Sex Role Stereotypes and Clinical Judgments of Mental Health," Journal of Consulting and Clinical Psychology, 34, No. 1 (1970), pp. 1-7.
 2. P. Rosenkrantz, et al., "Sex Role Stereotypes and Self-Concepts in College Students," Journal of Consulting and Clinical Psychology, 32, No. 3 (1968), pp. 287-95.

CHAPTER TWO: GOOD WIVES AND MOTHERS

- I. The Family and Education.
 - (a) The Family as Mediator
 - (b) Girls' Education: Domestic Arts and the Family Ideal

- II. Good Wives and Mothers.
 - (a) Informal Admissions
 - (b) Certified Admissions
 - (c) Mothers and Daughters
 - (d) Sexuality
 - (e) Psychiatrists and Sexuality

GOOD WIVES AND MOTHERS

In 1945, Vera King was admitted to Parkside Mental Hospital claiming, "I am no one, there is no food to eat, it is no use doing anything. I don't know what my name is." She was 45 years old, married with several daughters, and dominated by "delusions of guilt and unworthiness."

When first examined in hospital, she told of her childhood -- a large happy family, wonderful parents, happy at school, good kind employers -- "up to the age of about 15½ years, when her story ceased with an abrupt and rapid, 'Anymore I don't remember'." She was pressured to remember, became distressed, and pleaded to be let alone.

When it was impressed on her that she could not remember because she did not want to recall unpleasant things and that therein lay the cause of her illness, and that by recalling them she would cure herself, she was incredulous and surprised and began to co-operate well, at first hesitantly and disjointedly, then more rapidly and coherently, interrupted by frequent thought blocking followed by mild and moderate abreactions. The information thus elicited was. . . . All 8 children were cruelly and harshly treated by the father, especially, and by the mother. Frequent thrashings of such severity as to occasion police intervention several times, and threats, abuse and depreciation were regular treatment. Vera feared him terribly and thought he might kill her, judging by his outbursts of threats and his expression of hate. He told her she was useless and that all 6 of his girls would not make one good woman. Her mother differed only in degree. School life from age 7 to 13: a period of fear and misery, dominated by a cruel school teacher feared and hated by all the children who used to thrash them with her riding whip. Working life: most of her employers were unkind to her, demanding a great deal and giving little reward, materially or otherwise. After the age of 15½ (where her thought blocking became apparent) her employers were particularly hard, and she was treated as a drudge, again suffering threats, abuse and depreciation for all her work. "I felt that I could never do anything right; they used to tell me I was useless and lazy", rather pathetically. "I used to try so hard; but I was never any good", tearfully. (Did they frighten or harm you?) "I thought they would hit me". (Why? People are not allowed to do that.) "I don't know. They used to look at me as though they would." When aged 24 she went to work for a Mrs. Grey. "She was the best and kindest woman I have ever known; they were all good and kind to me", naming the members of the family. . . . After 13 years there, she left to get married. Again

thought-blocking became marked. Little information about her courtship and marriage was given, and she made frequent pleas, "Leave me alone. It's not a bit of use, doctor, I can't remember. Why do I have to be plagued like this?" She became distressed when pressed, and betrayed much anxiety. It became apparent that Mr. King's mother aroused intensely the old pattern of reaction founded by her parents and fostered by her schoolmistress and earlier employers. "She said I was not fit to be her son's wife, and was so unpleasant that I would not go to their home even with my hubby." When she died they were married. . . . She told me of her marital happiness, and how good her "hubby" was; but resistance and emotion reappeared, answers becoming very disjointed. No further information about Mrs. King was obtained, but one significant point about her husband emerged unexpectedly, viz., that he said to her, "All your daughters together will not make one good woman." Vera then said to me, "my father used to say that." Her responses then became very disjointed and she became very upset and the examination was not pressed any further.

This was Vera's perceived and lived reality, hidden in her mind for forty five years under the cover of an externally imposed ideology. The organizing principle of that ideology was the image of "the good woman."

Vera attempted throughout her life to be a good woman as was demanded by various people important to her, but she was confronted by a series of incongruous meanings which she could not reconcile. In the end, she succeeded only in creating a negative image: she herself was "not a good woman." This negative image drained her existence: "I am no one . . . I don't know what my name is." From Vera's life history, we can identify ^{five} /sets of agents who invoked the "good woman" image: her parents (whose definition was challenged on occasion by the police), her schoolteacher, employers (she was a domestic servant), prospective mother-in-law (whose definition was challenged by her fiancé), and finally her husband. The meaning or the content given to the image in each case was different. Only the formula itself remained constant. All these agents, however, seemed to draw their meaning of the image from its relation to the family, using it to establish the boundaries of appropriate behaviour for daughters, wives and mothers. This is clear in the case of her parents,

mother-in-law and husband. But even with her employers, because Vera was a domestic servant, the judgment of her work arose in the context of serving a family, where her position was as a substitute, and menial, daughter or housewife.¹ As for Vera's schoolmistress, education policy at the time was very explicitly directed towards the creation of good wives and mothers and the establishment of good homes and families:

Education is a means to an end; and the great end and aim of a woman's life is to be the honoured mistress of her own home, and mother of healthy, vigorous children who are well disposed to all that is right and good.²

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1. This will be discussed in greater detail below, Chapter 3, but see Beverley Kingston, My Wife, My Daughter and Poor Mary Ann: Women and Work in Australia (Melbourne: Nelson, 1975), pp. 15-24, 30-34; Leonore Davidoff Lockwood, "Domestic Service and the Working-Class Life Cycle," Society for the Study of Labour History Bulletin, 26 (Spring 1973), pp. 10-12; Leonore Davidoff, "Mastered for Life: Servant and Wife in Victorian and Edwardian England," Journal of Social History, 7, No. 4 (Summer 1974), pp. 406-28.
 2. S.A.P.P. No. 44, 1911-12, Report of the Director of Education.

I. The Family and Education

(a) The Family as Mediator

This image of the "good woman" as good wife and mother, and the reality of a particular individual's failure to achieve particular meanings of it in her life, recur constantly throughout the case histories of the Glenside women. The content of the ideal is never stated; at the level of the everyday lives of the women reported in the notes, the meaning is simply taken for granted. But the everyday meaning of a "good woman" as good wife and mother, was nonetheless, despite its vagueness, a structured social meaning, drawn from both particular individual experience and from the rhetoric of the society's institutions. And the social structure within which that meaning was expressed was the family. Some of the individuals who applied the phrase in concrete everyday situations -- husbands, parents, relatives -- stood in an intimate relation to the particular woman/wife/mother determined by their status within a particular family. Other individuals -- teachers, employers -- upheld a more general and abstract vision of reality in which mothers and wives (and their surrogates) were the heart of the home, the guardians of the family which was itself the foundation of society.¹

1. This image will be discussed in more detail below (Chapter 3) as the basis upon which the unequal payment of women for equal work was explicitly based from the time of the Arbitration Court's decision in the Harvester "Living Wage" case onwards (2 CAR 4, ex parte H.V. McKay, 1907): women should not be tempted out of the home by the inducement of high wages. But domestic service was within a home, and servants did not therefore classify as "employees" (NSW Industrial Arbitration Reports, Vol. 1 (1903), p. 45); see generally, Edna Ryan and Anne Conlon, Gentle Invaders: Australian Women at Work 1788-1974 (Melbourne: Nelson, 1975). The notion of domestic servants being part of the family was also expressed in the use of such words as "treasure" to describe servants, Advertiser, 25 Sept. 1930, reprinted in The Housewife, 1, No. 10 (Oct. 1930), p. 13. The home in which a good servant worked was seen as approaching the perfect ideal: "In many households she is a tower of strength already; in every domestic emergency, from sudden death to the upsetting of a tumbler, her help is the first to be called in," Advertiser, 10 May 1932, in

The family was thus the meeting place of the personal and the social, where ideology as practice and as rhetoric were integrated. It was here that each woman's basic relationships were seen to lie, and the expectations of her behaviour and of her basic social identity were initially created. So, in order to discover the meaning of the "good wife and mother," we need to look at the social structure in which that meaning was expressed -- the family -- and at the interrelations of its individual members and the institutions of the wider society.

There have been a variety of analyses of the interrelations of the family and industrial society, discussing "the consequences that the family has for other social institutions and the consequences which those institutions have for the family."¹ The most suitable interpretation of the relation of the Glenside women, their families and various social institutions seems to be the following:² many activities were performed in and by the family, and similar activities were also performed by specialized social institutions. Neither the family nor these institutions had a monopoly of such activities; rather, they engaged in them in different contexts. Those contexts were determined basically according to two criteria: expertise and tension. If the standard of expertise required (by the family, the State, or both) was

Newspaper Clipping Books of the S.A. Department of Education, Vol. 1930, Murray Park Sources in the History of South Australian Education, ed. Brian Condon, No. 4, 1973, p. 128.

1. C.C. Harris, The Family: An Introduction, Studies in Sociology, ed. W.M. Williams, Vol. IV; (London: Allen and Unwin, 1969), p. 93.
2. This analysis loosely follows E. Litwak, "Extended Kin Relations in an Industrial Democratic Society," as discussed by Harris, The Family, pp. 105-108.

beyond the skills of the family members, or if the performance of the activity would lead to a disruption of the family's internal relations and hence create tension, at that point the family was able to, or in some cases must, abdicate in favour of the appropriately specialised social institution and adhere to the régime the latter imposed.

To illustrate this process in operation, we can look at the case notes of Katie Allen, who was admitted to Parkside Hospital in 1960 with a depressive illness. After a month in hospital she returned home, but remained in Out-patient contact for many years. Soon after she left the hospital, the Out-patient notes recorded:

her eldest son, an epileptic boy, gets very miserable and irritable and this upsets the family. Advised to take the child to the Adelaide Children's Hospital.

Katie's son had previously been diagnosed and treated by the institution of health care, the medical profession. His epilepsy was a continuing illness, but the profession had determined that the level of care he required was low enough to be performed within the family -- which thereby retained its nursing activity. But then tension arose in the family because of the son's emotional state brought on by the illness. At this point, the family sought help outside itself and was advised to relinquish its nursing role in favour of the hospital. The hospital would provide a higher level of technical expertise than was available within the family in order to bring the son's illness back under control; and by removing the child from the family setting the rest of its members would have the space to restore more harmonious relations amongst themselves. When the illness was under control and the family was back to normal, the child was returned to the family, which continued with its maintenance health care.

A further example of this action by social institutions as a back-up to internal family activity occurred some six years later in the Allen household. Katie found herself in "a tense and worrying situation at home" when her son became a convert to an "unusual religion." She was advised this time by the Parkside psychiatrists to send him to a doctor to determine whether his fanaticism might be madness and, indeed, whether he ought to be certified. This time, Katie was "reluctant to act"; bringing in the external authorities was seen as a more drastic step in this case, and had to be weighted against the family's ability to cope with the disruption of its internal relations. Insofar as the son was affecting only the family, it was up to the family to determine when it needed help or was prepared to hand over the care of one of its members to a social institution. However, had the son been disrupting extra-family relations by his behaviour, e.g., at work, at school, with the neighbours, the choice would not have been so entirely in the hands of the family. Once he was outside the family circle, the social institutions did not require its permission to act towards him as they saw fit.

In a sense, then, it is true to say that the family was the basic unity of society; or rather, that it was an essential element in the dialectic of individual and society, the point of mediation between uniqueness and generality. Within a particular society at a particular time, families are generally similar while each is uniquely different. The structure of families is flexible, the content of their practice and values is variable -- characteristics which make "the family" a veiled and elusive institution.¹ Nonetheless, in regard to the relations

1. This elusiveness is borne out in the massive bibliography of family research: the studies swing wildly from the particularity of (cont.)

between individual family members and any particular social institution, families as mediators act in a generally common way, but a way that is largely determined by the institution, rather than the family.

If we return for a moment to the discussion of the changes in mental hospital policies discussed above in Chapter One, the nature of this structure can be seen more clearly. When the hospital was an asylum, in the early years of the century, doctors were anxious to keep their patients away from it, and patients and their families were afraid of it. People other than paupers without families were rarely admitted to the institution. This situation changed slowly as psychiatrists gained more confidence in themselves as medical healers rather than mere custodians; by the late 1950s-early 1960s they were able to persuade general practitioners and the lay public that their treatment of madness was effective if people came to them soon enough after the first appearance of behavioural symptoms. At this point, many families encouraged their potentially mad members to seek such treatment. By the late 1960s, however, the hospital was pursuing the policy that mad people were better treated in their own family and community environment, and would accept as patients only those in acute crisis. They refused to be merely a dumping ground, and even returned patients to their families when neither patient nor family particularly wished it. Thus, psychiatry changed from considering the hospital a place of last resort,

selected cases, through the plethora of sample surveys, to the generalities of the theoretical construct. These all provide glimpses of family life, but no coherent and sophisticated methodological standpoint. For Australian family research, see Helen Ware, ed., Fertility and Family Formation: Australasian Bibliography and Essays, Fertility and Family Formation Monograph No. 1 (Canberra: Australian National University Press, 1972). For a critical review of American studies, see Constantina Safilios-Rothschild, "The Study of Family Power Structure: A Review 1960-1969," Journal of Marriage and the Family, 32, No. 4 (Nov. 1970), pp. 539-52.

to believing in the efficacy of hospitalisation, to insisting on minimal hospitalisation and relying instead on family and community support. Policies followed beliefs, and practice -- in terms of the numbers and types of admissions -- followed both. Families who wished to have a mad member stay at home during the 1950s and early 1960s were discouraged from doing so -- in the name of effective treatment; families who wished to have a mad member removed from them during the late 1960s were encouraged to keep that member at home after she/he had received short-stay hospital treatment, also in the name of effective treatment. Thus, the relationship between the family and the institution was fundamentally determined by the institution.

Moreover, the meaning of the relationship and the meaning of madness were also fundamentally defined by the institution, as evidenced by the thousands of people and their families who accepted informal admission to the mental hospital in the 1960s, in accordance with the institution's changed theory, as compared with their fear of the asylum and of mad people manifested in the early years of the century. Insofar as the profession left records of its changing theories, we are able to discover the content of its perceptions of madness over time. Since, however, the social perception cannot be assumed to be identical with the professional (in large part because of the very distinction between lay and professional knowledge and language),¹ we are faced with the difficulty of understanding the content of lay perceptions of madness

1. Eliot Freidson, Profession of Medicine: A Study of the Sociology of Applied Knowledge (New York: Dodd, Mead, 1970), pp. 303-304.

insofar as they did differ from the professional.¹

Each individual had private, virtually unknowable images of madness; the profession had publicly accessible and argued perceptions. There was, however, one area of congruence of these perceptions, the family; more particularly, in families' actions as mediators between an individual and the profession. The reasons given and the actions taken by families in bringing a member to the profession or in keeping her/him away -- reasons and actions recorded in the member's case notes -- provide us with tangible, non-professional perceptions of the meaning of madness. In comparing the changes in professional theory and practice with families' actions and statements, we can arrive at a tentative, but nonetheless concrete understanding of some of the meanings of madness in the ordinary social life of South Australians. Similarly, in regard to the meaning of good wives and mothers, we can compare the theory and practice of an institution which claims concern with that image and its reality, with the actions and statements of families. Throughout the twentieth century, such an institution was the State Education Department.

As shown by the statement of the Director of Education quoted above (page 63), the department's rhetoric was explicitly directed to the maintenance of the family as the basic unit of society, and of woman's place in the home. In 1875, education in South Australia was made compulsory, with considerable exemptions;² in 1915, most of these

1. There have been a number of sociological studies of public images of madness, but their methods cannot be duplicated in an historical investigation since they all rely on interview procedures. See Kenneth J. Downey, "Public Images of Mental Illness: A Factor Analytic Study of Causes and Symptoms," Social Science and Medicine, 1, No. 1 (April 1967), pp. 45-61.

2. 1875, Act No. 11. Education Act of 1875.

exemptions were withdrawn.¹ From then on, the Education Department had virtually universal access to the whole population at an impressionable age,² making it the most powerful of the society's ideological institutions. What, then, were the contents of the department's rhetoric and practice concerning good wives and mothers and their families, and how did they change over time?

(b) Girls' Education: Domestic Arts and Family Life*

One of the most distinctive aspects of the rhetorical ideology of the South Australian education system over the century after the 1875 Act was that it rarely concerned itself specifically with women. In 1875, education was made almost free, almost secular, and almost compulsory for all boys and girls between the ages of seven and thirteen. It seems to have been taken very much for granted by the parliament that both sexes needed to be educated, despite the fact that of the four major reasons advanced for mass education, only two can be seen as having any possible application to women.³ These were that the South Australian parliament was in large part following precedents set in England, Prussia, North America and the other Australian colonies which had established

* In large part, this section discusses the annual reports of the Education Department to the State Parliament. Until Vol. 1942-3, the reports of the various branches of the Department were published as appendices to the Minister's Report in the Parliamentary Papers. From 1941 onwards, the branch reports were appended only in type-script to the bound copies lodged in the Parliamentary Library, the Minister's Library, and the State Library. The post-1940 reports that I have used were those lodged in the South Australian Collection, State Library [SAC].

1. 1915, Act No. 1223, Education Act of 1915.
2. In terms of private schools, some State control at least was evident in the general compulsory provisions of the Education Acts and in the requirements of the Public Examinations Board and the provision of certificates of merit.
3. See especially the speeches introducing the second reading of the Bill in the House of Assembly and Legislative Council, S.A.P.D., 1875, cols. 383-95, 1010-15.

universal education; and that elementary education was a way of raising the standard of community life and of reducing criminality and pauperism.¹ A third reason was inapplicable to women insofar as the importance of the female public workforce was not yet recognised: mass education was necessary to keep the colony apace with technical changes in agriculture and manufacturing.² The final argument, the need for an informed and literate electorate, was irrelevant to women who were denied the franchise.³

In the debates upon the Bill, there was only one explicit reference to the need to educate women. Mr. Rounsevell declared that

any national system of education . . . should be free to both sexes; he said so advisedly, because he believed that in the past the education of women in the aggregate had been neglected and perverted, and the time had come when they should be made fit companions of ours.

There were also a few references to the possible differences in the content of girls' education: there should be a cooking school for girls,⁵ and the general syllabus should contain "sewing, and plain needlework, and domestic economy, for girls."⁶ Apart from these few sentences, the

1. This latter point was the subject of considerable debate, however. The Minister of Agriculture and Education claimed that he "had heard one member of the Legislature and other persons outside deliberately assert that if we were going to extend education to everybody we should not be able to find cooks, ploughmen, and other necessary labourers." *Ibid.*, col. 384. Other members claimed that education could increase crime: "the men who caused the greatest anxiety and were the most dangerous to deal with were not those who were ignorant, but were educated prisoners." *Ibid.*, col. 434.
2. This argument was usually couched in terms of the rapid military and industrial development of Prussia, as proved by the Franco-Prussian War. *Ibid.*, col. 1017.
3. *Ibid.*, cols. 438, 516.
4. *Ibid.*, col. 487.
5. *Ibid.*, col. 516.
6. *Ibid.*, col. 806.

debates were conducted in terms of men and boys; and even when the universal terms "children", "persons", or "young people" were used, the meaning was implicitly masculine. Thus, in arguing for the Bill's containing only minimum curriculum standards, the Minister of Agriculture and Education claimed that

it was in the workshop, the office or the field that the most valuable portion of a man's education was to be attained, and he thought that we should not keep children longer away from the field of their labour than was necessary for them to learn what was required of them by the Bill.¹

In the Legislative Council, the Chief Secretary extended these remarks:

as to compulsory education, the Government believed it to be necessary that children should be educated in order to make them better men, better citizens, and better working men in every respect.²

Girls were simply subsumed within these universal terms, and therein lost. The Act, when finally passed, however, established minimum standards of attendance and instruction that were equally applicable to boys and girls, with no differentiation made on the grounds of sex.

This legal equality in education was nonetheless illusory. The Act was merely a skeleton; its effective operation was intentionally dependent upon regulations to be established by the Council of Education.³ The first set of regulations promulgated in 1875 moved immediately away

1. Ibid., col. 389.

2. Ibid., cols. 1012-13.

3. Ibid., col. 390: "It would be found that they had left a great deal -- some people might think it too much -- to the Council to fix by regulation, but he [the Minister of Agriculture and Education] claimed consideration of this fact that there must necessarily be considerable elasticity in working a new system like this. They were establishing an entirely new system upon a totally different basis to anything that had preceded it, and they could not upon the very threshold fix all the regulations that must prevail. The House would see therefore that there was considerable wisdom in allowing a number of minor matters to be fixed by regulation."

from the universal minimum of reading, writing and arithmetic provided by the Act,¹ and established a sex-based distinction in the course of instruction.

In addition to the subjects required by the Act, we have decided that plain sewing shall be taught in every school attended by girls, and that in the boys' schools the elements of drill shall be practised.²

The justification for drill being taught to boys had been spelt out in the parliamentary debates:

It would prove of value in connection with the question of the defence force, while, as a healthy exercise for the boys it would prove of great benefit.³

No explicit justification had been given for teaching needlework to girls. We can merely presume that sewing was seen as a necessary skill for all women in their basic careers as wives and mothers, and a useful skill should they need to earn their living as seamstresses. The other specific training for girls that was argued for in the debates on the Bill was cooking.

Mr. Johnson thought it would be well if a cooking school was started for girls. Everybody knew the lamentable waste there was in all households for the want of knowledge of cookery. In nearly every house almost as much food was wasted as was consumed, and numbers of girls in factories had no means of getting the knowledge, for in most cases their parents knew very little about household management.⁴

It was not until the early years of the new century, however, that a Domestic Economy School was established by the Education Department. For the next seventy years, needlework and domestic arts were the content of the special "feminine" training given to girls in addition to the universal general education for all children.

1. Education Act of 1875, S.2.

2. S.A.P.P. No. 28, 1875, Report of the Education Board.

3. S.A.P.D., 1875, col. 554.

4. Ibid., col. 516.

The major dates and events in the history of domestic arts teaching in South Australia can be briefly established.

- 1900: a Domestic Economy School was established by the Education Department under the charge of Mrs. Inspector Hills, B.Sc., who had gained her experience at Battersea Polytechnic. The school was intended to train teachers in "such subjects as are needful for girls to know to make them experts in household matters."¹
- c.1907: the Domestic Economy course was transferred from the Education Department to the School of Mines. Public school (i.e., primary school) girls were taught the elements of domestic economy; departmental teachers (and others) were offered a certificate course in "cookery (elementary and advanced), domestic hygiene and household management, dressmaking (elementary and advanced), laundry work, millinery, ambulance nursing (St. John's Ambulance certificate), practice teaching throughout the year in sewing, dressmaking, etc., under supervision, to afford the student opportunity to apply the training received."²
- 1909: the Education Department re-established a separate departmental course in domestic arts, competing with that run by the School of Mines. Miss Edith Devitt, trained at Battersea Polytechnic and formerly the inaugural domestic economy organiser in W.A. (1901), was appointed to organise the work of both training domestic arts teachers and establishing basic primary and super-primary courses.³
- 1910: Norwood Domestic Arts Centre was completed. "In South Australia we have been somewhat tardy in recognizing the importance to the community of teaching our girls those things which they need if they are to become capable homemakers, but a promising start has been made at Norwood."⁴
- 1913: The Royal Commission on Education recommended the inauguration of a system of technical education, including the establishment of junior and advanced domestic arts schools.⁵

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1. S.A.P.P.^{No.}/44, 1901, Report of the Board of Inspectors.
 2. S.A. School of Mines and Industries, Annual Report, 1908; S.A.P.P. No. 27, 1911, First Progress Report of the Royal Commission on the Adelaide University and Higher Education, Evidence by Sir J.L. Bonython, Q. 739.
 3. S.A.P.P. No. 44, 1910, Report of the Minister of Education.
 4. S.A.P.P. No. 44, 1911-12, Report of the Minister of Education.
 5. S.A.P.P. No. 75, 1913, Final Report of the Royal Commission on Education, Recommendations Nos. 49, 52, 54.

- 1925: Central Schools were established. "The purpose of the Central Schools is to provide an education and training modified to some extent by a vocational bias for pupils who, being 13 to 16 years of age, will leave school to enter upon commercial, industrial, or home-making pursuits."¹
- 1930: A Teachers College Diploma course in Domestic Arts was established, but it existed on paper alone for four years as there were already sufficient numbers of trained teachers available.²
- 1931: The Committee of Enquiry into Education recommended that domestic arts be omitted from the syllabus: "the responsibility for training children in the elements of domestic management is primarily upon the home." The Director of Education, as a Committee member, published a Minority Report, pleading that domestic arts provided an interest to girls who found strictly intellectual exercises difficult, and that its omission would deal a severe blow to the correlation between school and after-school occupations.³
- 1934: The Department published a vocational guidance booklet, Occupations for Boys and Girls, extolling the virtues of Housekeeping and Cookery as occupations for girls. "It will be generally admitted that the most important and valuable occupations for women are those associated with home-making and housewifery. The great majority of women, including a high proportion of those who temporarily enter into clerical, commercial, and factory work, ultimately manage their homes."⁴
- 1940: The Central Schools were transformed into Girls and Boys Junior Technical Schools.⁵
- 1948: The School of Mines upgraded its Home Science course from certificate to diploma standard.⁶

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1. S.A.P.P. No. 44, 1926, Report of the Minister of Education.
 2. S.A.P.P. No. 44, 1931, Report of the Principal of the Teachers College; also, S.A.P.P. No. 44, 1932-35, Reports of the Principal of the Teachers College.
 3. S.A.P.P. No. 69, 1931, Report of the Committee of Enquiry into Education, p. 19.
 4. S.A. Education Department, Occupations for Boys and Girls, 1934, p. 145.
 5. S.A.P.P. No. 44, 1940, Report of the Director of Education.
 6. S.A. School of Mines, Annual Report, 1948.

- 1951: General Science was integrated into the Intermediate Examination Home Science syllabus.¹
- 1954: Elsa D. Gerrand, one of the two graduates ever to gain the degree of Bachelor of Science in Domestic Science from Sydney University² was appointed Inspector of Domestic Arts. She conducted a survey of Domestic Arts Centres in South Australian schools, and discovered that the outstanding features were:
- " 1. the relatively well-equipped kitchens;
 2. the lack of adequate facilities for the effective teaching of Laundrywork and Home Management;
 3. the general air of want of scrupulous cleanliness in the kitchens, and this intensified in the case of laundries."³
- 1959: Home Science became available as a subject for the Leaving Certificate.⁴
- 1961: The Education Department decided to discontinue domestic arts as a subject for primary school girls in the metropolitan area.⁵
- 1962: In Girls Technical Schools, the "trend towards separate courses for the less able students" was becoming more marked.⁶
- 1963: The Institute of Technology's Diploma Course in Home Science was replaced by the Diploma in Craft Teaching (Girls Craft) for teachers in training.⁷
- 1969: Home Science was renamed Home Economics.⁸

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1. University of Adelaide, Manual of the Public Examinations Board, 1951.
 2. Dora Ewers, "The History of Home Economics in New South Wales Schools," Journal of the Home Economics Association of Australia, 1, No. 1 (May 1969), p. 28.
 3. Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1954 [SAC].
 4. University of Adelaide, Manual of the Public Examinations Board, 1959.
 5. Annual Report of the Minister of Education, 1961 [SAC].
 6. Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1962 [SAC].
 7. Ibid., 1964.
 8. Report of the Division of Teacher Education and Services, typescript appendix to the Annual Report of the Minister of Education, 1969 [SAC].

Throughout the hundred years of ^{universal} education in S.A., there were three major social variables which influenced the type of instruction given and who it was provided for: gender, class, and ability. The superimposition of the three dichotomies -- masculine/feminine, upper class/working class, able/less able -- created the social space within which education operated to achieve its fundamental purpose: the training of the new generation for its future work and, more importantly, the inculcation of the appropriate work discipline. There has been no constant or direct correlation between the variables; changes in society and changes in the ideology of the educational institution led to the predominance of different aspects of the dimensions at different times. Thus, in the first forty years of State education, the Department provided instruction which it considered appropriate for the mass of working class children in a largely undifferentiated agricultural and primary industrial economy: the basic skills of literacy and numeracy, the basic disciplines of punctuality and ready obedience of verbal instructions. The only gender distinction was made in drill being compulsory for boys and needlework for girls.

It was not until the first decade of the twentieth century that manufacturing industry and commerce had developed sufficiently to put pressure on the Government to provide a more differentiated training in schools. This differentiation initially took the form of separating the able from the less able amongst working-class children. For the former, post-primary schools and high schools were established from 1908 to give an academic education to those who were to become white collar workers: scientists, technicians, engineers, teachers, etc. Although there was very little mention of girls when secondary education was being discussed, it would appear that two groups of able girls were recognised. First, the very exceptional few who displayed a high level of ability and

competed with boys on the latter's terms, often gaining distinction in university and later work.¹ The second, a much larger group of able girls, comprised those who were expected to work in the female vocations, principally teaching, before they retired to their homes as wives and mothers. These girls should have an education similar to boys up to a point, but should also be trained in the specifically feminine arts. In 1913, the Director of Education bemoaned the adjunctive nature of girls' education, but hoped it would be soon put to rights by the extension of domestic arts training.

The interests and needs of the boy have been studied and aimed at for centuries, but his sister has always been somewhat in the educational background. In the public schools she follows the same course as her brother, making no deviation, except that she sews when he makes cardboard models or uses the plane and chisel. Effort has been made to give her some training in her own specialty, household management. . . . It is intended to provide . . . for the teaching of household management in every school district.²

This notion of the girl's "own specialty" was derived from a belief that boys and girls had different innate predispositions towards some subjects (and occupations) and against others. A classic delineation was given in 1915 by William Bennett in his presidential report to the South Australian Public Teachers' Union:

It is pathetic to see girls in the brightest days of adolescence [in high school] struggling at Latin, algebra, and euclid, which bore them sadly, when one knows how responsive, how enthusiastic they would become if studying domestic economy, elocution, music, and any other studies more akin to their nature.³

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1. See Rica Hubbe, "South Australian Women in Medicine, Law, Arts, and Science," in A Book of South Australia: Women in the First Hundred Years, ed. Louise Brown, et al., (Adelaide: Rigby, for the Women's Centenary Council of S.A., 1936), pp. 147-50.
 2. S.A.P.P. No. 44, 1914, Report of the Director of Education.
 3. Education Gazette, 13 July 1915, p. 142.

Teaching, in these early decades of the century, was based upon the inspirational technique. The teacher's own character and life were to inspire emulation in the pupils. The inspirational quality of the teacher's personality could be refined by college training, but was really innate, and was often retained despite, rather than because of, such training.¹ This emulative, intuitive approach was embedded in the curricula of South Australian schools for many years.² It was only in the early 1940s that some slight change occurred, some small recognition that while intuition and personality could not be surpassed, there were nonetheless other aspects involved in the work of teaching, e.g., planning and organisation.

Though the personality of the teacher determines the atmosphere and the inspirational quality of discipline, the work in our schools is now so thoroughly planned and organized beforehand that even those teachers whose personality is not strong or of a commanding type have no difficulty in maintaining effective control over their pupils.³

A consequence of the pre-eminence of this approach to teaching, added to the belief in sex-based innate predispositions, was the reinforcement of gender segregation throughout the education system and the schools. Infants of both sexes must be taught by women because of their need for maternal care which, by definition, could only be provided by females.⁴

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1. "The manual work and needlework of the girls in our schools needs the refining help of suitably equipped teachers. That this is so is proved now, in spite of our inadequate training in this respect. Go to the class of some of the earlier-trained teachers -- or one in whom the maternal instinct has survived indifferent training -- and you will see real fancy work, real sewing, real home industry." Ibid.
 2. S.A. Education Department, Course of Instruction for the Primary School, editions of 1920, 1938, Preface, p. 5.
 3. Report of the Superintendent of Primary Schools, typescript appendix to the Annual Report of the Minister of Education, 1941 [SAC].
 4. William Bennett again produced a classic statement of this position: "Infant teaching is essentially woman's work, and it demands training from woman's standpoint. What is more, academic training beyond
(cont.)

But thereafter, boys must be taught by men and girls by women, so that each sex might emulate its appropriate gender models. However, at this point arose a contradiction between the ideal and the reality. Female teachers were required to be celibate -- they had to resign or be reclassified as temporary assistants ineligible for promotion upon marriage, while any hint of sexual impropriety brought immediate dismissal. On the other hand, the correct model of womanly aspiration and behaviour they were ostensibly trying to inculcate into female pupils was that of wife and mother; this also included those able female pupils who were intending to train as virgin-teachers.

The way out of this contradiction for the education department was to consider female teachers as transient, working as teachers when they left school but soon to marry and leave the work force. In this way the department could argue that its women teachers were about to become good wives and mothers -- a state that could well be emulated by their pupils. As a by-product of this argument, the department also happily obtained cheap labour with a rapid turnover rate, without having to consider itself responsible for the long-term career prospects of its employees.¹ The

a certain standard is neither wanted nor desired. Much of the time spent in the study of books, of Latin, mathematics, and the like, could be far better spent in the study of child life, fairy lore, and other kindred subjects that have a direct bearing on the development of the child. No University in the world can provide it." Education Gazette, 13 July, 1915, p. 142.

1. This consideration was borne out in the promotion structure of the department: "until 1958, except in those special sections of the Department which were, and remain, traditionally reserved to women, for example, infant schools and girls' technical high schools, primary women were not considered for promotion beyond the position of Chief Assistant, and secondary women were not considered suitable for promotion much beyond the position of Special Senior Mistress. In 1958, permanent women teachers were granted promotion rights. Married women teachers continued to be regarded as 'temporary' and therefore unpromotable." J.R. Steinle, "Women and Men in Education in South Australia," in *Women in Education: Report of a Conference Held at Raywood Inservice Education Centre, Adelaide, 1973*, pp. 29-30. (cont.)

department's perception of its female employees did not always fit the reality, of course, and there were many women teachers who grew old in the service without ever marrying.¹ Thus, insofar as the emulative approach was integral to South Australian teaching method, and some of the female teachers did not fit the ideal to be emulated, at some level (whether conscious or not), other justifications were required. Especially would this be so in the case of unmarried domestic arts teachers, who were explicitly teaching the value of home and family life, but were not living it.

If justification was not to be found in the teacher's life, then it had to lie in the intrinsic importance of the subject being taught. But here again, there were difficulties for domestic arts teachers. Certainly, home life was applauded as central to civilisation; it was the teaching of it that brought problems. In large part, the importance or status of various courses or types of education in schools was related to the social status of the occupations for which the training

See also the dissatisfaction expressed at the increasing masculinity rate of the department, (in 1914 there were 52 men to every 100 women, in 1938 there were 118 men to every 100 women), S.A.P.P. No. 44, 1940, Report of the Director of Education.

1. The proportion of single women over thirty (or any age) throughout the century is not known, but the fact that the department relied heavily on older single women, or at least on late marriage among its female teachers, was revealed in the late 1960s when many marriages were occurring. "The proportion of married women is becoming a complication. It is increasingly difficult to find available unmarried teachers for country service as about two-thirds of the total strength are already married and of the remaining one-third, a number are working after retirement and still others have marriages planned for the early part of 1963." Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1962 [SAC].

fitted the pupils after school. And home duties was an ambiguous occupation. Was it work, or was it the natural expression of the female identity? Strictly as work, home duties meant domestic service, which was a declining industry and one with an extremely low status; strictly as an expression of feminine instinct, it simply happened, so why need it be taught in schools?¹ Domestic arts teachers never found a really satisfactory resolution to this conundrum. Over the years, however, they did maintain three different arguments to justify the teaching of their subject. These were, firstly, to see domestic arts as purely vocational training for girls who would be employed in the public workforce; secondly, to see the work of the housewife as equivalent to work in the public economy by stressing its scientific nature; and thirdly, to see domestic arts as necessary instruction for less able girls who would otherwise perpetuate the unsatisfactory nature of family life in the working class to the detriment of the moral and physical tone of the community. These three arguments were rarely separated out in actual rhetoric, but were joined in differing combinations of emphasis, mainly through the medium of the concept of "Life Work." This concept was derived from the common pattern of male experience--leaving school, entering a career, and staying and advancing within that career until retirement. For girls, it was assumed that, although they might enter a career on leaving school, most of them would stay in the job only a few years, then leave to get married, and remain thereafter in the home.

1. S.A.P.P. No. 27, 1911-12, Royal Commission on Education, Minutes of Evidence, Q.2256: "Have the mothers of to-day lost the art of cookery, or have they never had it, so that we have to make this a subject in the school for all our girls?"

Thus home-making was seen as the Life Work of most women,¹ but, on the other hand, many women also had chequered careers in and out of the public work force and the home.

The first argument, of domestic arts as vocational training, was thus an ambiguous one, tending to slip easily into the third argument -- improving working-class home life. At least until the Second World War, the combined argument claimed that girls would be taught domestic arts at school, enter the public work force as domestic servants, and then marry. With this background of training in the school and its practice in the upper-class home, such girls would be able to establish and maintain a high standard in their own homes. Alternatively, they would enter dressmaking, millinery or food-processing work before marriage -- all occupations which would help them perfect housewifely skills. This argument was strongest in the early years of the century, when the female public economy was largely undifferentiated, work opportunities were limited, and the work that was available for women largely derived from household activity -- sewing, cleaning, cooking.

From the 1880s onwards, upper-class women advocated domestic education for their working-class sisters. They were concerned about the dwindling supply of servants and exerted pressure on the Education

1. "Each year approximately 10,000 children enter the public schools of South Australia; 5,000 boys and 5,000 girls. Each year likewise, 5,000 boys and 5,000 girls leave school. What becomes of them? From a careful consideration of the statistical returns of the State, the following approximate reply has been obtained, stated as briefly as possible. Since these figures are based on the numbers who enter each year as their Life Work, they are quite reliable for the boys but less so for the girls. For instance, 70 girls enter the Telephone Department (metropolitan) each year -- although the table shows a total of 14 only; also, about 120 girls each year enter clerical branches of the State Public Service -- the majority of these stay from 4 to 6 years only. As the table shows, 75 per cent. of all girls take up home making as their life work." S.A. Education Department, *Occupations for Boys and Girls*, 1934, p. 7.

Department to extend domestic education in the schools and thereby, it was hoped, raise the status of the occupation so that more women would be attracted into service. (Here was a clear case of the ideological mystification of power and value in the community: education was believed to impart prestige to an occupation -- the reverse of the real situation which was that the prestige of the education was determined by the social status of the work for which it prepared pupils.) In 1889, a deputation of ladies met the Premier, requesting government assistance in the establishment of a Queen's Home of Domestic Instruction.¹ From 1919 to 1923 a series of deputations attended the Minister of Education seeking the extension of domestic training to all girls and the raising of the status of domestic service by treating it as a university subject.² These deputations spoke generally and universally about girls and homes and life's work, slipping back and forth quite unconsciously between training for domestic service and improving the nation's home life. There was, after all, seen to be no contradiction between their class interest of securing good servants and the universal social interest of creating good women who would make happy homes. In fact, by the 1920s, when the "Servant Problem" had got out of hand and many middle-class women were resigning themselves to the lack of servants, they could quite happily advocate compulsory domestic training for all girls, which potentially included their own daughters.³ It was argued that daughters of the upper

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1. "Grandmotherly Government," Adelaide Observer, 23 March 1889, p. 24.
 2. SAA, GRG 18/1/1919/134, Two deputations from the Conference of Women's Societies on the Status and Payment of Women Workers to the Minister of Education concerning domestic training of girls in schools; SAA, GRG 18/1/1923/155, Deputation from the National Council of Women concerning the extension of Domestic Arts and Science teaching.
 3. "Girls' Domestic Training. Women's Big Deputation," Register, 17 Dec. 1919, in SAA, GRG 18/1/1919/134; "Homecraft in Girls' Schools," Register, 19 Nov. 1929, in Condon, Newspaper Clipping Books, Vol. 1928-30, p. 221.

class needed domestic training in schools because in future days they might not have servants and would need to keep their own houses; but even if the supply did persist, it was necessary for the upper class mistress to learn the scientific approach to housework -- for the sake of efficiency and in order to keep her servants happy.¹

Nonetheless, domestic service was in fatal decline, and even science could not save the occupation. The Depression, by cutting off alternative avenues of employment, did bring a few women back. The Education Department established classes in cookery and needlework for girls over sixteen who were registered with the Unemployment Bureaux, and made special places available for those under sixteen at the Central Schools where they were taught English, dressmaking and domestic arts.² The rationale of such training was that if girls "could cook they would not be in the straits they are in today."³ Moreover, such vocational training meant that the girls who undertook it would not be in competition with male workers, especially at a time of such great unemployment.⁴ Once the State economy had picked up again, however, the department and the domestic arts teachers abandoned the argument that domestic education was vocational training for domestic service. There were still occasional

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1. "Household Efficiency: The Views of Miss F.A. Stevenson [new Director of the Domestic Arts Training Centre]," Register, 18 May 1926, in Condon, Newspaper Clipping Book, Vol. 1926-30, p. 17.
 2. S.A.P.P. No. 44, 1931, Report of the Minister of Education.
 3. "The Present Crisis As It Affects Girls Who Work, [report of a speech by Irene Glasson, Secretary of the YWCA]," The Housewife, 1, No. 10 (Oct. 1930), p. 12.
 4. Adelaide Miethke, "The Central Schools and the Housewife of the Future," The Housewife, 1, No. 6 (June 1930), p. 34.

references to its use for other female occupations, such as dressmaking or millinery,¹ but by the late 1930s, the education department began realising that the Life Work concept was no longer accurate, even for boys, or rather, particularly for boys. The economy was beginning to diversify, and adaptability rather than any specific vocational skill needed to be taught.

Civilisation is moving forward rapidly to more complex forms of living. Many activities of past generations have fallen into disuse, and given way to new forms of social service. This means that it has become increasingly difficult to provide youth with what we are accustomed to call a "start in life." The day of the self-made man is gone, and it seems almost as though the day of the man of one occupation is passing. One wonders whether it is sufficient to qualify a boy or girl for one occupation only.²

This approach was consolidated after the war by the Education Inquiry Committee of 1945-9.

The more specifically vocational the training given at school the more of it is wasted, for occupations and methods of work change and boys and girls are little able to adapt to changed circumstances what has been made specific by drill. The preferences of many boys and girls change; and even in some cases where they do not, drill-training is wasted because the suitable job is not available.³

The Committee concluded that "practical work in the sense of vocational training is not well given at the secondary stage."⁴ They advocated instead that education be centred ^{more} upon the child than the future job,

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1. Adelaide Miethke, "Preparing Girls for their Ultimate Career," The Housewife, 9, No. 10 (Sept. 1938), p. 30.
 2. S.A.P.P. No. 44, 1938, Report of the Superintendent of Primary Education.
 3. S.A.P.P. No. 15, 1949, Final Report, par. 392.
 4. Ibid., par. 393.

that it give "nurture to the whole person of the child,"¹ and train the child for the future "by using best all the present interests and capacities of the child."²

The Committee's Report, however, was tabled at a time when the vastly increased numbers of babies born during and after the war were reaching school-going age, and for the next decade and more, less energy was spent in policy formulation or justification than in the day-to-day exigencies of coping with too many pupils, too few classrooms and too few teachers. One consequence of this overextended situation was that married women teachers came to be the norm in domestic arts courses (as well as in primary and technical schools).³ This reality resolved in a practical way the dilemma of earlier domestic arts teachers, caught as spinsters required to teach girls through the emulative approach to be good homemakers. But it left untouched the problem of why teach girls to be good homemakers at all. The public vocational approach had gone both in theory and practice. The argument which now came to the fore was a combination of the second and third outlined above -- the improvement of working class home life and the scientific nature of housework.

Both these arguments had long and reiterative histories. The scientific approach basically stated that family life was changing with the increasing complexity of the society, and scientific rationalisation of its work and relations was necessary. Healthy, happy, well adjusted family life was the first and necessary step in the maintenance and

1. S.A.P.P. No. 15, 1945, First Progress Report, par. 15.

2. Ibid., par. 33.

3. In 1952, "approximately 25% of the staff in Domestic Arts Centres are temporary teachers, either short term appointees from England, married women, or retired teachers who have been reappointed." Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1952 [SAC]. By 1962, within the Technical High Schools, 75% of the female teachers were married. Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1962 [SAC].

development of civilisation; it could no longer be achieved by the muddling-through methods of the past, but only by application of the scientific methods that had led to progress in all other areas of social endeavour. This approach turned the home into a laboratory, made every houseworker a technician, and every domestic arts teacher a scientist. This gratifying notion for the teachers was not taken very seriously by many others, who continued to see domestic arts as "just cooking and washing."¹ Every woman in charge of the Department's Domestic Arts Section, from 1909 to 1970, emphasized the scientific nature of the work she supervised.² Initially, science meant physical science -- particularly chemistry and physiology -- and the teaching of nutrition and food values was given fundamental emphasis. By the 1950s, this emphasis had led to the integration of General Science and Home Science for girls -- an example of the continuing belief in a sex-biased predisposition towards certain subjects and courses. Scientific principles were to be made more interesting and relevant to girls by linking them to household concerns.³ A decade later, however, the emphasis had shifted slightly

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1. Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1954 [SAC].
 2. See, Edith Devitt, *Organizing Instructress of Domestic Subjects*, "Report on Domestic Subjects," S.A.P.P. No. 40, 1911-12; Frances Stevenson, Director of the Domestic Arts Teaching Centre, "Household Efficiency," *Register*, 18 May 1926, in Condon, *Newspaper Clippings*, Vol. 1926-30, p. 17; Miss Inspector Campbell, Inspector of Domestic Arts, "Special Report on the Post-Graduate School of Nutrition at Canberra," in the Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1945 [SAC]; Elsa Gerrand, Inspector of Domestic Arts, "Report on Domestic Arts," in the Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1954 [SAC]; Report of the Technical Education Branch, "Girls Craft", typescript appendix to the Annual Report of the Minister of Education, 1966 [SAC].
 3. "Syllabus for Intermediate Home Science: Integration of Home Science and General Science. The science sections in the course are to be studied as a means of examining the principles and practice of Home Science, and in the examination, questions on scientific topics will
(cont.)

from the physical to the social sciences -- human relations and responsibilities, child development, home and family living. New courses were "designed to stimulate students' active interest in their role in the home and community."¹ Home Science came under the auspices of Girls' Craft, and domestic arts teachers began another rigorous attempt to rehabilitate their subject and vindicate their careers.²

The purpose of stressing the scientific side of domestic arts throughout the century was fundamentally to give domestic arts teachers a sense of pride in their work, and to defend them against the gibe that they merely taught how to cook cabbages.³ To claim housewifery as a science, however, was to deny it as an innate quality in all women. The domestic arts teachers could allow that there was an innate predisposition in all women, but insisted that it required training and refining. Logically, they had to argue that instinct was not enough to make a good wife and mother.⁴ They had to break the seemingly natural mother-daughter

be set only to test the proper understanding of domestic principles.

Where there is no pure science taught in the school, the Home Science teacher will, of necessity, have to include the scientific sections of the syllabus in her teaching of the subject." University of Adelaide, Manual of the Public Examinations Board, 1951.

1. Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1964 [SAC].
2. In 1969, the Home Economics Association of Australia began publication of a national journal, claiming that, "today, home economics and home economics education in most parts of the world is going through a period of much turmoil and very serious self-appraisal." E.M. Cox, "Introducing Our New Journal," Journal of the Home Economics Association of Australia, 1, No. 1 (May 1969), p. 3.
3. See, Royal Commission on Adelaide University and Higher Education, First Progress Report and Minutes of Proceedings, S.A.P.P. No. 27, 1911, Q. 2898-9.
4. S.A.P.P. No. 44, 1918, Report on the Domestic Arts Training Centre.

bond and substitute the school as the agency for the training of housewives. Such an argument must necessarily imply that any woman who had not been instructed in domestic arts at school (or who failed the course) could not make a good wife and mother. Obviously, this was going rather too far, and was in clear contradiction to the notion that every good woman's place was in the home, by nature. The argument for science could therefore never be followed to its logical conclusion, but was left unresolved.

Bereft, then, of coherent internal rationalization -- as vocational training or as science -- domestic arts training came to be justified more explicitly in its ideological or moral function: as the indoctrination of a certain group of girls into the standard of performance in domestic life required of them by society, as interpreted by the education institution. That institution regarded the family as the basic unit of society, and considered the quality of its internal operations to be of concern to the State. In particular, the quality of training the next generation of housewives received in technical skills and appropriate work discipline was important. Some families were incapable of maintaining an adequate standard; some mothers would pass on bad habits to their daughters or would not have the time or ability to instruct them correctly. Here the State must intervene.

In the early decades of the century, the girls and families in need of training were identified in general class terms. The girls who must be taught domestic arts were those who would leave school at the end of the compulsory age limit to work in factories, offices and shops.

The argument might be advanced -- "Why should not the mothers teach the girls these things?" Well, the mothers do not teach their daughters such things in the majority of cases. In the best of our homes the mothers do, but in the majority of cases the mother's hands are so tied and her time is so occupied that she has not the time to do it, and if she were to make the time she would have to steal it out of her rest.

Many of our girls leave school at the age of 13 to go into factories where they have no opportunity of learning these arts.¹

Such girls were receiving minimal home training just at a time when an increasingly high level performance of home duties was considered essential, a perception graphically illustrated by the effects of the First World War on home life. Edith Devitt, Organizing Instructress of Domestic Arts, bemoaned:

never was the call greater for efficient home management than at the present day. The return to their homes of large numbers of invalided men needing special care, the demand for stricter economy, without lowering the standard of living which has produced the physique of the race, the endeavor to preserve infant life and so to protect the natural increase of population -- all demand from the wife and mother, knowledge, skill, and wisdom to a degree hitherto unknown.

Are the girls who are being sent out yearly from the schools into the shops, factories and offices sufficiently equipped to meet these demands? Should not the schools devote more than one tenth of their time to that part of the girl's education which directly concerns her probable ultimate occupation in life?²

It was not suggested that these girls should not work in the time between school and marriage; it was just unfortunate that they were choosing jobs that would in no sense serve as an apprenticeship for their ultimate careers. The years of adolescence were considered crucial ones in training good women. The school imposed discipline during childhood, marriage demanded service and dedication in adulthood. The years in between could be spent either in irresponsible frivolity bought with an independent wage, or, and preferably, in studious and practical preparation for domestic life.³ It was on this basis that the Education Department

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1. Evidence by C. Charlton, Inspector of Schools, to the Royal Commission on Education, Third Progress Report, S.A.P.P. No. 27, 1912, Q. 4922.
 2. S.A.P.P. No. 44, 1917, Appendix K, Domestic Arts Centres.
 3. S.A.P.P. No. 45, 1920, Advisory Council of Education Report.

established the Girls' Central Schools of Homemaking in 1925, designed specifically for girls on whom high school training would be wasted because they would not stay to complete the full three year course, but would leave as soon as they were legally permitted.¹ The Central Schools were to provide the girls with a general education and a traditionalist vocational training, fitting them to work in female industries for the few years before marriage and then to become fully-prepared wives and mothers.

Upon leaving school, in the years before marriage there is little difficulty in finding congenial work for these well-trained girls. . . . But apart from placement in the intermarriage years is the fact that all these girls -- 1,000 to 1,500 every year -- are concentrating upon every form of home craft, learning to use deft, skilful hands, exercising initiative and resource, and at the same time acquiring a broad general education which will enable them to take their place as the helpers and companions of men.²

Other social institutions, however, had much more limited perspectives on the purpose of education. Industry wanted a rapid turnover of young women -- the price of labour being relative to age and sex.³ The government, also, was dedicated to keeping expenditure at a minimum: what didn't produce immediately visible results received low financial priority,

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1. S.A.P.P. No. 67, 1924, Report by W.T. McCoy, B.A., Director of Education, Upon Observations and Inquiries Made with Regard to Education during an Official Visit to Great Britain and Other Countries, July 1924, p. 6.
 2. Miethke, "Ultimate Career," p. 30.
 3. "A second weakness [in the Central Schools] has not yet been overcome, and results from the tendency to employ youth -- and particularly girl labour -- in industry. This means that there is a constant call upon the student to leave school at the earliest moment. Thus the aim of the school -- to provide a good general education which will offer a means of escape and release from the deadening routine of mass production in after years is at constant war with the aim of industry, viz., to obtain good labour material at a price which will cheapen the costs of production." S.A.P.P. No. 44, 1940, Report of the Director of Education.

and domestic arts training for family life rather than paid work was of dubious value. In the early 1930s, a **strand** of argument that was ever present but not always voiced came to the fore because of the economic crisis: women were intuitive homemakers and training for family life was the responsibility of the family. The Committee of Enquiry into Education recommended the removal of Domestic Arts from the Primary School syllabus.

The Committee believes that the effectiveness of the Primary system would not be appreciably impaired if subjects such as Domestic Arts and Woodwork were omitted from the syllabus. The responsibility for training children in the elements of domestic management is primarily upon the home,¹

W.J. Adey, the Director of Education, argued strongly against this position in his Minority Report. His argument won at the time,² and eventually became the major rationale for domestic education in the late 1930s and the post-war period. By then, the female public economy was greatly diversified and expanded, and was no longer restricted to work which was related to traditional housewifely activity, so the public vocational argument was less relevant. The private vocational (ultimate career) and scientific arguments were still usable, but not treated very seriously. They were the basis, however, for retaining domestic arts as an optional subject for first year high school girls, occupying a very minor part of the timetable and not being taught efficiently, often by the wives of teachers rather than by trained teachers.³

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1. S.A.P.P. No. 69, 1931, 2nd Progress Report of the Committee of Enquiry into Education, 19 June 1931, p. 14.
 2. For the fate of the Enquiry's Report, see Colin Thiele and Ron Gibbs, Grains of Mustard Seed (Adelaide: Education Dept. of S.A., 1975), pp. 171-75.
 3. Condon, Newspaper Clipping Books, Vol. 1926-30, pp. 189-91, Vol. 1931-34, p. 70; S.A.P.P. No. 44, 1939, Report of the Minister of Education.

Adey's argument to the Committee was that domestic arts was a necessary part of the curriculum because it was simple enough for less able girls not only to do but to enjoy.

Domestic Arts and Woodwork are subjects which have added interest to school life, especially for children for whom the more strictly intellectual exercises have been difficult and laborious.¹

For the able girl, domestic arts came to be a craft, a relaxation from strenuous academic work.

It is the policy of all High Schools to take advantage of opportunities and facilities offered for teaching some form of craft work. Usually this is limited to woodwork for boys and domestic arts for girls. . . . The time allotted to this work is confined to one half-day per week as this is considered sufficient to give high school children a sense of achievement in hand work, an appreciation of craftsmanship and a satisfaction in expression of any talents in creative ability they may possess.²

From such able girls, too, some future domestic arts teachers would come, so they had to be given a sense of the science of the discipline. On the other hand, given its low intellectual content, it was considered more likely that good domestic arts teachers would be recruited from amongst those girls who had studied general academic science.³ For the

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1. S.A.P.P. No. 69, 1931, Minority Report, p. 18 See also J. Robinson, "The Place of Home Economics in General Education," Journal of the Home Economics Association of Australia, 2, No. 1 (May 1970), p. 17.
 2. Report of the Superintendent of High Schools, typescript appendix to the Annual Report of the Minister of Education, 1946 [SAC].
 3. "Encouragement must be given in the schools and elsewhere to induce the better type of student to become Craft teachers. It is not necessary for these girls to have studied Home Science, some knowledge of the basic sciences being of much greater value and importance to them as future Home Scientists." Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1954 [SAC].

less able girl, domestic arts was seen as a practical subject, requiring little abstract thinking, and having immediate relevance to her life. Her basic career was still to be a wife and mother, but it was also recognised that she would have to look after herself in the interim. For both of these tasks she was considered to need training. That training was intended more to mould her personality and orientation to the world than to teach her mechanical skills. Domestic arts thus became a type of psychological counselling or therapy, to inculcate a minimum standard of work and social discipline: in short, how to cope with oneself and stay out of trouble. This conception of the pupil and the bed-rock nature of domestic instruction is clearly revealed in the 1973 Junior Curriculum for Track 2 (i.e., less able) Home Management:

Aims: To encourage girls to become responsible members of a family and a community and to develop in them some of the necessary confidence and assurance. Emphasis should be placed throughout on a practical and realistic approach.¹

Throughout the century from 1875, we can thus see an interweaving set of justifications for the teaching of domestic arts. Despite each argument being incomplete in itself, their combination established the details of the content of the subject. From the vocational argument came training in the technical skills² of laundry work, of household practice (cleaning), and of cooking and serving food. (In the Domestic Arts Centres, the girls were required to prepare a family dinner and serve it afterwards in the school dining room.)³ From the scientific

1. S.A. Education Department, Girls Craft: Junior Curriculum, Reprinted, 1973, p. 4.

2. See, S.A. Education Department, Course of Instruction for Primary Schools, 1920, 1930, 1938, "Domestic Arts"; S.A. Education Department, Course of Instruction for Central Schools, 1924, Section C, "Home-Making"

3. S.A.P.P. No. 44, 1911-12, Report on Domestic Subjects.

argument came, firstly, concern with the nutritional value of food and its preparation (the first vitamin was identified in 1913); some little interest in child care and hygiene (the Mothers and Babies Health Association, concerned with science rather than maternal instinct, was founded in 1909, and by 1912 was running mothercraft classes for domestic arts students),¹ and the need to teach the correct use of the new and proliferating labour-saving appliances.² By the late 1930's there was widespread acceptance in the community of the elements of child psychology, and of the fact that "impressions received during early childhood are more important in later life than had previously been realized,"³ but nothing of this seeped into the domestic arts course until the 1960s when "Home and Family Living" became a main theme, as distinct from the more "practical" bent of earlier times. Psychology, however, was not really considered to be a science, and for the more able girls taking Home Science as a subject for their Leaving Certificate from 1959 onwards, the syllabus concentrated strictly on the physical sciences underlying cooking and cleaning.⁴

As for the moral argument, from it came discipline and character formation. At the beginning of the century, the purpose of domestic arts

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1. H. Mayo, "Some Aspects of the History of Infant Welfare in South Australia," Medical Journal of Australia, I (1960), pp. 970-2; S.A.P.P. No. 44, 1913, Report on Domestic Arts Centres.
 2. S.A.P.P. No. 44, 1913, ibid; Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1948 [SAC]; Kingston, My Wife, pp. 41-44.
 3. "Teaching Children to Face Facts," The Housewife, 7, No. 1 (Jan. 1936), p.11.
 4. University of Adelaide, Manual of the Public Examinations Board, 1959, p. 111: "Leaving Certificate Syllabus. . . . Home Science: Stress will be laid throughout on the basic scientific principles underlying the processes and techniques involved. The syllabus has been divided for convenience into the following sections, but all are to be correlated with everyday family living: nutrition; simple dietetics; scientific principles of cookery; practical cookery; home management; laundrywork."

morality was explicitly the creation of good mothers in good families.

The solution of more effective teaching in housecraft lies in a greater specialization for girls, with a larger proportion of time allotted to those subjects which will directly help to make them good wives and mothers.¹

By mid-century, mothering was played down in rhetoric, and the aim was to strengthen (or rather, to build) a more general character in the less able girls.² The specific ideals sought included the inculcation of economy and a sense of the value of money as against the rule of extravagance;³ neatness, cleanliness, thrift and industry;⁴ to love work for its own sake and to be proud of one's school, one's teacher and one's self;⁵ the habit of willing obedience to constituted authority and regard for the rights of others;⁶ the development of self-reliance and thoughtful independence in the girls;⁷ an awareness of the responsibility of the individual for the health and wellbeing of not only themselves but of the society of which they were a part.⁸ Perhaps this set of ideals is best

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1. S.A.P.P. No. 44, 1917, Domestic Arts Centres.
 2. Report of the Superintendent of Technical Schools, typescript appendix to the Annual Report of the Minister of Education, 1941 [SAC]; Annual Report of the Minister of Education, 1949 [SAC].
 3. S.A.P.P. No. 44, 1913 and 1917, Domestic Arts Centres; Report of the Technical Education Branch, typescript appendix to the Annual Report of the Minister of Education, 1948 [SAC].
 4. S.A.P.P. No. 44, 1928, Report of the Superintendent of Primary Education.
 5. S.A.P.P. No. 44, 1928, Report of the Superintendent of Primary Education.
 6. Ibid. ; S.A. Education Department, Course of Instruction for Primary Schools (1938), p. 3.
 7. Report of the Superintendent of Technical Schools, typescript appendix to the Annual Report of the Minister of Education, 1941 [SAC]; S.A. Education Department, Girls Craft, 4th year Courses, 1973, p. 1.
 8. Girls Craft, ibid., p. 3; Report of the Technical Education Board, typescript appendix to the Annual Report of the Minister of Education, 1964 [SAC].

summarized in the words of a domestic arts lecturer, in 1970:

I would go so far as to say the profession of Home Economists has a bad case of the idealisation of middle class family norms of behaviour, there is a failure to accept that there may be alternative routes to successful family living.¹

From this discussion of the structure and content of domestic arts teaching in South Australian schools, the importance of the three dimensions -- class, gender, and ability -- can be seen, as well as their fluctuating interrelations over time. As a rough summary: over the century, the schools were attempting to inculcate a bourgeois sense of domesticity, of service, and of submission, in girls of the working class, particularly the girls who were considered unable to pick up the appropriate skills and discipline by ordinary emulation of their mothers or mistresses in the home. These skills and discipline, for the education institution, comprised the meaning of a good woman-wife-mother.

1. Lois Bennett, "Some Thoughts upon the Future of Australian Home Economics," Journal of the Home Economics Association of Australia, 2, No. 1 (May 1970), p. 12.

II. Good Wives and Mothers

Let us return now to look at the women who were admitted to Glenside Hospital, and trace out the more specific and idiosyncratic meanings of their goodness, or lack of it, within the ideological parameters established by the schools. Of the sixty cases sampled, sixteen women were single at the time of first admission, half of these being over 30 years old. Thirty three of the married women were still living with their husbands. There were two women living in de facto relationships, five widows, and four divorced or separated women. Thirty eight women had borne children (including three of the single women). All told, thirty women were legally married, had borne children, and were still living with their husbands at the time of first admission. Thus, exactly half the sample met society's definition of the good woman as wife and mother. Of these thirty women, seven admitted themselves to hospital informally, indicating, on first view, that they themselves felt something to be wrong with their lives and that they wanted to be helped. Eighteen women were admitted on certificates informed by their husbands, indicating that private family relations had become disrupted and compulsion was required for the woman's and/or the family's good. A further five were admitted under certificates signed or informed by J.P.s, police officers or general hospital personnel, indicating that the woman in each case had done more than affect family relations and had been seen as disruptive in the public world.

(a) Informal Admissions

On the face of it, the seven informally or self-admitted women would appear those most likely to be good women, or at least those with a clear sense of what a good woman should do that they were somehow incapable of

living up to. The table below sets out the basic particulars of these women from the case notes.

Table 1. Glenside Women

<u>Name</u>	<u>Age</u>	<u>Children</u>	<u>1st Adm.</u>	<u>No. Adm.</u>	<u>Provisional Diagnosis</u>
Ada Norris	58	7	1962	6	Reactive Depressive Psychosis
Iris Wentworth	59	2	1968	5	Depressive Neurosis
Martha Crafers	50	1	1960	1	Depressive Reaction
Helen Vane	39	3	1963	3	Depressive Neurosis
Jean York	31	1	1961	7	Obsessive Compulsive Neurosis
Katie Allen	34	5	1960	1	Depressive Reaction
Leonie Bertrams	34	2	1960	1	Obsessive Compulsive Neurosis with associated Depression

All seven of these women entered hospital because they were worried and unhappy about not fulfilling their own and others' expectations. Four of them were explicitly concerned about housework. Ada Norris complained of "lack of interest in housework and family matters of several weeks duration." Iris Wentworth's husband was "a severely obsessional personality; he would . . . wipe the dishes over after Iris had washed and dried them. This, naturally, has always irritated Iris, but she could live with it." Iris then became very depressed: "she would wake up with the feeling of 'Oh, I have the day to get through.'" Katie Allen "lacks confidence in her ability to care for her household and children." And Leonie Bertrams "found herself getting increasingly slower in coping with household tasks . . . fear that unless things kept clean some dreadful disease due to lack of cleanliness would strike the family and be regarded as her fault."

When the fifth woman, Jean York, presented herself at the hospital, her problem was not at first explicitly connected with housework. Rather, she was worried that "everything felt numb and now has no feelings, just a 'dead' feeling all the time." But over the next ten years and seven admissions, it became clear that she was "obsessional about cleanliness." The other two women were worried about children. Martha Crafers feared that she might do "considerable physical harm" to her teenage son in reaction to his irresponsible behaviour. Helen Vane's admission was precipitated by her doubt and confusion over being pregnant.

From the case notes, it would appear that Ada Norris was seen most particularly as a good woman. Her problem was that she simply had too much to do and too many family worries. Born in 1904, Ada had married in the late 1920s or early 1930s. She was living in the country at the time, and within a few years had her first "nervous breakdown." No explanation is given for this except that she had "always been tense and anxious." During the 1930s, Ada bore her seven children, and during the 1940s she brought them up alone while her husband was overseas at the war. When her husband returned he was seriously incapacitated. So Ada still continued on alone with, in fact, one more helpless dependant. The family's income was apparently only the War Pension, at least till the children were old enough to work. The family did, however, own their own house. Throughout the 1940s, then, Ada Norris's life would have been one of extreme difficulty and total devotion to her family, but it would have met with social approval. She would probably have been seen as a good woman bearing up under all vicissitudes. By the late 1950s, Ada's children were grown up and five of them married. She may at this time have had some slight respite from her responsibilities as wife and mother, but then more troubles came. "The eldest and youngest boys were not married and lived at home. Two other boys were parted from their wives

and expected Ada to be able to look after them and their children." The broken marriages were "the cause of great anxiety to her." Moreover, "she herself has had a lot of sickness." Then Mr. Norris developed diabetes. "He was a very sick and helpless man who wasn't even well enough to potter around in his garden. He was very deaf and would just sit about quietly doing nothing." The husband was unable and the sons were unwilling to help either themselves or Ada.

The family seem to expect too much from Mrs. Norris and were not prepared to do anything for her. When she is ill she gets up and prepares their meals then goes back to bed. The boys never asked if she would care for any food, and just left her lying there.

The only assistance Ada did receive was from her married daughter who visited once a week, and from her brother, an age pensioner who was formerly a hotel manager. "He lives there from time to time and at times like the present when she is away he carries on for her."

This story of the wearisome life of Ada Norris was told to a psychiatric social worker by an unsuspecting neighbour who did not realise she was being interviewed. So it has the tone of friendly neighbourhood gossip, telling as much about the everyday standards of the neighbour as about Ada's reality. It was seen as right and fitting that Ada should care for her husband, but not for the sons who should have transferred their needs and loyalties to other good women by now, or at least should be able to care for themselves. Was it possible, then, thought the social worker, that Ada had not in fact been a good mother, insofar as her sons had turned out to be so inconsiderate? The neighbour was quite adamant that the fault was the sons', not Ada's.

I asked the neighbour did she think Mrs. Norris may have interfered with the sons and their wives. The neighbour's opinion is that Mrs. Norris certainly would not have. She feels that Mrs. Norris will never be able to cope while they all expect her to do so much for them. She feels that it is time that they started to help Mrs. Norris for a change.

In the social worker's mind, presumably, was the image of the grasping mother who will not release her children from her maternal apron-strings, for whose children no other woman is good enough to replace her, who has lived her life through her children and needs them to maintain her identity. This image had been receiving clear ideological enunciation throughout the decade of the 1950s, beginning in America then spreading by the popular press across the industrial world.¹ By 1964 it had clearly added a dimension to the meaning of the good woman in Adelaide -- a fact further exemplified by the case notes of Iris Wentworth.

Daughter-in-law complains that Iris has been ringing her up continually, doesn't let them lead their own life. "Mrs. Wentworth is always talking about sex." Iris feels that her daughter-in-law is in need of treatment herself and she won't let her take an interest in her grandchild.

Iris was seen to fit with the "mother-in-law syndrome": the woman who will not release her son from their former parent-child relationship, sees her son's adult companion/wife as a threat to her maternal power, and seeks to destroy the marriage through her interference, or at least to ensure their submission to her -- a daughter gained rather than a son lost.

The other side of this generational dimension of the meaning of the good woman within the family can be seen from the case notes of Katie Allen. Katie was an English migrant, admitted to Glenside Hospital in 1960, who was

prone to blame most of her difficulties on her in-laws, whom she says came from the U.K. to stay with them a year ago. "Things not the same between husband and myself since they left." She expresses considerable hostility towards her mother-in-law, whom she describes as "a very dominant person . . . no one could live harmoniously with her."

1. See, W.H. Chafe, The American Woman: Her Changing Social, Economic, and Political Roles 1920-1970 (New York: Oxford University Press, 1972), pp. 199-225.

Over the next eight years, Katie's parents-in-law visited twice more. On each occasion there was a "recurrence of her old bitterness against her mother-in-law," she brooded about the "shabby way they treated her in the past" and about the way "they nag her all the time." Katie's husband, who presumably felt caught in the midst of this antagonism between wife and mother, did admit that there was "fault on both sides." The only cause, however, that he could identify was that he and Katie had lived with his parents for six weeks after their marriage -- a common enough situation in the housing crisis of post-war Britain, but traditionally bound to create friction between wife and mother.¹ Both women were competing for the allegiance of the same man in the same house but from within different relationships.

The point to be drawn from these three cases is that by the 1980s in Adelaide the standard of the good wife-mother had come to include a psychological or relational dimension that the educational institution, for one, had not yet seen as relevant. Beyond cooking and cleaning and caring, to be a good mother meant training one's children to become responsible, considerate, independent citizens; the willingness to continue to care about them without interfering in their adult lives; being able to accept their transfer of allegiance to their own families of procreation. To be a good wife meant being competent to discharge the duties towards the husband which had previously been performed by the mother; willingness to accept a certain residue of the husband's allegiance remaining with his family of origin; and being able to accept the husband's continuing comparison of the standards of performance of his

1. See, M. Komarovsky, Blue Collar Marriage (New York: Vintage, 1967), p. 259 ff.

two women. All this, of course, had been basic to family life over the generations. But by the 1960s it had been named and analyzed and turned into a concrete and necessary aspect of the definitions of a good mother and good wife.

In all the senses thus far mentioned, Ada Norris was a good wife and mother. What she was not good at, however, was coping with the continuous and heavy demands for her services over forty years. She had many physical (perhaps psychosomatic) illnesses, and she admitted herself to Glenside Hospital six times from 1962 to 1965. To a certain degree, the hospital psychiatrists recognised the legitimacy of her seeking respite. "Present admission is really to afford some relief from domestic worries." She stated on a number of occasions that "she is unable to continue at home any longer, although she realizes that her husband, who is older than her, is unable to manage unaided at home." Here Ada was coming up against the contradiction of the role of good wife and mother being both an instrumental performance -- or work -- and also an aspect of her identity. She had a job to do: to care for her husband in sickness till death. But she also felt that she should be wanting to do so and enjoying it. "Worried about husband. . . . Not wanting to go home at weekend but worried." These two aspects of the role fitted together relentlessly. Domestic work being integral to her personality, there was no access for Ada to the mechanisms that existed in public working life for bettering conditions or rationalising work loads. She had no holidays to take as of right, nor could she resign. The only way out was to abdicate responsibility for her personality. This was achieved by becoming ill, which relieved her, temporarily, of the guilt at abandoning her family. But soon after each admission, brought about because she could cope no longer, the guilt would return, she would worry, become "unco-operative with treatment," demand her discharge "too soon," and she would return to the unchanged domestic situation.

Nonetheless, Ada's illnesses did allow her to take a rest from being a good woman by transforming her into a good patient.¹ This temporary transfer of roles meant as well that her family relations were not severely disrupted. Her husband and children were relieved of the necessity to consider the situation in which Ada was unhappily existing. Rather, they could put their faith in medicine, in external expertise, to counteract the apparent foreign entity that was causing her to act strangely. Mr. Norris, in 1965, "was going to make sure that she did not come home too soon this time, and had asked the doctor to have her locked up so that she couldn't return before she was better." For everybody concerned, to define Ada as ill meant that her illness could be cured or helped. Her record as a devoted wife and mother need not be spoilt, nor need the internal dynamics of family relations alter.

By mid-1966, Ada was about to be discharged again, and it was recorded in her case note that she

was not thrilled at the idea of returning home to look after her invalid dementing husband -- but this morning when due to leave, her son rang to say that her husband had died last night.

The next entry, three weeks later, records that she was "relieved re death. Looks much brighter, has put on weight, sleeps well if she takes sleeping tablets and tranquillisers." She was referred to her local G.P. for continuing supervision, but she did not attend. After twenty years of nursing an invalid as a good wife, and after forty years of being a good mother, Ada Norris disappeared from the records.

1. See discussion above, pp. 31-33, concerning the social meaning of 'being ill'; also T. Parsons, "Social Structure and Dynamic Process: The Case of Modern Medical Practice," in The Social System (London: Tavistock, 1952), pp. 438-7; E. Freidson, Profession of Medicine: A Study of the Sociology of Applied Knowledge (New York: Dodd, Mead & Co., 1970), p. 238.

Two other aspects of the life of good wives and mothers emerge from the case notes of the seven women in this series. Firstly, they provide a glimpse of how good mothers were expected to bring up their children. Two of the women felt that they had failed to provide their children with a sufficient sense of sexual discipline. Iris Wentworth found it hard to accept "son and wife expecting a baby less than 9 months after wedding." Martha Crafer's son had been expelled from school "following an affair with a girl"; now, at seventeen he was heavily in debt, seldom able to pay his board, and Martha's remonstrances were having no effect. She kept losing her temper and was afraid of her own lack of control: "'has not used the knife yet' but feels might." A third mother, Leonie Bertrams, was possibly influenced by the increasing publicity given to popular psychology which stressed the power mothers exerted over the future lives and personalities of their children. Leonie was "increasingly affected and upset by her 'fussiness' -- fears that she will ruin children's lives through insistence on handwashing and neatness and scrupulous care when they go to the toilet." This fear of "fussiness" takes us back to the image of the grasping mother discussed above, who over-protects her children and denies them the opportunity for emotional independence. Similarly, Katie Allen was disturbed lest her depression and lethargy should harm her children: "'nothing has any meaning any more -- there is not one little thing that I enjoy.' The children are the only things that keep her alive -- 'they're such sweet good children they don't deserve this.'" Later, Katie's sense of failure as a mother was increased by the discovery that two of her children were epileptic and one was mentally retarded. She could not believe that her offspring would not be able to lead normal successful lives. "Confused about her children still -- is almost totally preoccupied with tests of intelligence, etc., on the children. Can't imagine why her boy should have emotional problems. Also, she refuses to believe that

her daughter could possibly be retarded (I.Q.80). 'She's a perfectly normal girl.'"

All these women saw good children as being formed by good mothers. Insofar as their children transgressed moral imperatives concerning sexuality and money, or their personalities were distorted by over-protectiveness, or their future happiness was jeopardised by emotional or intellectual disabilities -- all these women felt themselves to be at fault, and their unhappiness increased. It is worth noting here that all seven women, all first admitted in the 1960s, were diagnosed as suffering, at least in part, from a depressive disorder (including Jean York, whose diagnosis was eventually "(1) chronic schizophrenia; (2) obsessive personality disorder; (3) depressive neurosis; (4) temporal lobe epilepsy").

Another aspect emerging from the seven cases concerns the husband-wife relationship. In the five cases which mention husbands or marital relations, there is a sense of hostility or resentment. Three of the women felt antagonism towards their spouses: Ada Norris because her husband was totally dependent on her; Iris Wentworth because her husband was a "severely obsessional personality"; Katie Allen resented her husband because "when she was working, was tired and husband would not help." In the other two cases, the resentment was from the husband to the wife. Mr. York was apparently sympathetic to his wife's obsession, but over time he found that "she has become impossible at home -- incessant talking and worrying about her somatic health. She has got husband down -- and knowing Jean one cannot blame him." His support and encouragement waned, and on occasion Jean was admitted to provide "rest for husband and son." Meanwhile, Jean spoke of "angry feelings to husband" and it emerged that she had a "communication problem with husband." She had no desire to go home but at the same time felt guilty and thought

she should return. "Agitated, wanting to go home. . . . Felt she should be home." A similar situation occurred with Helen Vane. Her first voluntary admission was precipitated by her indecision as to whether she should have an abortion -- an illegal operation at the time (1963). Within two days she was expressing much hostility to the hospital and a constant desire to go home. She left, but immediately was returned again under certification, and her husband's hostility was obvious.

Husband states: is not carrying out home duties he would normally expect. She has tantrums with him and with the children. He says he has sent a boy away and wishes to send the girls away because of mother's irrational behaviour.

On this occasion, the hospital psychiatrists began to perceive the unhappiness of the marriage.

Both feel guilty about the abortion -- yet both wish like hell it had been. Both seem to have seen a side of each other they've never seen before and feel that they can never regain their own or mutual self-respect.

Helen began taking stimulant slimming-tablets in excessive quantities. Her husband became more hostile and demanded that she "act like a normal mother and wife." The marriage broke up, but the antagonism remained. The situation was left unresolved, at least in terms of the case notes: "sure she won't be able to manage outside."

Resentment in women was taken as a symptom of their disorder. Resentment in husbands was a sign of the family tension caused by this disorder, although in some of the cases the psychiatrists recognised that the husband's behaviour created stress as well. For example, Helen Vane's husband was called to the hospital for a joint interview with her, and his responsibility for the family disorder was noted.

Some discussion of their mutual lack of co-operation -- without much achieved. He appears to be unable to include his wife in his scheme of things. Atmosphere of chronic hostility prevails after a while.

In all five cases, the treatment afforded by the hospital was unsuccessful in removing this resentment. The only other alternative for the restoration of familial harmony was to remove the source or object of the resentment, i.e., to extract each woman from her family situation. This possibility was explicitly mentioned to Helen Vane: "Dr. A. suggested that she and her husband were incompatible." But this merely upset Helen. A good woman did not abandon her family. More important, however, was the fact that she had nowhere else to go, except the hospital.

Nowhere else to go was a theme constantly reiterated in the notes of all these women. Ada Norris was happy to go home only after her husband's death relieved her of the exhaustion and anxiety of being a good wife. Iris Wentworth tried suicide as a way out of her hostile family environment. The attempt failed, and she found instead that Glenside was a pleasant enough place -- "she has a depressive illness but seems to enjoy it at Glenside." Her condition was insufficiently acute to warrant her staying in hospital very long on any of her four admissions, but eventually she refused to go home and was discharged to a psychiatric hostel. "I doubt if she will be able to function outside of a hostel in the foreseeable future. She says she does not want to return home." Katie Allen also tried suicide.

Two days ago felt as though she didn't want to go on,
 "had no interest in home or children . . . love them
 very much . . . shouldn't have gone home feeling as I
 did . . . my husband had been in . . . had an argument
 . . . took about 50 tablets, all I could find."

After a short stay in hospital, Katie did in fact go home, but kept the hospital Out-Patient clinic as an escape route, returning regularly over eight years. Jean York yo-yoed from hospital to home, not happy with either place and despairing of ever being so.

I want to be out of here but I want to be well. . . .
My life is just draining away and I am losing my
family. . . . I must go home to establish myself
but being in here so much has ruined that for me.
Unless my feeling comes back.

Good women lived at home in harmonious relations with their families; breach of this prescription meant unhappiness; too great unhappiness could only be resolved by institutionalization or death. There was nowhere else to go.

(b) Certified Admissions

Little more can be added to this picture of good women from the case notes of the other married women with children who were living with their husbands. There were fifteen such women, who were certified on information from their husbands or government officials (seven other women in this category were non-British migrants, and will be discussed in a later chapter). All fifteen women were diagnosed as psychotic, most as schizophrenic; most of them were considered to be suffering from delusions or hallucinations; and many of them were certified as being uncontrollable. Insofar as most of the case notes comprise largely a description of each woman's fantasies, there is little information concerning their social circumstances. In the little detail that there is, it is often hard to distinguish fact from fantasy, although there is occasional corroboration from other family members. Moreover, many of the women had been under psychiatric treatment previously, had been admitted to other mental hospitals, or had been behaving oddly for some considerable time. Thus, although many of their marriages were unhappy and their relations with husbands and families marked by resentment and hostility, it is impossible to know whether the resentment existed before the madness or whether the madness precipitated the resentment.

Table 2. Glenside Women

<u>Name</u>	<u>Age</u>	<u>Child- ren</u>	<u>Length of prior 'illness'</u>	<u>1st. Adm. to G.H.</u>	<u>No. of Adms.</u>	<u>Last Adm.</u>	<u>Diagnosis</u>
Kathleen Adams	57	3	2 yrs.	1945	6	1956	Paraphrenia
Sally Ireland	60	1	-	1955	1	-	Paranoid State
Tillie Jervis	45	1	-	1955	1	-	Schizophrenia
Vera King	45	several	-	1945	1	-	Schizophrenia
Gertrude Toohey	48	3	several years	1955	1	-	Schizophrenia
Jane Yeomans	50	7	2 years	1960	3	1965	Schizo- Affective Reaction
Karen Arndt	36	2	-	1945	4	1971	Schizophrenia
Barbara Evatt	39	2	-	1950	4	1961	Manic- Depression
Ruby Govern	43	2	8 mon.	1955	1	-	Schizophrenia
Sarah Irving	43	1	8 yrs.	1957	8	1972	Schizophrenia
Wendy Logan	40	several	3 yrs.	1954	1	-	Paranoid State
Betty Osborne	49	3	10 yrs.	1965	1	-	Schizophrenic Reaction
Christine Perkins	38	several	6 yrs.	1955	2	1959	Schizophrenia
May Collins	43	several	some months	1969	8	1973	Manic- Depression
Agnes Ellis	34	1	2 yrs.	1965	1	-	Inadequate Personality

One striking impression that does emerge from these notes, however, is the extraordinary range of reactions to madness expressed by husbands and families. At one end of the scale was Karen Arndt's husband. Karen was brooding upon her unworthiness because she had "broken faith with herself, her children, and the birds and lambs"; she wandered at night and was brought back by the police; she spoke to her dead mother and had been chosen by God for a special mission in which she had failed. She was also "neglecting her usual household duties." In reaction to this, Karen's husband had her certified, then packed his bags and "went away with another woman and took the two children with him." At the other end was Sarah Irving, who received other people's thoughts and engaged in conversation by telepathy; she sat for hours withdrawn from her surroundings preoccupied with her thoughts of the Nations, Races, Human Nature, etc.; she was forgetful and neglectful of much of her housework and seldom spoke to her husband or children. This situation had prevailed recurrently for eight years before she was admitted to Parkside in 1957, although she had been treated by private psychiatrists during that time. From then until 1972, she had a further eight admissions to Parkside, staying for periods ranging from seven months to several weeks. Throughout these twenty three years, Sarah's husband remained "the solid block." He watched over her behaviour, was pleased when she conversed with him and when she coped well with her housework. When she started "to stand around staring into space again," he contacted the hospital and arranged for her admission. "Not well for a few weeks, getting 'the power' and he felt she would be better in hospital." Between these extremes was Kathleen Adams, who "states that for the past 22 years her husband has been 'doping' her food." Both husband and wife were alcoholic, they fought each other, the husband "probably makes wild statements, including threats to kill her." But, nonetheless,

through six admissions over fifteen years, Kathleen continued to live with her husband "because she has nowhere else to go" and her husband continued wanting her back. Of the fifteen women, only four did not return to their husbands after each discharge. Karen Arndt lived alone because her husband had divorced her; Betty Osborne "is not wanted at home" and went to a nursing home; both Sally Ireland and Tillie Jarvis had invalid husbands -- while Sally was in hospital, her husband was taken to the Home for Incurables, and Sally went to a nursing home on her discharge; Tillie was in Glenside for thirteen years, and then lived in a psychiatric hostel.

(c) Mothers and Daughters

There were eight other women in the Glenside Hospital sample who had been married at least once and had children. Five were widowed and three divorced. Three of the widows continued to live with their families, either with children or parents, and had information in their case notes from family members. From these three cases, plus that of Rosalind Hughes, a divorced woman, there is some further evidence of the nature of family expectations of good women. In each case, it was only female family members who were mentioned in the notes.

Table 3. Glenside Women

<u>Name</u>	<u>Age</u>	<u>Children</u>	<u>Status</u>	<u>Living Sit'n.</u>	<u>1st. Adm.</u>	<u>No. of Adm.</u>	<u>Diagnosis</u>
Lettie Banks	84	2	Widow	With daughter's family	1970	1	Severe Endogenous Depression
Rita Grant	67	1	Widow	Own Home	1960	1	Schizophrenic Reaction
Rosalind Hughes	56	1	Divorced	Alone in Rooms	1950	2	Schizophrenia
Eve Innes	20	1	Widow	With Mother	1960	5	Inadequate Personality

Lettie Banks was an eighty-four year old widow who had "lived alone, functioning very well with minimal support of daughter." Two weeks before she was admitted, she had become disturbed and moved in with her daughter and her family. But Lettie kept the household awake at night with her complaints and screams, so her daughter had her certified. Her age, the acuteness of her disturbance, and the fact that her daughter had her own family to care for led to this certification. Lettie was not being a good mother or grandmother, so she was turned into a patient. She was a burden, but she was not simply abandoned. Her two children and their families visited at least twice in the month she was in hospital, before her death. The hospital can be seen here as performing its two-fold function in regard to the family: providing a higher level of technical expertise, and reducing the tension within the family by removing one of its members.

A similar situation occurred in the case of Rita Grant, a sixty-seven year old widow who lived alone, but who visited with her daughter's family. There, she quite directly threatened the harmony of the next generation.

Her daughter is becoming afraid of her and the grandchildren are very upset by her shouting at them. She once raised a carving knife to her daughter in a threatening attitude, but did not use it. She is making libellous statements in public about various relatives. Becomes very depressed and emotional.

Rita was obviously no good, even as a baby-sitter, while in this state, so she was removed. Her daughter, however, retained her filial concern and was "willing to take her mother as soon as she is well enough." This also was the case with Rosalind Hughes' daughter, who had Rosalind certified because she could not care for and keep clean either herself or her room. The daughter, however, remained "anxious to look after mother and be responsible for her." In both these cases, the daughters were "good" in their willingness to care for their own families of procreation and, as

well, totake on the responsibility for their family of origin. The extant family was the focus, and the good woman cared for three generations. Both Rita and Rosalind had their functions and responsibilities reduced; all they had to do was be good patients, which meant being "manageable."

A negative variation of this three generational complex is found with Eve Innes. Eve did not come from a good family.

Home life has been unhappy. Her mother's 1st husband used to beat her, especially when she was pregnant. He committed suicide by poison when Eve was 14. She felt he was kind to her, however. He drank wine heavily . . . 5 years ago her mother married again, a man who also drinks and knocks her about. This man is very difficult to live with. . . . At the age of 17, Eve married whilst pregnant and 7 weeks later the husband suicided, also by poison. Before that he beat her, but the 7 weeks had been happy ones. . . . Then her twin sister's husband robbed Eve's belongings, later he killed the twin sister's 5 week old baby, which was nearly the age of Eve's own daughter.

Eve felt suicidal, and admitted herself to Glenside in 1960, then four more times in the next six years. Between admissions she lived at home, despite her mother demanding three quarters of her pension as board. The mother looked after her child much of the time, and accused Eve of being "cruel to the child." Eve accused the mother, in turn, of drinking all the time and expecting Eve to do all the work. The antagonism of the two women focussed upon the child. The mother had given up even trying to be a good mother to Eve, and transferred her care to her grandchild.

I am writing to let you know Doctor that Eve can not come home to sleep any more it is not fair for my little Grand Daughter to have to give up her own bed. I've got no thanks whatever from Eve by allowing her to come home.

Eve did not really know how to be good -- either as daughter or mother. She "threatened to kill her daughter and mother and then herself." She was resentful that in the battle for her child she had lost to her mother, with the child declaring that "she doesn't want any further dealings with her." Being a natural mother was not enough, and even the Glenside doctors joined the fray: unless Eve improved her behaviour, she should not be involved with children.

It appears that when sick Eve has a very low tolerance of frustration and tends to react to thwarting in an explosive way. One must be very concerned that Eve's young daughter is not exposed to further violent assault.

At one point sterilization was suggested: if Eve could not be good, she should not be a mother at all.

(d) Sexuality

Finally, let us turn again to the issue of good wives. One aspect of wifedom that was discussed in the case notes was that of sexuality. This aspect assumed importance because of the Freudian influences in psychiatric theory during the years of the survey (1920-70). It was not, however, an area of importance in the image of the good wife inculcated by the education institution. Or rather, it was seen as a very delicate area that should be dealt with in the privacy of the home, not the public world of the school.¹ The issue was debated for sixty years before sex education was given to all children in the State education system.² As

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1. This perception was given rather amusing expression by Captain S.A. White, State Commissioner of the Boy Scouts' Association, in 1929: "I think the old method of teaching the child at the knee and gradually lifting the veil was sound." The Register, 31 July 1929, in Condon, Newspaper Clipping Books, 1929-30, p. 204.
 2. The Question was raised in the 1912 Royal Commission on Education; see especially the evidence of Dr. W.R. Smith and the Reverend J.C. Kirby. The Commission decided against sex physiology as a subject (S.A.P.P. No. 75, 1913, par. 24). From 1916 to 1927, a volunteer speaker from the Australasian White Cross League spoke to boys over 12 only on the need for purity (S.A.A., GRG 18/1/231/1922). By 1960, the S.A. Marriage Guidance Council was running Father and Son, Mother and Daughter, sessions outside the education system; in 1970 they began a pilot course in Human Relations at two Technical High Schools; and finally, in 1972, the Minister of Education announced the establishment of a new Health Course for Schools, which included material for sex education and for relationships between people (Marriage Guidance Council of South Australia, Annual Reports, 1960, 1970, 1972).

Table 4. Glenside Women

<u>Name</u>	<u>Age</u>	<u>Status</u>	<u>Children</u>	<u>Living Sit'n.</u>	<u>1st Adm.</u>	<u>No. of Adms.</u>	<u>Diagnosis</u>
Lettie Banks	84	Widow	2	Daughter's family	1970	1	Severe Endogenous Depression
Nora Davis	56	Widow	-	?	1945	1	?
Vera King	45	Married	Several	With family	1945	1	Schizophrenia
Doris Quennall	44	De facto	3	With family	1950	1	Paranoid Schizophrenia
Iris Wentworth	59	Married	2	With family	1968	5	Depressive Neurosis
Barbara Evatt	39	Married	2	With family	1950	4	Manic-Depression
Ruby Govern	43	Married	2	With family	1955	1	Schizophrenia
Wendy Logan	40	Married	Several	With family	1954	1	Paranoid State
Claire Masters	39	De facto	12	With family	1955	1	Depression
Annabelle Nehler	41	Single	-	With parents	1957	9	Schizophrenia
Betty Osborn	49	Married	3	With family	1965	1	Schizophrenic Reaction
Deidre Quilper	30	Single	1	With mother	1950	1	Reactive Depression
Helen Vane	39	Married	3	With family	1963	3	Depressive Neurosis
Jean York	36	Married	1	With family	1961	7	Obsessive Compulsive Neurosis
Katie Allen	34	Married	5	With family	1960	1	Depressive Reaction
May Collins	43	Married	Several	With family	1969	8	Manic-Depression
Fay Johns	18	Single	-	With parents	1969	5	Inadequate Personality
Gwen Kirk	17	Single	1	With mother	1965	6	Immature Personality Disorder
Heather Lawson	17	Single	-	With sister	1965	2	Inadequate Personality
Irene Manton	19	Single	-	With friends	1970	3	Psychoneurotic Depression

it emerges from the case notes of the Glenside women, a good wife's sexuality involved faithfulness, discipline and legality, procreation, and enjoyment.

In many of the cases, the wife accused the husband of infidelity, whether this was based on fantasy or reality. Thus, Iris Wentworth complained, "my husband wants to get rid of me because he has a girl-friend." (Has he?) "I don't think he has." In fewer cases did the husband accuse the wife -- in fact it was only in the migrant cases that this element came out strongly (see Chapter Four below). Apart from these cases, the wife's sexual infidelity was mentioned only with regard to Katie Allen, who "formed an attachment with an ex-patient" and thereafter had "tormenting dreams" of guilt; and to Betty Osborne -- "apparently the marriage is not uniformly happy with sexual lapses by both partners."

The question of discipline revolved around legal status: a good mother must, by definition, be married. In 1955, Claire Masters was thirty-nine, with twelve children by her de facto husband. The youngest child was sent away when she was admitted to Glenside. "Baby is being cared for by good people, whom Claire hopes will keep the child and give it a better chance in life than she had." Apart from the exhaustion of caring for such a large family, Claire herself claimed that it was her unmarried, non-legal status that most depressed her. "Thinks she would be happier if the legal side of her domestic life was settled." There is no indication in the notes that it was. Barbara Evatt had also been in a de facto relationship and "wanted to get married in a way," but she didn't or couldn't. When her second illegitimate child was on the way in 1937, however, she felt desperate -- so desperate as to answer a newspaper ad. and marry a man who was to become the bane of her life. "Says she put on an 'act' this morning in the hope that her husband who has a heart disease would have a heart attack and die. Says she has had 23 years

of misery." An illegitimate child and its consequent adoption were the direct cause of Deidre Quilper's admission in 1949. The father was a married man "who did everything possible," except divorce his wife and marry Deidre, which was the only way to cover the stain of the illegitimacy. Deidre's family, who were strict Catholics, did not mention the child "in order to help her forget." With no support from her family, Deidre attempted to regain custody of her child who had already been adopted. She began to have "ideas of persecution, talks irrationally," and was admitted to Glenside under certification.

The birth of Gwen Kirk's child placed her completely outside the bounds of legality. Not only was she not married, but she could not have been had she wished. The father was already married; and since Gwen was only fourteen she had to bear not only the stigma of being an unmarried mother which ruined future relationships (when she was sixteen, "her girlfriend decided to tell her new boy friend's family about her illegitimate child and they became cold towards her"), but she was also placed under the custody of the Juvenile Court until she was eighteen as being "uncontrolled." Because Gwen continued to have sexual relations without the intention of marriage, or even commitment, her behaviour came to be seen by the psychiatrists at Glenside as more than extra-legal, indeed "psychopathic." While under minimum supervision at the hospital, when she was supposed to be looking for work, she was instead engaged in "prostitution." A sense of extreme frustration at providing unsuccessful treatment and outrage at her flaunting of legality and convention was conveyed in her psychiatrist's notes:

Whilst she is not prepared to submit herself to the inevitable regimentation which goes on in any institution, she has also flaunted the question of honesty with men, remaining unprepared to honour promises. . . . I do not think that this hospital can tolerate to be made the vantage point for illicit love activity. Because of it, and because of her contention that she has no more to lose anyhow by a more rigid adherence to social convention, there is but one remaining option which is to allow this

woman to leave this hospital. . . . It was thought fit to recommend her admission to jail on remand (for insufficient means of support) rather than a return here, in the hope that this may perhaps drive home a lesson. [Her attempts to seduce authority figures] underscores the lethal nature of her acquaintance.

Marriage was a desired and necessary state for a good woman-wife-mother. But, nonetheless, there were wrong ways of going about getting married. Annabelle Nehler pursued the ideal in rather too single-minded a fashion, and took the ideological clichés too much at face-value.

She is 36 years old and considers it is the "natural and lawful thing" that she should be married. Accordingly, she chased after a man [constantly breaking into his house and refusing to leave him alone] and says she loves him. When asked whether he has said he loves her, she says, "you don't have to say those things you just know". . . . She cannot appreciate that her attitude and behaviour in relation to [wanting marriage and family] is at all unusual. "You don't get anything if you don't persist, do you?"

A good woman's sexual relations must be disciplined, engaged in only under circumstances of mutual consent, and constrained by legality and social convention.

In terms of a good woman's behaviour as regards procreation, the aspect of legitimacy has been discussed above. But there were other aspects which affected the Glenside women. Normal women were supposed to have normal children -- or so went the ideological prescription. Both Helen Vane and Katie Allen were disturbed by having borne mentally retarded children. Good women should also have normal childbirths, and be unaffected by them except for increased happiness. But Barbara Evatt suffered from severe depression after the births of both her children, as did three of the migrant mothers.¹ Jean York had had an ectopic pregnancy

1. A study in 1968 found that at least half of all women suffered depression, "the Blues" after giving birth, and that 10.8% were more severely depressed to the point of being diagnosed as suffering "psychotic puerperal depression." B. Pitt: "'Atypical' Depression Following Childbirth", British Journal of Psychiatry, 114 (Nov. 1968), pp. 1325-35. See also F. Weston, "Psychiatric Sequelae to Legal Abortion in South Australia," Medical Journal of Australia, I (1973), pp. 350-54.

and "felt inferior after this that she couldn't have further children." Ruby Govern and her husband had been unable to produce their own children and had adopted two. Thereafter, part of Ruby's depression involved her being perplexed "as to her attitude to her adopted children."

Wives' enjoyment of sexuality was dealt with ambiguously in the case notes. Good women-wives-mothers were necessarily defined in and by their relations to men. But here, in actual heterosexual relations and in individual women's feelings about their own sexuality, the confused nature of the ideology becomes apparent. Or rather, the ambiguous meaning of expected behaviour and the extreme range of actual behaviour created a situation where individual meaning is difficult to understand, and social meaning is almost totally obscured.

In taking psychiatric case histories, the Glenside doctors were required to enquire into their patients' sex lives. "Premarital and marital sex history" was expected to be taken and recorded in the initial interview, although this was not always done, and in fact was quite rare before the 1960s. The case histories were also expected to contain a description of "the onset, duration and progress of the patient's illness, including their complaint --verbatim." This meant that the sexual fantasies of the patients were sometimes recorded. Finally, the notes also contained the psychiatrists' impressions of the patients, and here was often revealed the ideological framework within which the professional perception operated.

As regards the sexual history, it was really only where marital or sexual unhappiness was quite explicitly involved in the woman's distress that it was recorded. Otherwise, there were merely cursory statements, if at all. Thus, Lettie Banks had "apparently a happy union"; Vera King initially spoke "of her marital happiness, and how good her 'hubby' was"; Doris Quennall's husband was "no trouble"; Wendy Logan "had an occasional quarrel with her husband (but isn't there always fighting going on?) but

really they loved each other." Such comments were meant by the women to remove the sexual dimension of their lives from the inquiry of the psychiatrist. In effect, they were saying, my sex/marital life is private, let's talk about the other facets of my life that aren't. It was usually only when a woman felt badly about her sexuality or marital relations that she willingly expanded upon it.

Jean York, who had an obsessional fear of germs, V.D. and semen, quite understandably found intercourse less than pleasurable: "marriage alright, but she is cold and guarded. Before, a couple of times a week, now rarely; never got much out of it, none now." Jean also felt "guilty re masturbation as substitute for marital intercourse." Nonetheless, Jean wanted children, "felt inferior" because she could have no more, and was distressed that she was not a good wife: "I want to be out of here but I want to be well. . . . My life is just draining away and I am losing my family." A similarly immobilizing contradiction depressed Katie Allen. Katie "is in part somewhat repelled by sexual intercourse, yet she 'wants' her husband but seems to lose interest." She wanted to satisfy her husband, but couldn't: "still finds she is frigid with her husband." She was able, however, to have a sexual affair while in hospital. Cause and effect in frigidity are notoriously difficult to determine. In Katie's case, the frigidity was partly affected by the resentment she felt towards ^{husband} her / but partly also affected by her lack of enjoyment, "only one climax in my married life" (over twenty years). May Collins also expected sexual enjoyment from marriage, and did not get it. She had never loved her husband but married him during the war as an excuse to leave home. She soon "wrote to husband for divorce, he didn't come back after the war for six months. Their marriage has been unhappy ever since." May's response to this unhappy situation was, firstly, to become "frigid towards him. Has only felt sexually towards him a few times in her married life" (again, over twenty years). Secondly, she built up sexual fantasies and

eventually acted them out -- falling in love with doctors; wandering at night in order to be picked up by men ("one night voices told her to leave home and keep walking until someone came along and gave her a lift. She was picked up by some men for sex"); becoming flirtatious in the hospital ("gay, girlish, especially in the company of the young male patients. In element, dressed and made up to the hilt"); becoming suicidal and aggressive ("you are a bastard, all men are bastards, God is a bastard").

With these married women, sexuality was a constellation of ambiguities. Sex was for procreation; it was meant to be mutually enjoyable; it was a husband's conjugal right and an essential component of marriage; it was meant to result in orgasm; it was dirty, but must be put up with. These ambiguities were not restricted, however, to married women. Nineteen year old Irene Manton had been having "intercourse since 13, never gets anything out of it -- makes boyfriends feel close." In Irene's eyes, sex was to keep men happy; for a woman it was an unenjoyable means to the more enjoyable end of social intimacy. But sex for a single woman was fraught with danger. By gaining a boyfriend through sex she could lose social respect through pregnancy, and thereby lose everything. This situation has been illustrated above in the case of Gwen Kirk. It led Heather Lawson to attempt suicide.

Since being in Adelaide she teamed up with a married man and had intercourse several times but claims that this has never happened before. This man's wife found out about the "nigger in the woodpile" and there was a great showdown at which this man's wife, Heather and Heather's sister were present. Following this heated argument Heather took an overdose.

Fay Johns was eighteen and diagnosed as having an inadequate personality. She could "mix with her own sex quite well. She says she cannot mix with men or boys of any age and cannot relax or think of what to say." She was highly self-conscious and felt inferior when with boys, took tranquillisers

in order to relax, became addicted, and over-dosed. She later tried another tack, but it too had unfortunate consequences.

The steady boyfriend she met at a day hospital has been having sexual intercourse with her and she feared she might be pregnant. When she told the aunt with whom she was staying the aunt rang up the boyfriend and forbade him to visit the home. She has not seen the boyfriend since.

The pattern was repeated some years later. She became pregnant by a married man, had an abortion and was upset: "it was the only thing she had ever had to love." At the conclusion of her case notes, however, Fay seemed somewhat better off. She was now twenty-five, and "relationship with man much the same, appears completely drug free."

These ambiguities in the lives of both married and single women concerning sex and men were constantly thrown up in the delusions and fantasies of many of the sampled women. There were fantasies (and/or realities) of fear of V.D., of pregnancy, and of rape; there were accusations that "men were the cause of women having periods" and allegations of molestation; there was guilt, jealousy, loneliness and hostility; there was total revulsion against sex as being animal and perverted. On the other side, there was Nora Davis wanting to rush home in order to consummate her non-existent marriage; Annabelle Nehler who insisted it was "natural to want loving and hating"; Belinda Franklin who asserted that "she has power over any man she meets, arousing him sexually."

(e) Psychiatrists and Sexuality

Somewhat more clear-cut, because more consistent, were the attitudes towards sexual behaviour expressed by the psychiatrists, although here there was a certain confusion between their professional discipline and the framework of personal morality/ideology within which that discipline operated.

Table 5. Glenside Women

<u>Name</u>	<u>Age</u>	<u>Status</u>	<u>Children</u>	<u>Living Sit'n.</u>	<u>1st Adm.</u>	<u>No. of Adms.</u>	<u>Diagnosis</u>
Mary Carter	67	Married	-	With husband	1955	1	Chronic Paraphrenia with Florid Features
Annabelle Nehler	41	Single	-	With parents	1957	9	Schizophrenia
Belinda Franklin	17	Single	-	With parents	1952	12	Manic-Depression
Eve Innes	20	Widow	1	With mother	1960	5	Inadequate Personality
Gwen Kirk	17	Single	1	With mother	1965	6	Immature Personality Disorder
Irene Manton	19	Single	-	With friends	1970	3	Psychoneurotic Depression
Joyce Norris	15	Single	-	Parents/ Girls' Home	1970	2	Sociopathic Personality Disorder

Upon entering hospital, each woman was required to undergo a full medical examination, which entailed undressing. Resistance to this was sometimes taken as a sign of sexual maladjustment. Mary Carter was "resistive and abusive," but co-operated after a while. Nonetheless, she did not like her male doctor. "Mary always gets up and walks away whenever I go around saying good morning to the patients. She seems unduly aggressive towards men (doesn't mind the nurses at all) suggesting that there may be an unconscious homosexual basis for her psychosis." This, however, was in 1955; there were six doctors for seventeen hundred patients, and all the doctors were male. Mary's doctor did not distinguish between himself as an authority figure and as a man, so he could not imagine that she might have been reacting against his power over her, not his maleness. She was diagnosed as being a florid chronic paraphrenic. On the other hand, Mary considered herself perfectly rational, and felt that she should not be

placed in such an ignominious position since she came from a high class family.

"I am a lady, look at my hands. . . . I am a true "Blue." "Oh, go away you stupid man. I don't know you; I've never seen you before in my life," then turned her eyes heavenwards and exclaimed, "Oh, God, please take me away from these terrible people."

Mary could treat the nurses well -- because they were servants. Doctors were simply upstart annoyances who were obstructing her.

Annabelle Nehler's reaction to the physical examination was also taken as being a symptom of her paranoid schizophrenia with its strong "sexual element": "'have I got to be examined all over again. Filthy sex maulings. Get your own head examined.'" On the other hand, to be too co-operative with the examination was also a symptom of disorder. Irene Manton "seemed quite pleased to be physically examined." She was also "quite pretty" and "seductive," and was "mixing well with male patients." Although it is difficult to distinguish, there does appear to be considerable mixing of moral and medical perceptions in comments like these in the notes. Insofar as part of Irene's problem was seen to be "sexual confusion," then the above statements can be taken as objective professional observation. But the comments about Joyce Norris seem to be more indicative of a moral perception of what a good woman should look and act like. "Joyce is a dark complexioned girl with pleasant features. She has shiny black-brown hair which is uncut and uncombed. She wears no make-up and partly because of her blue shirt and trousers, has an unfeminine appearance." This was 1968 and Joyce was fifteen. Her psychiatrist seemed to be laying down a standard: dresses and make-up were necessary to be feminine, a healthy and good woman. Anything outside this standard was liable to be seen as part of the woman's problem. In Joyce's case, deviation from the standard could potentially imply homosexuality.

"Prelationship with Nurse B.?" There was a tone of relief expressed later in the notes: "Joyce dressed in feminine clothes to attend ward social,"

"a developing young lass with heterosexual feelings," "'belle of ball' at ward dance." For a young woman not to enjoy such social pleasures was peculiar, and hence a symptom. Eve Innes, "to judge by her story . . . was always schizoid; no boy friends, no dancing, didn't want to go, etc." But again, such enjoyment could go too far. "Joyce is capable to exist [sic] only when she is out of the ward or dancing or attending the parties. Unable to face the reality, saying that there is nothing for her in the future." The psychiatrists' moral norm of the good woman had been expressed -- in terms of appearance and sexuality. Deviation too far one way or the other brought their professional norms into play.

One of the things most clearly revealed in the recorded comments by the psychiatrists is the difficulty they found in separating their personal feelings and judgments from their required professional objectivity. When the women were hostile or seductive, they responded as men (there were very few female psychiatrists during the period), but they had to diagnose and treat as doctors. Belinda Franklin spoke to her doctor of her sexual adventures. "Talks cheerfully about doing wrongful acts such as leaving home and sleeping with men which seems normal to her." It was 1952 and Belinda was seventeen. Such acts certainly weren't morally normal to her doctor, they violated his standards of sexual propriety, and led him to diagnose her as mentally ill -- rather than immoral. Then Belinda turned her charm on him as a man. "She follows this by saying that I am the one she really loves. Follows this by making statements calculated to allure me but brushing me off when I show any interest." The most extreme example of this difficulty of personal-professional separation appeared in the notes of Gwen Kirk. Her psychiatrist kept copious notes and revealed himself far more openly than was usual. Part of his moral outrage at Gwen's behaviour has been described above. Beyond this, however, his notes reveal the strong ideological/moral underpinnings

of the psychiatric therapeutic process -- a process as much concerned with transforming the patient into a good woman as with making her "well."

I regret to say that I do not have any positive remaining means of helping this person to keep out of future trouble. . . . If she were to be forced into the treatment situation, her rebellious nature would block the path of any successful intervention. Out-Patient management, again, seems hardly suited to prevent her present course of degradation. The overall outlook unfortunately is that this young woman may not be able to stop short of becoming a virtual public prostitute, or a good time girl at least. Therapeutically it is to be hoped that the remaining "grain of goodness" in this person may prevent her becoming "wholly" bad. But the chances are that her impulsivity and inability to put time between thought and deed will carry her further to the precipice of disaster. . . . A picture of apparent innocence, her exterior has so far belied the core of her personality, devoid of emotional attraction, despite her superficial charms. A "femme fatale" to most oncomers. I likewise have to beware.

* * *

In the early part of this century, a good wife and mother in South Australia was a legally married woman who cooked and cleaned and sewed for her husband and children. She knew how to care physically for babies and invalids. This remained the core of the education institution's ideal to be inculcated into girls who were unable to do these things through intuition or through emulation of their mothers or mistresses. It was recognised that sometimes this purely physical burden became too heavy for the good woman, at which time she might be allowed an institutionalized rest. The education institution did not recognise the necessity to expand its ideal into the psychological and relational dimensions of family life and marriage until the 1970s, where this survey ends.

The two-generational nuclear family was the norm, although a lot of tension derived from the common existence of the three-generational family complex. But good mothers-in-law and good daughters-in-law were able to reduce this tension and maintain harmony and balance between the three generations. Good mothers had normal, happy pregnancies and births, then brought up normal and intelligent children to be moral, law-abiding, responsible and independent children, for whom they still cared but whom, from the 1960s on, they had to be careful not to "smother." Good wives were companions to their husbands through good and bad times, and resentment and hostility were forbidden emotions. They were allowed a certain amount of flexibility in their sexual feelings, so long as they kept their husbands happy, were faithful, only procreated within the marriage bond, and were basically not too concerned about sex at all. Good women were heterosexual, harmonious and homebound -- although throughout the twentieth-century there was some acceptance of them working in the public economy, so long as this did not interfere with their family life. The home was their work and their identity. If they faltered, the psychiatric institution helped them regain their footing, their goodness. But if they lost their home, then they were truly lost.

CHAPTER THREE: GOOD WOMEN AND PUBLIC WORK

- I. The Glenside Women's Public Working Lives.

- II. The Structure of the South Australian Public Economy.
 - (a) The General Public Economy
 - (b) The Female Public Economy
 - (i) Size and Composition of the Workforce
 - (ii) Areas of Women's Participation
 - (iii) Women's Occupations

- III. The Differential Treatment of Women.
 - (a) The Arbitration System
 - (b) The Second World War

- IV. The Experience of Work.
 - (a) Domestic Service
 - (b) Manufacturing
 - (c) Professional
 - (d) Clerical Work

GOOD WOMEN AND PUBLIC WORK

Over the period dealt with in this thesis, there were three basic ways in which South Australian women could obtain the means of their existence: through the family (father, husband, or sometimes other relatives -- usually in exchange for domestic services); through the State (in the form of pensions -- usually only available under stringent conditions when the family failed); or through the sale of their own labour power in the public economic sphere. (Throughout this chapter, "public" is used to designate the world outside the family. The "public" economic sphere or sector is used in contrast with the "domestic" sphere; that is, the contrast is between paid work and unpaid housework, not the type of ownership involved.) The last chapter looked at the meaning of the concept of the good woman in relation to wives and mothers who obtained the means of their existence through their activities in the domestic sphere, within their families. In this chapter, I wish to look at those women who worked in the public economy, and to discuss the place of public work in the lives of good women.

I. The Glenside Women's Public Working Lives.

In the Admissions Registers of Glenside Hospital, there was a category, "Condition of Life and Previous Occupation." As regards occupation, only eleven of the sixty women in my sample were recorded as having any occupation other than "home duties," "pensioner," or "patient." When the case notes were examined, a further fourteen patients were revealed as having undertaken public employment at some time in their lives, making twenty five in all about whom there was any evidence that they had ever worked for a living, as distinct from working for and in their families.

Table 1: Glenside Women in the Public Economy

<u>Name</u>	<u>Born</u>	<u>Occupation</u> <u>in</u> <u>Register</u> *	<u>Public Work</u> <u>Experience</u>	<u>Marit.</u> <u>Status</u>	<u>Child.</u>	<u>1st</u> <u>Adm.</u>	<u>No.</u> <u>of</u> <u>Adm.</u>
Lettie Banks	1886	HD	"While husband unemployed"	Widow (1949)	2	1970	1
Vera King	1900	HD	Domestic 1913-17	Married (1937)	Sev.	1945	1
Catherine Parnell	1906	Nun	Nun 1932-40 Intermittent domestic 1940-50	Single	-	1937	4
Doris Quennal	1906	HD	"Various jobs" 1920-39	De facto (1939)	3	1950	1
Ellen Richardson	1906	Ballet Dancer	Ballet dancer c. 1925-47 Dog breeder 1950-58	Divorced (1950)	-	1960	1
Fiona Stewart	1906	Patient	Seamstress c. 1923-32	Single	-	1932	5
Gertrude Toohey	1907	HD	Farm domestic c. 1920s	Married (?)	3	1955	1
Harriet Vernon	1908	Domestic	Domestic? 1945	Single	-	1945	1
Karen Arndt	1909	HD	Music teacher 1947-67	Divorced (1946)	2	1945	4
Nicola Dolci	1911	HD	"Has not worked for many years" (1958)	Separated? (1949)	?	1945	2
Rae Hilton	1914	HD	Dressmaker 1931-48	Single	-	1950	1
Teresa Jenkins	1914	HD	Housekeeper 1933-45	Single	-	1965	1
Annabelle Nehler	1916	House-keeper	Housekeeper? - 1960 (intermittent)	Single	-	1957	9
Christine Perkins	1917	Housemaid	?	Married	Sev.	1955	2
Deidre Quilper	1920	DD	Munitions 1941-45. Light factory work 1945-50	Single	1	1950	1

Table 1 continued

<u>Name</u>	<u>Born</u>	<u>Occupation in Register*</u>	<u>Public Work Experience</u>	<u>Marit. Status</u>	<u>Child.</u>	<u>1st Adm.</u>	<u>No. of Adm.</u>
Helen Vane	1924	HW	Domestic 1936-42 WAAAF 1942-46	Married (1946)	3	1963	8
Jean York	1925	HW	Office positions 1940-52	Married (1952)	1	1961	7
Katie Allen	1926	HD	Small farm helper 1961 Factory work 1963 Receptionist 1963 Nursery Attend. 1964-6	Married (7 1943)	5	1960	1
Nellie Dellamere	1928	Clerk	Teacher 1966-67 Clerk 1950-68	Divorced (?)	1	1969	1
Destina Haysa	1938	House- maid	Process work 1959 Housemaid 1960	Single	-	1959	2
Eve Innes	1941	Pensioner	"Work" 1957-58 Intermittent domestic 1961-67	Widow (1958)	1	1961	5
Fay Johns	1947	Shorthand typiste	Shorthand typist? 1963- 65 Nurse 1965 Housekeeper 1965 Various 1965-67	Single	-	1965	5
Gwen Kirk	1948	Process Worker	Process worker 1962 Nursery 1963 Various - live- in, sales 1963- 64	Single	1	1965	6
Heather Lawson	1948	Manual Worker	Various 1962 Sales 1962-64 Unemployed 1965	Single	1	1965	1
Irene Manton	1951	Unemploy- ed	Sales 1968-70 Unemployed 1970 Sales 1970-772	Single	-	1970	3

* HD = Home Duties; DD = Domestic Duties; HW = Housework.

It cannot be assumed, however, that these were the only women in the sample who had ever engaged in public work. There were a number of factors operating in both the hospital and the wider society which acted to suppress the recording of such information.

To a certain extent, the absence of public work histories can be attributed to the strong belief, held throughout the period of my survey both by public institutions and by women themselves, in two interlocking conceptions: that one's "work" entailed dedication to a single, life-long career (Life Work); and that woman's life work was domestic, preferably in the role of wife and mother. The very question "Occupation?" on the hospital admission form assumed one career only. If, in fact, one's work had been intermittent and varied, which one occupation did one state? At least three criteria seem to have been used in the Glenside records -- the present or most recent, the one engaged in for the longest time, the preferred. There was no consistency in the use of these criteria, and exactly who chose -- doctor or patient -- is never clear. In general, it would appear that the psychiatrists and/or patients were little interested in work histories. It seems to have been assumed that whatever had brought a woman to the hospital, it was unlikely to be connected with her work, or the lack of it, but rather with some sort of illness or with emotional enmeshings within the family (see above Chapter One). Even with the twenty five women about whom there was some information, their work histories were inevitably brief, usually little more than mere (and often vague) chronologies.

It would appear from many of the cases that the knowledge of a woman being married and not currently in the public workforce was sufficient information for the psychiatrists' records; they wrote down "home duties" and enquired no further. Only very occasionally were the women's youthful working lives mentioned. Of all the women still married at the

time of their admission, only one, Christine Perkins, was recorded as having a current public occupation: "housemaid." As well, the problem of occupation was exacerbated for both married and single women by the fact that, usually, their admissions came after a considerable time of feeling discomfort or behaving oddly, during which time they stopped working in a public capacity, and often had difficulty in the domestic sphere as well. Only Destina Hausa continued public work up to the time of admission: she, in fact, was certified as mentally defective on the factory floor, by a doctor called in by the factory nurse. Other women were classified as "home duties," despite being single and despite their comparatively recent cessation of public work. In this category were Deidre Quilper, factory worker, Rae Hilton, dressmaker, and Fiona Stewart, seamstress, all of whom had worked in those occupations for over ten years. Moreover, it cannot be assumed that the occupation stated in the Admissions Register was in fact the occupation the woman was engaged in at the time of her admission. Thus, Ellen Richardson's occupation was "ballet dancer," work she had not performed for thirteen years, whereas she had been a dog breeder up until about two years before her admission. Nellie Dellamere and Irene Manton were both unemployed in 1970 when they were admitted, but Nellie was classified as "clerk," while Irene, who had been a sales worker for three years and on her discharge became such again, was classified as "unemployed." Fay Johns' stated occupation was "shorthand typiste," and she had worked in an insurance firm. However, when she came to look for work on discharge, she could not find a job because she was inexperienced; she wanted to be a nurse and began training, but "ran away after 2 weeks," then took various jobs (not specified), but worked in none for longer than a few weeks.

Nonetheless, from the absence of information as much as from the minimal notations in the records, we can still obtain some limited sense of the relation between good women and public work in South Australia between 1920 and 1970. As discussed above, in Chapter Two, the primary definition of a good woman throughout the fifty years was as wife and mother — at least as far as the most powerful of South Australia's ideological institutions, the Education Department, was concerned. It was accepted, however, that some women could or had to work in the public economy:¹ single women in the time between school and marriage could, married women who had lost their male support had to. To a considerable degree, this rhetorical position was carried through in the lives of most of the Glenside Hospital women, even amongst the twenty five about whom there is information that they worked in the public economy. Only three of the women were public workers while married (Lettie Banks, Christine Perkins and Katie Allen). Of the rest, twelve women were single at the time of their first admission to hospital; in the notes of five other women it was at least implied that they had stopped public work upon marriage; and the remaining five undertook public employment after the divorce, death or desertion of their husbands.

As to where women should work in the public economy, in the early decades of the twentieth-century the Education Department considered appropriate and encouraged girls to find employment in areas concerned with domestic skills, most particularly in domestic service, dressmaking, needlework, millinery and even art.² Three other areas were grudgingly

1. This was recognised at least as early as 1912: "In the majority of cases the girls have to do something. Of course, when a girl grows up her proper place is in her home, but many women have to go through life by themselves; and if we can make it better and easier for these women so much the better." Evidence given to the Royal Commission on Education by the Registrar of the Pt. Pirie School of Mines, S.A.P.P. No. 27, 1913, Vol. II, Final Report, para. 8632.

2. Adelaide Miethke, "Preparing Girls for Their Ultimate Career," The Housewife, 9, No. 10 (Sept. 1938), p. 30.

but increasingly accepted as being likely to provide public employment for women -- offices, shops and factories.¹ Again these general expectations were substantially carried into the lives of the publicly employed Glenside women. Eleven women worked at some time in their lives as domestic servants, two were dressmakers, four were clerical workers, three engaged in sales work, and four were factory workers. As well, six women were employed in one of the typically female semi-professional occupations: nurse, dancer, teacher, nun.²

In discussing the relation of good women to public work, it must be noted that almost every social institution at one time or another issued rhetorical statements concerning women's proper place.³ In many instances, there was a considerable discrepancy between these statements and the practice of the institution concerned.⁴ Thus, in this chapter, rather than concentrating upon the rhetoric, I wish to look at the practice of the institutions, at the interplay of their interests which created the conditions within which women (and men) worked. Firstly, I will examine

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1. Commercial subjects -- bookkeeping, shorthand and typing -- began to be taught in State schools from 1909. Helen Jones, "The History of Commercial Education in South Australia with Special Reference to Women," M.A. Thesis, History Department, Adelaide University, 1967, pp. 88a, 93ff.
 2. These occupations add to more than twenty five because some of the women worked in a variety of areas.
 3. For example, even the Police Department took such a stand. In 1942, the Police Commissioner explained the rise in sex offences in terms of the unsatisfactory situation of both young girls and their mothers working in the public economy, S.A.P.P. No. 53, 1942, Annual Report of the Commissioner of Police for 1941-2.
 4. To continue with the example of the Police Department, the Commissioner in the same report expressed great appreciation of the work of the auxiliary women police, ibid.

the overall structure of the South Australian public economy and the changes within it over the fifty years as regards women; secondly, at the rhetoric and practice involved in the differential treatment of women in the public economy; and finally, at the recorded subjective experiences of public work of the twenty five Glenside women, and the relation of those experiences to social conceptions regarding good women in the public workforce.

II. The Structure of the South Australian Public Economy

(a) The General Public Economy

In 1920, half of all South Australian public workers were concentrated in only two industries: primary production and manufacturing. Over the next fifty years, there were a number of substantial changes to this pattern of public working, shown in rough statistical outline in Table 2.¹

1. All the statistical tables in this chapter are based on the published Censuses from 1921 to 1971. For difficulties involved in the use of Census data on employment, see Michael Keating, "The Growth and Composition of the Australian Work Force 1910-11 to 1960-61," Ph.D. Thesis, Australian National University, 1967; George Palmer, A Guide to Australian Economic Statistics (Melbourne: Macmillan, 1967), pp. 71-75. Because of discrepancies in the Census data over time, the statistics used in this chapter are meant only as a rough guide to economic trends.

Table 2. Percentages of the Total Workforce (Male and Female) in Various Industries 1921-1971

<u>Industry</u>	<u>% Total Public Wf.</u>		<u>% Change</u>
	<u>1921</u>	<u>1971</u>	
<u>Primary Industries</u>			
Rural	23	8	-15
Other (Hunting, Fishing, Forestry, Quarrying)	<u>3</u>	<u>1</u>	<u>-2</u>
Sub-Total	26	9	-17
<u>Secondary Industries</u>			
	24	24	0
<u>Tertiary Industries</u>			
Commerce	14	20	+ 6
Transport, Storage, Communications	10	7	- 3
Amusements, Hotels, Cafes, Personal Service	10	5	- 5
Public Authority and Professional	8	17	+ 9
Building and Construction	6	7	+ 1
Finance and Property	2	6	+ 4
Electricity, Gas and Water	<u>1</u>	<u>2</u>	<u>+ 1</u>
Sub-Total	51	64	+13
Adjustment*	-1	+3	+ 4
TOTAL	100	100	100

* Adjusted because of rounding and discrepancies between industrial categories.

Source: Census.

Primary production more than halved its labour force, as did personal service, while the greatest increases in employment occurred in the professional and commercial areas. By 1971, three areas (commercial, professional and manufacturing) employed over 60% of the public workforce. It would appear from Table 2 that, in the case of manufacturing, there was no change over the entire period, but this is merely a statistical illusion. In 1921, manufacturing industry was operating at a high level of employment (24% of total public workforce): the heyday of a simple capitalist economy based on the processing of local primary materials for building and for consumption (food, drink and clothing), and on metals and machinery (a large component of which was repair activity).¹ Thereafter, the proportion of the public workforce employed in manufacturing dropped by seven per cent at the 1933 Census, but rose again to a higher peak of 30% by the 1966 Census.² These fluctuations provide an indicator of both the general depression of the public economy in the late 1920s and early 1930s, and of the limits to expansion of secondary industry based on simple processes. In the late 1930s a major industrialization programme began to take off, a process which was reinforced by the Second World War, and which continued to expand in the post-war period and into the 1960s.³ New industries were developed: steel products, electrical goods, rubber, chemicals, plastics, etc.

1. N.G. Butlin, "Some Perspectives of Australian Economic Development 1890-1965," in Australian Economic Development in the Twentieth Century, ed. by C. Forster (London: Allen and Unwin, 1970), p. 311; P.H. Karmel and M. Brunt, The Structure of the Australian Economy (Melbourne: Cheshire, 1962), pp. 8-9.

2. From the Census data, the following were the percentages of the total public workforce employed in manufacturing:

1921	1933	1954	1961	1966	1971
24	17	27	29	30	24

3. T.J. Mitchell, "The Industrialization of South Australia, 1835-40," B.A. Hons. Thesis, History Department, Adelaide University, 1956; Butlin, "Economic Development," p. 313.

Accompanying this rapid expansion of manufacturing industry, the tertiary sector¹ also drew in a greater proportion of the public workforce. Expansion of this sector was a common feature of most western capitalist economies throughout the period, and was taken to be an indicator of rising living standards and a highly diversified and developed public economy.² As with manufacturing, tertiary expansion involved not simply growth, but also internal restructuring of employment within the sector. Over the five decades, personal service declined steeply, transport, storage and communication somewhat less so, while commerce and professional and business services grew to be major employment areas.³

This, then, was the broad outline of the South Australian general public economy over fifty years. But such an outline is far too schematic and overlooks several crucial aspects of the meaning of work for the population. The pattern needs to be broken down into its component detail.

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1. The components of this sector are usually taken to be utilities (gas, electricity, water and sanitary services); building and construction; transport, storage and communications; finance and property; commerce; public authority and defence; community and business services (including professional); amusements, hotels and other accommodation, cafes, personal services, etc. J.A. Dowie, "The Service Ensemble," in Australian Economic Development, ed. by C. Forster, pp. 225-27; Commonwealth of Australia, Report of the Committee of Economic Enquiry, May 1965 [hereinafter called "The Vernon Report"], Vol. I, pp. 216-18.
 2. "The Vernon Report," Vol. I, pp. 227-29.
 3. Details from the Census are as follows:
 Percentage of total public workforce employed in various tertiary industries 1921-1971

Industry	Total Public Workforce						
	1921	1933	1947	1954	1961	1966	1971
Transport, storage, communications	10	8	10	9	8	7	7
Amusements, personal service	10	10	7	6	5	5	5
Public authority, community and business services	8	8	10	11	13	15	17
Commerce	14	15	14	16	17	17	20

(b) The Female Public Economy.

(i) Size and Composition of the Workforce

In terms of discussing the meaning of public work for women, it is necessary to determine whether, and how, women were differentiated from men within the overall public workforce. Firstly, a breakdown of the general into the male and female public workforces reveals a considerable difference in the relative numbers of each sex employed at any given time. Over the fifty years, the proportion of the total population engaged in public employment remained fairly constant, fluctuating between 39% and 42%. But the proportion of the female population at public work rose gradually until 1954, and then sharply over the next two decades (see Table 3).

Table 3. Components of the South Australian Public Workforce.

	1921	1933	1947	1954	1961	1966	1971
% Total Population in P.Wf.	42	40	40	40	39	41	41
% Female Population in P.Wf.	16	17	17	17	19	24	27
% Male Population in P. Wf.	67	64	66	63	59	58	56
Female P.Wf. as % of Total P.Wf.	19	22	21	21	24	29	32

Similarly, the female component of the general public workforce increased. The obverse of these rises was, of course, decreases in the proportion of the male population publicly working and in the male component of the public economy. This decline in male participation has generally been ascribed to changing educational and retirement patterns;¹ that is, young

1. The Vernon Report, Vol. I, pp. 79, 86-88.

men staying at school longer in order to acquire the skills needed by the technologically more complex economy, and old men retiring earlier and/or living longer after retirement. However, both these arguments, and their permutations, applied more or less equally to women: women on the whole lived longer than men, and therefore comprised a larger old-age group; on the other hand, the proportion of males tending to stay at school after the compulsory age was slightly higher than that of females. In fact, insofar as such arguments applied generally to both men and women, they make the rise in female participation in the public workforce even more remarkable.

In order to explain this rise, it is necessary to further differentiate the male and female public workforces. That component of the male population not employed in public work was almost entirely composed of children, students, pensioners of various descriptions, and inmates of institutions. A roughly similar proportion of the female population also fell within these categories, and changes in the size of the individual categories over time were more or less equal between the sexes. However, the female population contained another category that had no equivalent in the male population: housewives. As discussed above, in Chapter Two, housewives were married women who worked in their own homes caring for their husbands, bearing and caring for their children, maintaining the home as the centre of family personal life and preparing its members for their activities in the public world.

In the early decades of the century, there was a general pattern of women's working lives in the public and domestic spheres: most girls left school in their early teenage years and entered the public workforce; in their early twenties, they married and withdrew from the public economy into the domestic economy of the home, where they stayed thereafter, homemaking being their life career. Thus, in 1921, 82% of all South Australian women aged between fifteen and twenty five were single, and 44% of this

age group were in the public workforce. Of those in the six five-year age categories between thirty and sixty, only between 23-13% were single, and only 16-12% were in the public workforce. Of course, within these figures lay exceptions to the general pattern: some women remained single throughout their lives and continued in the public workforce; a few women were able to combine a professional career with family life (but they usually employed other women to do the actual physical work of family maintenance); there were other women whose husbands were dead or had deserted them or were dissolute, and who had therefore to take over the husband role as breadwinner; and there was also a certain group of women who remained at work after marriage in order to earn more money towards a comfortable home (these women usually left public work during their first pregnancy). These married women accounted for some 17-18% of the total female public workforce during the 1920s and 1930s. (See Table 4).

Table 4. Marital Status of Women in the Public Workforce 1921-1971

<u>Marital Status</u>	<u>% of Female Public Workforce</u>						
	1921	1933	1947	1954	1961	1966	1971
Single	82	83	74	55	49	42	33
Presently married	9*	9*	18	34	41	50	59
Widowed, divorced and permanently separated	9	8	8	11	10	8	8
TOTAL	100	100	100	100	100	100	100

* Includes married but permanently separated.

As can be seen from Table 4, however, from the 1940s onwards, the pattern changed: the public workforce was no longer the preserve of single women, but increasingly came to be dominated by married women. Moreover, this rise in married women's participation in the public workforce cannot

be ascribed to an increasing number of women having to fend for themselves because of the death, desertion or divorce of their husbands: indeed, the proportion of such women engaged in public employment was remarkably constant throughout the fifty years (8-11%). Thus, it was those married women still living with their husbands and families (or at least those who classified themselves as still married) who constituted the enormous rise.

This change in the pattern of female employment was accompanied by four demographic changes. Throughout the century, there was a gradual decrease in the average age at which women married, thus shortening the gap in women's lives between leaving school and marrying;¹ there was a decrease in the proportion of women who remained single all their lives;² there was a decrease in the average number of children born to each woman: and fourthly, there was a decrease in the age at which women completed their childbearing.³ In themselves, these demographic changes explain nothing about the rise in women's public workforce participation. Had there been no change in the previously expected social pattern of women becoming housewives upon marriage, then the first two changes in marriage rates and ages could have entailed a substantial depopulation of the female workforce, while the changes in childbearing could have meant merely the reorganisation of the housewife's work over time. Furthermore, the greatest increase in public workforce participation rates occurred amongst women aged between thirty five and forty four years;⁴

1. Peter F. McDonald, Marriage in Australia: Age at First Marriage and Proportions Marrying 1860-1971, Australian Family Formation Project, Monograph No. 2 (Canberra: Australian National University, 1974), pp. 201-204, 242-46.

2. Ibid.

3. Jean I. Martin and Catherine M.G. Richmond, "Working Women in Australia," H.R.H. The Duke of Edinburgh's Third Commonwealth Study Conference, Australia, 1968, Background Paper No. 11, p. 3.

4. Martin and Richmond, "Working Women in Australia," pp. 2-4.

that is, in the group which had always contained the highest proportion of married women, and who were formerly housewives in the main. The explanation or basis of the change thus lies, not in demography, which was ancillary, but in a combination of the changes in the structure of the economy and in the social expectations of women's behaviour: a change in the meaning of the relation of good women and work.

(ii) The Areas of Women's Participation

The participation of women in the South Australian public economy during the years from 1920 to 1970 was not simply proportionately smaller than that of men, it was qualitatively different. Men and women worked in different parts of the economy.¹

Table 5. Relative Percentages of Women and Men in Various Industries

<u>Industry</u>	1921			1971		
	Women	Men	Total	Women	Men	Total
Amusements, Hotels, Cafes, Personal Service	80	20	100	64	36	100
Manufacturing	15	85	100	20	80	100
Public Authority and Professional	43	57	100	53	47	100
Commerce	23	77	100	41	59	100
Primary	2	98	100	20	80	100
Transport, Storage and Communications	3	97	100	16	84	100
Finance and Property	14	86	100	43	57	100
Building and Construction	0	100	100	5	95	100
Mining and Quarrying	0	100	100	9	91	100
All Industries	19	81	100	32	68	100

1. The segregation of the female and male labour markets in South Australia discussed here was a common phenomenon throughout Australia and most western capitalist countries. See, Margaret Power, "Women's Work is Never Done -- by Men: A Socio-Economic Model of Sex-Typing in Occupations," Journal of Industrial Relations, 17, No. 3 (Sept. 1975), pp. 225-39; Martha Blaxall and Barbara Reagan, eds., Women and the Workplace: The Implications of Occupational Segregation (Chicago: University of Chicago Press, 1976), passim.

Table 5 reveals the areas of concentration of women's employment relative to men's. Across the fifty years, there were only three industries which consistently retained a ratio of women to men workers substantially higher than women's overall ratio of participation in the general public economy: personal service, public authority and professional, and commerce. One industry alone changed from being predominantly male to substantially female: finance and property. In the other five industries, women were significantly under-represented, although they did increase their numbers relative to men over time.

Such relative concentrations of women and men, however, are not the only dimension of the picture of where women worked. To it must be added an assessment of how important were these areas to the female economy in general -- shown in Table 6.

Table 6. Changes in the Percentage of the Female and Male Public Workforces in Various Industries.

<u>Industry</u>	<u>Female</u>			<u>Male</u>		
	1921	1971	% Change	1921	1971	% Change
Amusements, Hotels, Cafes, Personal Service	40	10	-30	2	3	+ 1
Manufacturing	20	16	- 4	26	31	+ 5
Public Authority and Professional	17	28	+11	6	12	+ 6
Commerce	17	25	+ 8	16	17	+ 1
Primary	2	5	+ 3	30	10	-20
Transport, Storage, Communications	2	3	+ 1	11	8	- 3
Finance and Property	1	3	+ 7	2	5	+ 3
Building and Construction	0	1	+ 1	7	10	+ 3
Mining and Quarrying	0	0	-	1	1	-
Adjustment*	1	4		-1	3	
TOTAL: All Industries	100	100		100	100	

* Adjusted because of rounding and discrepancies between industrial categories.

Of the four areas of major female concentration relative to men, only two were and remained areas of high level employment -- professional and commerce -- which can therefore be defined as archetypically "female" industries. The third area of high female concentration, personal service, was a large and vital industry in 1921, but had declined substantially as an area of employment by 1971. Finance and property was an insignificant industry in 1921, and although it grew rapidly, it still employed only 8% of the female public workforce by 1971. One further industry alters in significance by this change of focus. Although manufacturing employed less than the average number of women relative to men throughout the half century, it was nonetheless an area of considerable importance to the female workforce, employing between 16 and 20% of all female public workers.¹ Over the five decades, manufacturing was an expanding industry in terms of male employment; for women, it remained a large but stable area of employment.

A final point to be observed from Tables 5 and 6 is that, although professional services and commerce were the most rapidly expanding areas of both female employment and female concentration, in the case of professional services this was also the most rapidly expanding area of male employment. As well, all the major areas of male concentration in 1921 had decreased their relative masculinity by 1971, and the two major industries that were pre-eminently single-sex areas in 1921, primary industry and personal service, had decreased both in general employment

1. The proportion of the female public workforce employed in manufacturing in the Census years was as follows:

1921	1933	1947	1954	1961	1966	1971
20	17	17	16	16	18	16

importance and in the extent of their male and female concentration by 1971. From this, it would appear that a pattern was emerging over these fifty years: that the increased participation of women in the public workforce and changes in the structure of the public economy were leading from the earlier sex-segregation of the economy to a convergence of male and female work areas. To test this hypothesis, there is one final dimension of the public economy that needs to be broken down into its male and female components: occupation.

(iii) Women's Occupations.

The Census data throughout the period contained two categories covering employment, by industry and by occupation. Industry, which has been the focus of the discussion up till now, was defined in terms of where the work was done; occupation was defined as the type of work done, regardless of area. For example, in the 1971 Census, the mining industry employed three hundred and forty women (9% of its workforce), but only thirty two of them had the occupation of "miners, quarrymen and related workers." The other three hundred and eight women would have been occupied as clerical workers, nurses, cleaners, etc. Thus, the industrial categorization provides a vertical cross-section of the public economy, whilst occupation is a more horizontal category.

The Census data on occupation is extremely variable across the fifty years. In 1921, there was no clear distinction made between occupation and industry; in 1947, only the occupations of the total Australian public workforce were published in detail, with the States receiving merely a series of general summaries; and in 1954, the information regarding occupation was not published owing to difficulties in processing the data.¹ Furthermore, across the fifty years, the general

1. Palmer, Australian Economic Statistics, p. 74.

occupational classifications used in the Censuses changed considerably, partly because of the adoption of different principles of codification, partly because of general economic change leading to the emergence of new occupations and the disappearance of others.¹ Nonetheless, the following table does give a rough indication of the major female occupations and the direction of their changes during the fifty years.

Table 7. Percentage of the Female Public Workforce in Major* Occupations 1933-1971

<u>Occupations</u>	<u>% Female Public Workforce</u>				
	1933	1947	1961	1966	1971
<u>Primary</u>					
Farmers, Farm Workers	3	3	5	6	5
Sub-total: All Primary	3	n.a.	5	6	5
<u>Secondary</u>					
Clothing and Dress Workers	9	4	3	3	2
Process Workers and Packers	-	2	4	5	5
Sub-total: Major Secondary	9	4	7	8	5
Sub-total: All Secondary	12	n.a.	12	12	12
<u>Tertiary</u>					
Shop Keepers and Assistants	14	14	15	15	13
Nurses	5	6	6	5	7
Teachers	6	4	7	6	8
Clerks, Typists, Stenographers, Office Machinists	11	18	26	26	26
Domestic Servants and House- keepers	30	12	9	8	7
Sub-total: Major Tertiary	66	54	63	60	61
Sub-total: All Tertiary	76	n.a.	81	78	79
Improperly described	9	n.a.	2	5	4
TOTAL: Major Occupations	78	61	75	74	71
TOTAL: All Occupations	100	100	100	100	100

1. Ibid.

* Over 2%

Firstly, Table 7 reveals that the numbers engaged in the three sectors of the public economy remained remarkably constant. The change from a simple to a more technologically complex and diversified general public economy, discussed above in relation to industry, which involved a decrease in employment in the primary sector and an increase in the secondary and tertiary sectors, was not apparent in the overall occupational structure of the female public economy. However, if these sectors are further broken down to reveal their major component occupations, the nature of the change as it affected women becomes more apparent: that is, the change occurred in the internal reorganisation of the occupations within each sector, rather than between the sectors. From Table 7, the extreme concentration of women in a few occupations can be seen: over the fifty years there were never more than seven or eight "major" occupations (employing more than 2% of the total female public workforce). Over time, there was a slight diversification of occupations, with a small number of women employed in a widening number of jobs, but the concentration was still strongly apparent in 1971, when 71% of all female public workers were engaged in only seven major occupations.

In the primary area throughout the fifty years, there were virtually no female hunters, fishermen, trappers, miners or quarrymen. All primary occupied women were concentrated in the farming area, about half as owners, the other half as farm employees. In the "farmer" category, most of the women were involved in family pursuits with fathers, husbands and sons, often working the farms themselves upon the death of these males. The age structure of rural female workers bears this out, with high ratios of women aged forty years and over classified as farmers. The female farm labourers were also often daughters and wives of male farm hands working on the property, or else seasonal, nomadic pickers. Between them, these two groups of rural workers comprised between three and six per cent. of the female public workforce. Across the same time,

the proportion of women engaged in secondary, manufacturing occupations remained constant at about 12%. In 1933, the vast majority of these women (74%) were involved in the clothing trade, predominantly as tailors, dressmakers, milliners and general workers. By 1971, this figure had dropped to only 17% of all female factory workers. Across these years, manufacturing industry in South Australia had diversified, and women came to work with metals and electrical goods, chemicals, rubber, plastics, etc., as well as clothing. But in the process of diversifying the materials worked with, this industrial change also meant a decrease in the skills needed by women to work in factories: by 1971, 30% of women factory workers were unskilled process workers, and another 15% were packers, wrappers and labellers. Similarly, there was a considerable relocation of women workers in the tertiary sector. In 1933, about thirty women in every hundred employed in the public economy were domestic servants. By 1971, only seven in every hundred were so occupied. During the same time, the proportion of office workers (clerks, typists, stenographers, office machinists) rose from ten to twenty six in every hundred women public workers.¹ With regard to three other major female occupations, the table reveals remarkable stability: sales workers, nurses and teachers.

Thus, across the fifty years, the typical female public worker provided services of some sort: initially personal, later clerical, with a constant proportion teaching, nursing, and serving in shops. A few women worked on the land, and about a tenth of the female public workforce were in factories, initially as clothing workers, later as general process workers. All of these occupations (apart from farming and, to a lesser extent, process work), had very high femininity ratios; that is,

1. These are conservative figures as they exclude bookkeepers, cashiers and secretaries.

the number of females per hundred workers was greater than the average in all occupations (see Table 8).

Table 8. Percentage of Women in Major Occupations

<u>Occupation</u>	<u>% Women Employed</u>	
	1933	1971
Farmers, farm workers	3	19
Clothing workers	71	68
Process workers	-	40
Shop keepers, shop assistants	31*	63
Nurses	99	95
Teachers	62	57
Clerks	40	64
Domestic servants	96	89
All occupations	22	32

* Of those classified as being occupied strictly as "salesmen" and shop assistants, 70% were female.

Both domestic service and nursing were virtually segregated occupations; while between 68-71% of clothing workers were female. In the case of sales workers, the Census statistics of 1971 do not allow a breakdown between shop proprietors and shop assistants. Generally, many more men than women owned shops: in 1933, women comprised 30% of the total category "persons engaged in commerce," but were 70% of those strictly defined as "salesmen" and "shop assistants." With this in mind, the ratio of women per hundred sales workers in 1971 would be considerably higher than 63% if proprietors were excluded. With teachers, there was a more even balance of men and women, but women comprised an absolute majority as well as being substantially over-represented in comparison with the overall female participation rate in all occupations. Finally, clerical work was becoming increasingly feminized over the five decades; moreover, if we look at subcategories of clerical occupations, we find that in both

1933 and 1971, the category of "typist, stenographer" was 99-100% female. Thus, although on the basis of industrial categorization it appeared that the male and female public workforces were converging, this is not borne out by the occupational statistics: throughout the fifty years there remained a clear distinction between women's jobs and men's jobs.

III. The Differential Treatment of Women

(a) The Arbitration System

Apart from being segregated into a small number of occupations within the public economy, women were also treated differentially in a number of other ways. Throughout the fifty years, women received substantially lower wages than men. In the early decades of the century women, because they were women, were awarded approximately 50% of the male rates in the same award category; during the Second World War, they received between 54 and 100% of the male rate, depending upon a variety of war-time contingencies; after the war, most women dropped back to 75% or lower; during the 1950s and 1960s, a series of legal battles were fought to raise female rates, and slowly, and piecemeal, some equity was gained.¹ As well, there were special conditions attached to the public employment of women: they were not permitted to work in jobs that required the lifting of objects above a certain weight; they were forbidden to work over-time or outside certain hours in some industries; under certain industrial awards, very few and the lowest grades of work were open to women;² most apprenticeships were closed to women, who were thus denied the possibility of acquiring skills; in many jobs, women were sacked as soon as they turned twenty one and were due adult rates; in many others, they were sacked (or required to resign) upon marriage -- this was particularly the case in the public authority and professional sector.

There were two complementary arguments used to justify these discriminatory practices towards female public workers: one set

1. Edna Ryan and Anne Conlon, Gentle Invaders: Australian Women at Work 1788-1974 (Sydney: Nelson, 1975), generally.

2. Ibid., p. 64.

concerned woman's nature, the other concerned man's role as family breadwinner. Baldly stated, the woman's nature argument claimed that a woman's place was in the home and her job was as wife and mother, caring for her family. Single women could work in the public economy, so long as it did not impair or detract from their future abilities as wives and mothers. This argument (discussed above in Chapter Two), was invoked especially to explain the restriction of women's public occupations. Women's work in the public economy should be considered as an extension of their family concerns and of the methods of domestic work. Thus, in factories, as in families, women were concerned with making and cleaning clothes, and with preparing and processing food; as well, women's domestic routine fitted them to the patient, painstaking, repetitive and monotonous tasks of process work. In the tertiary sector, woman's family role of facilitating consumption was extended beyond the family: the shop-girl served the public, assisting in the consumption of essentially feminine/family commodities -- drapery, groceries, confectionery, clothing.¹ The female/family ideal of service, too, extended into the public realm: nursing, of course, required the dignity and discipline of true ladies, as well as the dedication and care of mothers;² while teaching, the care of small children and girls, was also obviously an extension of women's maternal nature and their family task of socialization. Domestic service was clearly seen as the most appropriate work for women as both expression

1. These were the major categories of female "dealers" in the 1933 Census. See also, Beatrix Tracy, "The Shop Girl," The Lone Hand, 1 Sept. 1908, pp. 523-30, reproduced in The World Moves Slowly: A Documentary History of Australian Women, ed. by Beverley Kingston (N.S.W.: Cassell, 1977), pp. 116-23.

2. Beverley Kingston, My Wife, My Daughter and Poor Mary Ann: Women and Work in Australia (Melbourne: Nelson, 1975), pp. 81-91.

of their nature and apprenticeship in family care before becoming mistresses of their own homes. As for clerks, their position was a little ambiguous, but they too could be seen as requiring the patience and enjoyment of monotony that housewives supposedly possessed,¹ as well as aspects of the wife's responsibility for male comfort and the flirtatious sexuality of daughters.²

Women, by nature, were considered unfit for work outside these occupations; and even within them, the work they did was deemed inferior to that done by men. Women were, in general, judged to be limited in physical strength, to have more delicate sensibilities, to be less machinery-minded than men, etc.³ All of which were admirable qualities

1. This is not merely a latter-day interpretation, but was clearly expressed and endorsed as early as 1920: "while the employment of a junior male clerk on the duties of recording and indexing papers for a period of one or two years is desirable from the stand-point of training in office routine and procedure, his further retention on the work is unwise, as limiting his training for other positions requiring initiative, and resulting in a loss of ambition, combined with a feeling of dissatisfaction with his environment. The routine nature of this work renders it peculiarly suitable for women, and, where the experiment has been tried, it is found that female clerks discharge the duties in a satisfactory manner." (Emphasis added.) Royal Commission on Public Service Administration, Commonwealth Parliamentary Papers, 1920-21, Vol. III, p. 73, reproduced in Kingston, World Moves Slowly, p. 116.
2. See Joan Clarke and Zoe O'Leary, Girl Fridays in Revolt (Sydney: Alpha Books, 1969); Mary K. Benét, Secretary: An Enquiry into the Female Ghetto (London: Sidgwick and Jackson, 1972); I. Young, "Forgotten Workers," Women: A Journal of Liberation, 4, No. 2 (Spring 1973), pp. 39-40; M. Davies, "A Woman's Place is at the Typewriter," Radical America, 8, No. 4 (July-Aug. 1974), pp. 1-28.
3. A.W. Foster, "The Experience of the Women's Employment Board in Australia," International Labour Review, No. 52 (Dec. 1945), p. 637.

in the domestic sphere, but in the public sphere led to reduced productivity; which, in turn, led to women's wages being necessarily lower than men's. This set of views concerning women's nature and public working potential were succinctly stated by Judge Foster, one-time chairperson of the Women's Employment Board (WEB), in 1945:

Women were not as productive as men. Firstly, because of their smaller physical strength, which implies less endurance, more rapid fatigue, less physical and nervous resistance to strain; secondly, because of their periodic disability; thirdly, because of their greater absenteeism; . . . and lastly, because of the much greater turnover in female labour.¹

This view of weakness and lesser productivity was stated strongly as fact, and was acted upon in determining female wages, despite Foster's own admission that "the task of measuring the relative efficiency and productivity of women as compared with men was a novel one, full of difficulty."² Moreover, the evidence of women's lesser productivity that Foster's Women's Employment Board took judicial notice of was merely the "opinions of employers, managers and foremen and . . . the views of the women themselves, sometimes supported by the testimony of male workers."³ Not until 1969 was an attempt made to measure productivity, or rather, work value, accurately.⁴ In that year the Metal Trades were subjected to careful scrutiny by the Arbitration Court, and it was "revealed that female employees were doing work that was in every way the equal of that

1. Ibid., p. 639.

2. Ibid., p. 638.

3. Ibid.; see also, Ryan and Conlon, Gentle Invaders, pp. 125-132.

4. The Metal Trades Work Value Inquiry, Commonwealth Conciliation and Arbitration Commission, Print No. B 2961, 14423/68, discussed in Ryan and Conlon, Gentle Invaders, pp. 156-59.

done by males within the ranges observed."¹ At the time of the Inquiry, women metal trades workers were generally receiving 75% of the male rate.

The discrepancy between female and male rates of pay was also based on another long-standing argument that was not substantially challenged in South Australia until the government enacted legislation for the provision of equal pay under certain circumstances in 1967.² This was the concept of needs, which had been interpreted throughout most of the century as meaning the needs of a working man and his wife and family. In 1907, Judge Higgins of the Commonwealth Arbitration Court established the concept of the "living wage" -- a concept premised on the priority of male public workers as breadwinners and on a sex-segregated public (and domestic) economy. Higgins wished to establish a "fair and reasonable remuneration"³ for unskilled workers; the standard he set as appropriate was that of "the normal needs of the average employee regarded as a human being in a civilised community." When it came to assessing needs, Higgins made a fundamental distinction between men and women: men he presumed were breadwinners, and their needs included those of their families; women he presumed had only themselves to support, and should therefore receive a proportionally lower rate of pay. Whether or not particular men were bachelors, or whether particular women were responsible for the support of dependants, were irrelevant considerations in Higgins' general ruling.

1. The Metal Trades Inquiry, p. 210, quoted in Ryan and Conlon, Gentle Invaders, p. 157.

2. Ryan and Conlon, Gentle Invaders, p. 148.

3. 2 CAR 5, quoted in Ryan and Conlon, Gentle Invaders, p. 90.

All women working in the public economy were presumed to be single and awaiting marriage. They engaged in such work merely to fill in time and to buy themselves finery.

If the girls will have their finery at the sacrifice of other things more necessary, that is their business; but probably it is not fair to force the employers to pay for all that a girl may fancy as being necessary human requirements.¹

Public work was an interlude before permanent domestic work when they would be "kept" by their husbands for whom public work was a life-long activity.

A boy knows from birth he will be a breadwinner; that is his lot in life. A girl learns that in all probability she will marry. Her work will only be an episode in her life. . . . The great majority live with their parents, and these should receive a wage which will relieve their parents of the whole expense of their upkeep but not necessarily one which will give their parents a profit.²

The Arbitration Court did recognise that some women would have to work after marriage, and that some would even have the care of dependants. But such women were considered exceptional. Their wages could not be increased because "the minimum concept cannot be based on exceptional cases."³ This strict determination of wages on the basis of sex, however, opened up a rather unfortunate possibility. If women were cheaper workers, then employers, in the interests of greater profit, might begin to employ more women, to the exclusion of men, who would be driven into unemployment and their families into poverty. This situation had to be guarded against. Higgins determined, therefore, that the wage should follow the job, not the person, and that each job must be assessed as being more suited to either women or men:

1. 13 CAR 695, quoted in Ryan and Conlon, Gentle Invaders, p. 96.

2. Bulletin of the New South Wales Board of Trade Living Wage Adult Females 1918 Declaration, published 1921, p. vi, quoted in Ryan and Conlon, Gentle Invaders, p. 83.

3. 6 CAR 71, quoted in Ryan and Conlon, Gentle Invaders, p. 95.

If the work is man's work, the minimum wage to be fixed for an adult is a wage sufficient to keep a man, his wife, and a family of three children in reasonable comfort. If it is woman's work, a wage sufficient to keep a single woman in reasonable comfort.¹

Thus, if a woman did a man's job, she must be paid a man's wage. It was assumed that employers, faced with the prospect of having to pay the same wage to any employee, whether male or female, would automatically prefer a male worker; it was further assumed that a male worker would not wish to work in a woman's job because of the lesser rate of pay. Thus, each sex would be protected from the competition of the other. The concept of the differential living wage and the sex-segregated economy were strongly supported over the next fifty years by both employers and male public workers. The former gained half-price labour for all jobs they could define as female; the latter gained protection from competition and maintenance of a refuge in the family.² In this way, Higgins' establishment of the differential living wage concept as

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1. 11 CAR 306, quoted in Constance Larmour, "Women's Wages and the WEB," Women at Work, ed. Anne Curthoys, et al. (Canberra: Australian Society for the Study of Labour History, 1975), p. 74.
 2. "Employer interest was clearly to keep the female rate at 54 per cent of the basic wage, . . . Union interest in that period of 'high' unemployment [the inter-war years] was to protect the workforce (male breadwinners) by setting up barriers to the entry of equally productive females. In the courts' patriarchal welfare idealism the unions found willing allies to their cause. The job security of one section of the workforce was maintained at the expense of a section of the workforce deemed more 'transitory.' Capitalists had their cheap reserve to fund their cyclic demand for labour (albeit, not without the courts' restrictions). Male members of the workforce had housekeepers and the privileges that go with such a sex-role division. The maintenance of a realm of 'private' authority in the family no doubt helped to lighten the burden of their more abject situation in work life." Penny Ryan and Tim Rowse, "Women, Arbitration and the Family," in Women at Work, ed. Curthoys, p. 20. See also, Ryan and Conlon, Gentle Invaders, pp. 110-11.

the basis of wage determination entailed legal approval and reinforcement of discrimination against women in terms of rates of pay, and of areas and conditions of work -- in the name of the protection of the family.

During most of the twentieth-century, South Australian women were concentrated and segregated into seven or eight comparatively low-paying, low-promotion occupations, not alone by nature or by choice, but because they were herded into them by the collusion of the courts, the employers and the unions, brought together in the arbitration system. For over sixty years, that system employed unsubstantiated theories of women's domestic nature and low productivity, and men's natural role as family breadwinners, in order to justify the limiting of women's opportunities and to keep women in their "proper" place within the public economy. Nonetheless, gradually, women did begin to push outwards the boundaries of that proper place.

As the economy diversified, a few women were able to work in a wider range of occupations than previously. More importantly, wives and mothers in increasing numbers remained in or returned to the public economy. These changes in women's work, both public and domestic, and in the relation of good women to public work, occurred slowly from the late 1930s onwards. By the 1960s, there was a general social perception of dramatic change, a perception that analysts of the time were anxious to disallow.¹ Both perceptions were correct: it depended on what aspects of working life one looked at, and what and how flexible were one's views as to the appropriate behaviour of good women. From the late

1. Thelma Hunter, "The Employment of Women in Australia," Journal of Industrial Relations, 3 (Oct. 1961), p. 94; Martin and Richmond, "Working Women in Australia," p. 1.

1930s on, the status of women in the public workforce was in transition. The ambiguities and contradictions of this transition were manifested in particularly stark terms during the Second World War. The war can be seen, not so much as a watershed between two conceptions of the good woman in the public economy, but rather, as a time of crisis within a long process of change.

(b) The Second World War

The crisis in the relation of good women to the public economy engendered by the war was centred around three somewhat contradictory needs of the society: to maintain its peacetime civilian productivity and to expand its defence and military productivity at the same time as it withdrew hundreds of thousands of men from the public economy for non-productive military duty. In its early years, the war and its organisation were considered strictly men's business. Not only were women seen as unsuited for such matters, but they were likely to cause more trouble than they were worth.¹ Following the bombing of Pearl Harbour on 8 December 1941, however, the Government took more drastic measures to transform the country's "business as usual" attitude into one of "total war." This new concept entailed the radical step of Government control and organisation of all industry and labour power.² In early

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1. Throughout 1939-40, the various defence ministers were adamantly against the enlistment of women in the forces, even for routine or menial work, unless it was completely impossible to recruit men for the jobs; see, e.g., Paul Hasluck, The Government and the People 1939-1941, Australia in the War of 1939-1945, Series 4 (Civil), Vol. 1 (Canberra: Australian War Memorial, 1952), pp. 401-408.
 2. In June 1940, the Federal Government had legislated for itself, "complete control over Australia's resources, production, manpower and people, provided only that it should not have the power to impose any form of compulsory service beyond the limits of Australia." F.K. Crowley, Modern Australia in Documents, 1939-1970 (Melbourne: Wren, 1973), p. 24. Under this power, it established the Department of War Organization of Industry and the Manpower Priorities Board; see, Wallace C. Wurth, Control of Manpower in Australia: A General (cont.)

1942, a Manpower Directorate was established, with power to command a nation-wide registration of all British subjects, both male and female, over the age of sixteen years; to exempt any person from service in the defence forces; to direct unemployed persons to accept employment; and to declare industries and undertakings "protected" (this meant the "freezing" of labour by preventing unauthorized dismissal of workers and prohibiting workers from leaving their employment without permission).¹

Initially, the Manpower Directorate was concerned with the re-organization and control of the male economy. First priority was recruitment of men for the Services; second was the provision of labour for the production of war equipment, supplies and construction; third, the provision of labour for essential civilian services and industries. But by late 1942, Australia had

virtually reached exhaustion point in the use of her available manpower. To reach the requirements of 35,000 fighting and working units a month, she has in sight only an additional 10,000 a month.²

This was the crisis that brought about a re-evaluation of women's role in the public economy. Put simply: large numbers of men had been withdrawn from the public economy in order to fight; this placed the civilian male economy in jeopardy as there was no sufficient reservoir of men to take their places; there was men's work to be done, and no one else but women to do it. Previous perceptions of women's place vis-à-vis public

Review of the Administration of the Manpower Directorate Feb. 1942-Sept. 1944 (Sydney: W.C. Wurth, Director General of Manpower, 1944), pp. 14-20; Hasluck, Government and People 1939-1941, pp. 387-96.

1. Wurth, Manpower Directorate, pp. 20-21, 70.
2. "The Job Australia is Doing," Australian News and Information Bureau (New York), 1942, p. 1.

work had therefore to be altered. Women had to be encouraged to leave the home which was their natural place as wives, mothers, daughters and servants: throughout Australia, over 100,000 extra women (6% of all women over fourteen) who would, under normal circumstances, have remained in the domestic economy, transferred into the public;¹ over 75,000 women left private domestic service and entered other sectors of the public economy;² women who worked in protected undertakings were encouraged to remain at work after marriage, and employers were forbidden to sack women on marriage, regardless of their previously established practice;³ even women with young children were encouraged to return to public work -- especially in South Australia.⁴ Women had also to be encouraged to work in occupations that previously had been exclusively male, and that had been considered distinctly unsuited to woman's nature; there was great surprise when it was observed that women could do much of this work "almost" as well as men.

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1. "Facts and Figures of Australia at War," No. 1, June 1943, Section 2; in S.A. an extra 8,000 women were added to the public employment statistics, R. Hirst, "Secondary Industries in South Australia: Recent Employment Trends," Royal Geographical Society of Australasia South Australian Branch Proceedings, 50 (Dec. 1949), p. 52.
 2. Wurth, Manpower, p. 141; see also, Helen Crisp, "Women in Munitions," Australian Quarterly, 13, No. 3 (Sept. 1941), pp. 71-72; A.C. Clarke and P.H. Cooke, "A Group Study of Women Workers," Personnel Practice Bulletin, 5, No. 1 (March 1949), p. 30.
 3. Wurth, Manpower, p. 75.
 4. Mollie Bayne, ed., Australian Women at War (Melbourne: Research Group of the Left Book Club of Victoria, 1943), pp. 58, 63.

To all of us it was an amazing revelation to see women who were yesterday working in beauty salons or who had not previously worked outside their own homes or who had come from the counters of retail stores or a dozen other industries rendered superfluous by the war who now stood behind mighty machines operating them with a skill and mastery that was little short of marvellous.¹

There was no question that the authorities who were instigating this vast recruitment campaign were aware that they were acting in contradiction to the previously entrenched rhetoric and practice concerning women and public work.

The national economy, for the past two generations, has been directed towards the establishment within the Australian home of an increasingly high standard of living.

The direct result of this policy has been to consolidate the family unit, thereby withdrawing from employment the vast majority of women at marriage.

The industrial economy has deliberately discouraged the entry of women into occupations where heavy manual labour, fatigue and monotony have been predominant features.

Therefore, in seeking, under the driving necessity of war, to recruit woman power to its utmost industrial capacity, Australia has had to change overnight a psychology that has been fostered for generations.²

The only justification for this radical departure from tradition was the dire but temporary national emergency. In 1941, Prime Minister Curtin gave a public undertaking "that all women employed under the conditions approved shall be employed only for the duration of the war, and shall be replaced by men as they become available."³ Such statements were necessary to calm the fears of two large sections of the community:

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1. WEB Decisions, Vol. 1, Nos. 1-149, Application by the Ministry of Munitions, 18 Aug. 1942, quoted in Larmour, "Women's Wages and the WEB," pp. 50-51.
 2. Job Australia is Doing, p. 8.
 3. Paul Hasluck, The Government and the People 1942-1945, Australia in the War of 1939-1945, Series 4 (Civil), Vol. 2 (Canberra: Australian War Memorial, 1970), p. 266.

Those who believed that the public employment of women, and especially married women, would lead to the break up of the family as the basic unit of society, and of the home as the refuge from a world in turmoil;¹ and those who feared that male breadwinners would permanently lose their place in industry to "cheap female labour."² Apart from the assurance that women's employment in men's jobs would be temporary, other safeguards were necessary. To ensure that women would not be impaired in their future roles as mothers, special conditions were attached to their public employment: weight lifting restrictions, limitation of hours of work, safety measures on dangerous machinery, provision of amenities, etc.³ All these conditions added to the expense of employing women, limited their productive capacities, and reduced the range of their employment opportunities. To ensure both that men would not lose out in competition with cheap female labour and that women would not be exploited, a new wage fixing tribunal, the Women's Employment Board, was established to regulate and encourage the employment of women in work usually performed by men, and in work that had not existed before the war for which there were no award rates. The Board was empowered to grant awards of between 60 and 100% of the male rate, with the majority of its decisions being for 90%.⁴

With the creation of the WEB, a new principle was introduced into wage-fixing criteria: that of productivity and efficiency.⁵ This

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1. Hasluck, Government and People 1939-41, pp. 407-408.
 2. Ibid.; see also, E.C. McGrath, "The Future of Women in Industry," Australian Quarterly, 15, No. 2 (June 1943), pp. 39-45; WEB Decisions, Metal Trades case, BHP Co. Ltd., 29 Jan. 1943, quoted in Larmour, "Women's Wages and the WEB," p. 55.
 3. Foster, "Experience of the WEB," p. 637.
 4. Ryan and Rowse, "Arbitration and the Family," p. 52.
 5. Statutory Rules 1944, p. 149, discussed in Ryan and Conlon, Gentle Invaders, p. 125.

explicitly cut across the Arbitration Court's decades-old criteria of, firstly, the concept of needs (of the male worker as family breadwinner and of the female worker as merely self-supporting), and secondly, industry's ability to pay. The Court's notion of needs had always been directed to the maintenance of the family unit and of the divergent, non-competing roles of women and men in the family and public workforce. It had never fitted the reality -- of many men without families and of many women with the responsibility of dependants. The Court, however, consistently supported this paternalistic view of the world in its decisions, even during the war when its desire to keep women at home was against the government's national interest of recruiting women to the public work force. It was inevitable, therefore, that the Court and the WEB should come into conflict over the incompatibility of their criteria. In early 1943, the Arbitration Court refused an appeal to raise the 54% rate of female workers in women's occupations, declaring that if productivity became the criterion, then "'the share of men workers in the fruits of production' would 'be reduced.' To raise the 54 per cent award would depress the relative standard of living of the family."¹ The situation was thus highly anomalous. Women working in traditional women's occupations, under the Court's jurisdiction, received 54% of the male rate; women working in men's occupations under the WEB's jurisdiction, received 90%. This disparity meant that "low-skilled women replacing low-skilled men might find themselves far better paid than highly-trained women in traditional women's occupations."²

1. 50 CAR 212, discussed in Ryan and Rowse, "Arbitration and the Family," p. 26.

2. Hasluck, Government and People, 1942-45, p. 268.

Had the needs criterion been a rational one, it might have been possible to argue that women in men's jobs needed the higher rate of pay because their work was against their nature, for which they needed to be compensated. But the experience of women public workers proved this false. Women were not daunted by men's work. The chairperson of the WEB reported:

It was found that women were willing to undertake work of all kinds, even kinds which might be regarded as objectionable, dirty, or even dangerous;
 . . .

The Board's experience was that women proved themselves highly capable and enabled a war economy to function in a manner hardly thought possible before the war. They adapted themselves rapidly to novel conditions and to new work; they acquired a machine sense, showed great skill and dexterity in all sorts of tasks, particularly those requiring patience, deftness, and attention to detail, while in monotonous repetitious work, they invariably excelled their male counterparts.¹

Moreover, women's nature in regard to public work was shown to be governed more by financial considerations than by the desire to express "femininity." Once women were free to work in occupations outside traditional areas (that is, once the legal, award prohibitions against women's employment were removed),² they chose the highest paid men's work. A 1941 survey of women munitions workers found that the average previous wage of eighty randomly selected women was 27/6 $\frac{1}{2}$ d.; their average wage in the factory was 63/-.³ With such discrepancies in wages, it was no wonder that women deserted women's work and flocked to the war industries. Serious labour

1. Foster, "Experience of the WEB," pp. 637, 641.

2. For a partial listing of occupations opened to women, see Ryan and Conlon, Gentle Invaders, pp. 137-8.

3. Helen Crisp, "Women in Munitions," Australian Quarterly, 13, No. 8 (Sept. 1941), p. 72.

shortages occurred in clothing and rubber factories,¹ in food processing and preserving industries, and in hospitals and asylums.² The Government was compelled to undertake a series of stop-gap measures, most of which aroused considerable opposition from various groups, and some of which were challenged in the Senate and in the courts.³ Many people saw the sexual division of society and economy as fundamental to the Australian way of life, and were unwilling to see it altered, even at a time of "total war." Not until August 1945 were the wages of women in some women's occupations in vital industries, not covered by WEB awards, increased to 75% of the male rate.⁴

Women's experience in the war had shown that the sexual division of labour and the sexual differential in wage rates were premised solely upon an assumption that a stable and desirable society could exist only if women were mothers and men were breadwinners, and that this assumption was not necessarily correct. It had shown that assumptions about the relationship between women and public work were not necessarily correct: that women's productivity was not automatically lower than men's; that men's jobs were not automatically more arduous nor more skilled than women's jobs, and that women were as capable as men of doing most work; that it was not their female nature which restricted women to work in only six or seven major occupations, but rather the result of explicit denial of opportunity to work elsewhere. It had shown that assumptions about the relationship between marriage/motherhood and public work were not necessarily correct: that women did not necessarily desire to leave

1. Ryan and Conlon, Gentle Invaders, p. 132.

2. Foster, "Experience of the WEB," p. 640.

3. Hasluck, Government and People, 1942-45, pp. 265-69.

4. Ryan and Rowse, "Arbitration and the Family," pp. 26-27; Ryan and Conlon, Gentle Invaders, pp. 132-34.

the public workforce on marriage; that married women's public workforce participation did not necessarily entail the destruction of the family.

After the war, however, much of the old rhetorical ideology was expounded again, inspired by the same two fears of family breakdown and male unemployment.

When Labour has spoken of the economic emancipation of woman, it has never meant in the Labour Movement of Australia, woman's return to industry so that she might compete with men for such employment as was offering, and it was never intended that the intensity of the struggle for existence should be increased by making available two persons for any one job which had to be filled.

Women have a place, an expanding place, in industry, commerce, and the professions, and it is that place they will continue to hold in the Australian economy of the future. . . . What is that place? Women should know. Queen Elizabeth, in a recent broadcast, proudly proclaimed that "in a hundred ways, women have filled the places of men who have gone to fight. After the war they would be called upon as homemakers to play a great part in rebuilding family life."¹

Many women did indeed leave the public workforce at war's end: some happily returned home after their stint of patriotic duty; many others were unceremoniously sacked in the interests of male reinstatement and priority.² The promise that women's public employment would be temporary was kept, often against the wishes of the women concerned; and most of those who stayed in the public workforce suffered a drop in wages.³ But the situation did not return to the pre-war norm. Against the rhetoric of domesticity arose the practice of rapid industrialization. The South Australian public economy underwent a hot-house development and endured

1. McGrath, "Women in Industry," p. 45.

2. Ryan and Rowse, "Arbitration and the Family," pp. 27-30.

3. Ryan and Conlon, Gentle Invaders, pp. 139-40.

the "embarrassment of over-full employment."¹ Labour was short, so women were still needed. Jobson's Investment Digest reported the lengths to which industrialists went to recruit workers:

in many branches of industry, competition for labour was so keen that companies vied with each other in advertising the special privileges available to employees, not the least of which was the promise of a working week considerably below . . . forty hours. Women in particular were wooed by prospective employers with inducements such as free hairdressing in the firm's time, free meals, artists to entertain at lunch-hour, etc., in addition to the regular amenities of modern factory life.²

By 1971, 37% of all South Australian women over fifteen were engaged in the public workforce; 59% of these were presently married; and over one in four had at least one child under the age of twelve.³ In 1967, the South Australian government had taken a first step towards reducing the sex-differential in wages by granting "equal pay" to public servants,⁴ and the Federal Arbitration Court had also, in 1969, accepted the principle that women doing the same work as men should receive the same pay. But, in both cases, the principle did not apply to women engaged in work essentially or usually performed by women. Because the public economy was still predominantly sex-segregated, very few women benefitted from this decision.⁵ Sex-segregation was a constant over

1. Hirst, "Secondary Industries in South Australia," p. 57.
2. "1948 in Retrospect: A Year of Capital Expansion," Jobson's Investment Digest, 13 Jan. 1949, p. 4.
3. Women's Bureau, Department of Labour and National Service, Changing Horizons, Women in the Work Force Series, Booklet No. 9, Melbourne, 1970, p. 15.
4. Ryan and Conlon, Gentle Invaders, p. 148.
5. Ibid., pp. 149-51.

the fifty years of this survey, despite great changes in other aspects of the public economy. There was no question that this resulted in women being seen as "separate but equal" to male public workers. The consequences of the segregation have been outlined by Margaret Power:

the male labour market has high wages, good working conditions, on-the-job training and reasonable chances of advancement, relatively secure employment and trade unions that can give job protection and can contribute to better working conditions and pay. In contrast, in the female labour market pay is low, opportunities for on-the-job training and for promotion are severely limited, job instability is characteristic of many occupations, labour turnover is high and unions have little bargaining power.¹

1. Power, "Women's Work," p. 230.

IV. The Experience of Work.

Thus far, I have looked at the relation of women to public work in South Australia between 1920 and 1970 largely in terms of averages and aggregates, and of government and judicial policy decisions. In this final section, I wish to return to the Glenside women to show, from their case notes, some of the subjective meanings of work, or rather, how the general and abstract operations of the economy affected them individually and how they responded. It is, of course, impossible to recover from the case notes the individual meaning of their work to these women. What can be derived, however, are some of the patterns of their work, the sequence of public work experiences in their life cycles, and fragmentary recorded comments about their feelings towards these experiences. The Glenside women's histories are not "typical," they are not being used as "representative" of women's public work experiences, but rather, they provide glimpses into the unique everyday realities of women trying to earn their livings.

(a) Domestic Service

Vera King, whose case history has been outlined in more detail in Chapter Two, was born in 1900, left school at the age of thirteen, and entered domestic service. Her work history she described as follows:

Most of her employers were unkind to her, demanding a great deal and giving little reward, materially or otherwise. After the age of 15½ her employers were particularly hard, and she was treated as a drudge, again suffering threats, abuse and depreciation for all her work. "I felt that I could never do anything right; they used to tell me I was useless and lazy" -- rather pathetically. "I used to try so hard; but I was never any good" -- tearfully. (Did they frighten or harm you?) "I thought they would hit me." (Why? People are not allowed to do that.) "I don't know. They used to look at me as though they would." When aged 24 she went to work for a Mrs. Grey. "She was the best and kindest woman I have ever known; they were all good and kind to me," naming the members of the family. . . .

Vera was thirty seven when she left Mrs. Grey's employ and the public workforce in order to get married. There are two aspects of the life of a domestic servant that can be drawn from this story. Firstly, Vera's working life fitted the general pre-Second World War pattern of women working only between leaving school and marriage. In Vera's case, however, this was a rather protracted period: her marriage came quite late in life as compared with most other women born around 1900.¹ Several factors can be adduced to explain this delay. Vera's relationship with her fiance's mother was marked by considerable hostility -- the mother considered Vera "not fit to be her son's wife" -- so the marriage was postponed until the mother's death. As well, the years during which this postponement presumably took place were largely depression years (1929-34), and Vera's fiance may not have had sufficient resources to undertake the support of a wife and family, so waited until his mother's death and possible legacy before marrying. A further reason for the delay may have had to do with the limited opportunities for and strict regulation of social life that domestic service entailed. In Vera's case, this probably was of little importance after she took up service with Mrs. Grey, whom she considered benevolent, although the benevolence could have included supervision of social life, as with a daughter.

However, Vera's judgment of Mrs. Grey as compared with her previous employers exemplifies a second aspect of the servant's situation: the close personal relationship of super- and sub-ordination that was characteristic of the job, a relationship that could range in quality

1. Three quarters of the 1900 female birth cohort married by the age of thirty. McDonald, Marriage in Australia, Table 51, p. 188.

from benevolence to tyranny because it was unencumbered by external regulations. Private domestic service was outside most of the contractual safeguards of other public work. Covered by no industrial awards, protected by no union, domestic servants were subject to the whims and idiosyncracies of each employer. This lack of rationalization of work and its relationships was the most hated aspect of domestic service,¹ and from the beginning of the century (and before) women fled from private service whenever the opportunity arose.² Preferably, both to the women themselves and to the social rhetoricians, they sought marriage -- a job which contained many of the same conditions as domestic service, but which held out the promise of greater personal happiness. Alternatively, as soon as other work opportunities arose, servants left their positions in large numbers. With industrialization and economic diversification during the 1930s and 1940s in South Australia, such opportunities became more readily available.

The Second World War opened up many more avenues for women, and for the first time, women were exhorted by public institutions to leave the home and take up public work. Government persuasion was used extensively to attract women from domestic service into defence service or munitions. Helen Vane was one who left the scullery at the call -- whether for patriotic reasons, sense of adventure, dissatisfaction with domestic work, or higher wages, is not revealed. She had been "a rebel

1. Muriel Heagney, Are Women Taking Men's Jobs? A Survey of Women's Work in Victoria with Special Regard to Equal Status, Equal Pay and Equality of Opportunity (Melbourne: Hilton and Veitch, 1933), pp. 64-65; Kingston, My Wife, pp. 51-55; Leonore Davidoff, "Mastered for Life: Servant and Wife in Victorian and Edwardian England," pp. 406-28.

2. See the evidence submitted by Mrs. A.A. Milne, Inspectress of Factories (S.A.), and Miss M.G. Cuthbertson, Senior Inspector of Factories (Vic.), to the Select Committee of the Legislative Council on the Alleged Sweating Evil, S.A.P.P. No. 71, 1904, paras. 458, 5620.

at school," and left in 1938 having completed Grade 7 (primary school). She worked initially as a domestic, then joined the Women's Auxiliary Australian Air Force (W.A.A.A.F.), probably as soon as she turned eighteen (1942). At war's end, she married and did not return to the public workforce -- one of the women who happily gave their services publicly for the temporary emergency, and just as happily retired to make way for the returning male breadwinners. In later years she did undertake public work, but was not paid for it: she became her husband's helper without wages in his service station business. That is, she expanded her housework to incorporate cleaning the station. She wanted to do more, but her husband preferred to employ another woman part-time as a bookkeeper: Helen claimed that her husband "didn't want her to do books as he didn't want her to know how much money he had." It would appear from the case notes that, by the time of her first admission in 1963, when she was thirty nine, Helen was not averse to the idea of herself, as a married mother of three, working publicly again, both in order to achieve some financial independence, and as an interest or diversion from housework -- "it would be fun to come and work here [Glenside Hospital] for a while, wouldn't it." The case notes do not indicate what sort of work she had in mind, but she was untrained beyond basic domestic work.

The status of domestic service, its conditions and remuneration, had never been high. After the war, its status declined even further. No longer a career, as it had been in Vera's case, it became a stop-gap, or a job of last resort. This aspect of the occupation can be seen in the case notes of four young women admitted to Glenside Hospital in the 1960s. A composite picture of the four (Eve Innes, Fay Johns, Gwen Kirk and Heather Lawson) shows them as being admitted to hospital in their late teens. They had left school a few years before, with few marketable skills, or if trained in, say, shorthand-typing, then certainly

inexperienced; none seemed to evince any sense of work-ambition or career. Each took on casual, unskilled work -- on fruit stalls, in fish markets, in factories, in shops -- from which they regularly resigned or were fired or retrenched. Some of them had small children and either could not undertake work because of the child, or realized the financial difficulties of survival and eventually gave up the child. After their first admission to hospital, these women were discharged after a few months, tried to find jobs, returned to the hospital, were discharged -- and so on for three to six admissions over the space of three to eight years. In the periods away from the hospital, the women invariably obtained domestic work for a time, usually in some live-in capacity, in nurseries, hostels and boarding-houses. Untrained, inexperienced, unreliable, and lacking in required work-discipline, these women could find occasional work only in such places, which expected and required only minimal competence for which they paid minimally and because of which they had a constant and rapid labour turnover. The only qualification needed to get such jobs was "femaleness," which the employers seem to have taken at face-value as fitting these women, at least initially, for this most basic of "female" work. By the 1960s, domestic work was at the bottom of the hierarchy of public work, deemed as suitable for (and often by) women who, in every other sense, were denied even the potential status of public workers: women on pensions whose incomes could be supplemented only to a minimal degree; migrants whose lack of English made them difficult to instruct in factory procedures; women whose physical or mental disabilities rendered them inefficient or unreliable in the terms required by most employers in the public sphere.¹ Of the twenty four women from my Glenside sample about

1. See, Centre for Urban Research and Action, "But I Wouldn't Want My Wife to Work Here. . . ." A Study of Migrant Women in Melbourne Industry, Research Report for International Women's Year (Victoria: Centre for Urban Research and Action [1976]); Margaret Power, "Cast-
(cont.)

whom there was any information concerning public work, ten were recorded as ever working publicly again after their first admission. Of these, seven found jobs only at the bottom of the female public economy, as domestics, live-in help, and cleaners.

(b) Manufacturing

Five women from my sample were engaged for some part of their lives in manufacturing industry. Fiona Stewart and Rae Hilton were both seamstresses, their combined working lives spanning from the mid-1920s to the late 1940s. Fiona was admitted to Glenside Hospital in 1932 when she was twenty seven, and she died there in 1970. Not until 1961 was any detail recorded about her public working life. In that year, her sister and brother-in-law began taking an interest in her, and attempted to gain her discharge. The story they told of her pre-admission life -- thirty years previously -- was as follows:

they blame mother's possessiveness for the daughter's illness and say she spent her life trying to prevent these girls marrying. They say Fiona was very clever, an excellent seamstress with her own business and a good singer and pianist. They blame the mother for interrupting her career. . . . Fiona worked as a dressmaker, later wanted to do missionary work and went to Melbourne College to study but brought home to mother when Depression began. Apparently family well provided for before Depression, but gradually lost everything, and since the War financial position has not improved.

What "well provided for" meant in the case of the Stewart family is unknown, but it almost certainly would have been inherited wealth, since Mr. Stewart was "said to have been mentally defective" and thus probably less capable of accumulating an independent fortune. The family money

was probably used to set Fiona up in business. The case notes do not reveal whether Fiona employed anyone in her dressmaking business or worked alone. The numbers of independent dressmakers in Adelaide in the 1920s is impossible to discover, but the majority of women's garments factories (defined as places in which the owner employed at least one person in manual labour)¹ were small: in 1930, almost half of the 175 women's garments establishments employed not more than two people.²

The status of the work of seamstress would seem from the story of Fiona's life to be reasonably high. Sewing, together with her lady-like musical accomplishments and the Christian service ideal of missionary work form a pattern of respectable middle-classness. This sense of the respectability of dressmaking as an occupation for a single woman in the 1920s and 1930s is also reinforced by the case of Rae Hilton. For Rae, dressmaking as a skill seems not to have been such a concomitant of a lady-like upbringing as with Fiona. Rather, it was an attempt at social mobility. Rae's father worked on the railways, and the family presumably had no capital to set Rae up in business. Instead, she undertook a dress-making course at the School of Mines after leaving school. It was

a practical course for those who wish to become their own dressmakers. Special provision is made for those who wish to become teachers. Examinations are held annually for those desirous of obtaining certificates.³

In the 1930s, the School of Mines as a training institute still reinforced

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1. Act No. 1453 of 1920. The Industrial Code of 1920, S. 279.
 2. S.A.P.P. No. 46, 1931, Annual Report of the Chief Inspector of Factories and Steam Boilers.
 3. South Australian School of Mines and Industry, Annual Report, 1930.

the sex-segregated nature of the South Australian economy, as it had done since its inception in 1889. The School catered for 3-5,000 students annually, teaching over one hundred subjects; but women were restricted to commercial and domestic subjects, while men were trained to become technicians in extractive, primary, secondary and tertiary industries.¹ Nonetheless, women took advantage of the School's courses to refine and make scientific their supposedly innate abilities, which were thereby turned into marketable skills. Rae Hilton emerged from the School with her certificate and was able to keep herself for about ten years until her first breakdown in 1940. Thereafter, she worked intermittently until she was granted an invalid pension in 1947.

Overlapping in time with Rae Hilton's public working career was Deidre Quilper's, and the contrast in their work experience indicates the transition that the South Australian public economy underwent in the 1940s. In 1941, at the age of twenty one, Deidre came to South Australia from Western Australia to work in a munitions factory. It was work that previously had been considered men's work. But with the war-time labour shortage, munitions became equally men's and women's work.²

The question of why Deidre chose this work as against other, more traditionally "female", factory work can only be answered hypothetically. Initially, she may have been attracted by the adventure of travelling from Western to South Australia in travel-restricted war-time.

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1. David Green, An Age of Technology 1889-1964: The Story of the First Seventy Five Years of the South Australian Institute of Technology (Adelaide: Griffin Press, 1964); see also South Australian School of Mines and Industry, Annual Reports.
 2. As at 30 June 1941, there were 1564 women and 1208 men engaged in munitions work in South Australia, S.A.P.D., 1941, Legislative Council, p. 14.

More generally, she probably had the basic motives of patriotism and money, in common with most other war workers. In 1941, a New South Wales Welfare Officer undertook a survey of female munitions workers. She wrote of the work being

made more attractive by its aura of respectability and patriotism. Many girls who had not liked to enter factories before, felt no compunction in becoming cogs in Australia's war machine.¹

However, she then immediately went on to discuss the considerably increased wages munitions women received as compared with their previous earnings.² So for Deidre, as a woman, to enter munitions work in 1941 was seen as an exception, brought about by the national emergency. But by the time she was admitted to Glenside Hospital in 1950, she was thirty, and had spent the last nine years in factories: her occupation being "light factory work." Over this time it had become quite clear that women's role in secondary industry was permanently altered from the pre-war days. No longer were women concentrated in clothing and food concerns, but were increasingly engaged in the process work of electrical, engineering, and sheetmetal works.³ Thus, it is probable that Deidre even remained in the

1. Crisp, "Women in Munitions," p. 72.

2. The Director-General of Manpower concurred with this assessment of motives: "of course, other motives besides the opportunity of earning attractive wages have induced many women to offer themselves for employment, but the influence of higher wages was probably the most significant. Higher wages encouraged many women to enter employment and accustomed them to industrial conditions and the normal routine and discipline of gainful employment." Wurth, Manpower, p. 162.

3. The following are the relative percentages of the female manufacturing workforce engaged in various areas in 1930, 1950 and 1955:

	Women's Garments	Tailoring	Electrical Works	Engineers	Sheetmetal, etc.
1930	30	20	0.2	0.5	2
1950	17	11	5	6	3
1955	10	6	6	12	5

Source: S.A.P.P. No. 46, 1931, 1951, 1956, Annual Reports of the Chief Inspector of Factories and Steam Boilers.

same factory, since the munitions works was taken over in 1947 by an electrical firm.¹

The actual work done in munitions factories was "repetitive and exceedingly monotonous and is found irksome, particularly by the more intelligent girls."² Monotony and boredom, due to highly regulated production lines, also characterised the metal and electrical factories.³ Over time, Australian women like Deidre tended to move out of these jobs. Their places were taken largely by migrants, initially both men and women, later more by women.⁴ This was one of the desired effects of the mass immigration scheme inaugurated after the war (discussed in more detail in Chapter Four, below). Young men were brought out to supply the labour demands of industrialization; young women were sought both as potential mothers, but also as workers in low-level jobs that Australians were tending to refuse to do: domestic and some types of factory work.⁵ As each new wave of migrants arrived, the majority tended to gain employment firstly in the routine, low-paying jobs, then to move away to better jobs, their places being taken by the successive wave.⁶ Into this category fitted Destina Hausa: born in Yugoslavia in 1938, migrating to Australia in 1957 to join her brother, then moving to South Australia to work at Philips Electrical Works -- Deidre's old firm and one of the biggest

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1. "Philips: 25 Years After. An Anniversary Feature," Advertiser, 22 April 1972, pp. 15-22; Commonwealth Grants Commission, 16th. Report, 1949, p. 34.
 2. Crisp, "Women in Munitions," p. 73. For descriptions of life and work at the Hendon Munitions Works see Hendon Howl, Nos. 1-18, 1942-44.
 3. "But I Wouldn't Want My Wife to Work Here. . .," p. 16.
 4. Ibid., pp. 2-6.
 5. W.D. Borrie, Immigration: Australia's Problems and Prospects (Sydney: Angus and Robertson, 1949), p. 25.
 6. Power, "Cast-Off Jobs," pp. 27-31.

employers in the State.¹ Destina lived in the same local hostel as had Deidre. It had originally been established for the country and interstate munitions workers,² and was later converted to the use of the electrical workers.

As regards Destina's work experience, a few interesting details are contained in her Glenside case notes. Ten years later, Commissioner Winter of the Commonwealth Conciliation and Arbitration Commission conducted a work value inquiry into the metal trades (including electrical and electronic component processing), and remarked pithily that "a machine line is oblivious to the sex of the operator."³ Similarly, it would appear that most other characteristics of the operator were irrelevant -- unless they disturbed production in some way. In Destina's case, she disturbed her fellow workers:

Destina's illness began about a week ago when she began to laugh and cry at her work, for a few minutes at a time; this got worse over the next few days and upset her fellow workers and Dr. Y. was called to see her at work: he sent her home and gave her tablets. However, she would not stay home and repeatedly returned to work and was sent home again, and this morning was much worse, screaming, muttering, laughing and crying alternately, and so was certified by Dr. Y.

Nonetheless, Destina was a good worker. When her behaviour was considered to have calmed down, she was allowed out on leave and returned to work: "Philips inform us that they are satisfied with her work." For the next nine months, the notes contain no mention of her work. But in 1960, she

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1. "Philips. Anniversary Feature," p. 15.
 2. For the problems involved in housing war workers, see South Australian Public Service Commissioner, *The Public Service and the War: A Review of Work Accomplished by State Government Departments*, 1944, pp. 32-34.
 3. Commonwealth Conciliation and Arbitration Commission, *Metal Trades Decision*, 23 Feb. 1970, Serial No. 5922, quoted in Ryan and Conlon, *Gentle Invaders*, p. 159.

was readmitted under a certificate informed by the manager of a boarding house where she was employed. Destina had taken the regular path of the other women described above, a path for which she was doubly qualified: as a migrant and as an ex-mental hospital patient. Destina's case notes end with her at the bottom of the hierarchy of women's public work -- domestic service -- but still "working well."

In general, it would appear from the case histories of the women who worked in manufacturing that the status of the work declined over the fifty years of my survey. Dressmaking was a respectable occupation requiring taste and training in the inter-war years; munitions work was tedious but had an enhanced status by its aura of patriotism; post-war process work was but one step above domestic work in the hierarchy of the public economy, to be done by migrants and other low status women. Thus, Gwen Kirk, although she was Australian-born, engaged in process work. Her low status was a product of her early life: a disturbed family background, an illegitimate childbirth at the age of thirteen, and consequently being made a ward of the court as "uncontrolled." "As a child she had reasonable ability at school," but she left after her child's birth and found a series of jobs -- live-in, fruit stall, factory -- in none of which she stayed for long, either being retrenched or resigning. To an employer, Gwen's work record would prove unreliability, her hospital record of six admissions over seven years the same thing. Whether through choice or through denial of opportunity, Gwen was condemned to a precarious life at the bottom of society.

(c) Professional.

Catherine Parnell was first admitted to Glenside Hospital in 1937, aged thirty one. She was a nun, and stated that she felt "unfit to live because she is not performing her religious duties properly." As a nun, she would have come under the general Census category of professional worker but, although the notes give no indication of the actual work she did in the convent, it seems probable that the "professional" label covered a life of domestic work. She was born in 1906 in the country, and stayed at home after leaving school. Her mother had died when Catherine was fifteen, and she was probably required as her father's and brother's housekeeper until one of the brothers married and his wife was able to take over. When twenty six, she began training as a nun, and she stayed in the convent for eight years. She left the convent at the beginning of the war, and wandered the country, taking up "intermittent and irregular housework and nursery." As a single, unemployed woman she should have come within the ambit of the National Manpower Regulations of 1942 -- but her mental hospital record and country nomadism probably kept her from this form of industrial conscription. This intermittent working life continued, with two other hospital admissions interspersed, until the early 1960s, when she sought to live again in a convent. This was granted on a few conditions, and she worked in the convent laundry for a number of years, "at least eight hours a day." Even though she was on a pension, it was still considered necessary that she work -- presumably in the interests of the convent as well as herself: economic value plus keeping out of trouble.

In Catherine's case, we have a brief example of one woman's life spanning six decades, and it can be seen how her gender affected her entire working life. Regardless of her personal skills and potentialities, it would have been automatic on her mother's death that a woman

was needed to keep house -- and a daughter was cheaper and more agreeable than a paid housekeeper. When that work was no longer required of her, she was in her mid-twenties, unmarried, untrained, and living in the country with its smaller opportunities for both employment and marriage.¹ By becoming a nun, she changed the direction of her service, from her family to an institution. The idiosyncratic nature of domestic work was still there, but was now hedged with greater discipline -- to the general ideology of "women's nature and work" was added the specific ideology of the Christian religion. Since she was already performing lowly work, her "breakdowns" did not force her any further down the work hierarchy, but she had become unreliable and reacted against the imposed discipline. Under these conditions she was released from her vows. By now she was in her mid-thirties, still unmarried and untrained, and even less likely to get herself a husband or a better job. All she had was some domestic skills for sale, highly valued ideologically, but not economically. She could possibly have got herself a factory job during the war or gone into either public or private domestic service. She chose the latter, on an itinerant basis, for some 20 years, acquiring neither savings nor security. Old age found her as she had always been -- single, untrained, dependent on others' "good will" and consequently subject to their will. Catherine's story also indicates the way in which low status work could masquerade as a high status occupation: whereas the different workers in a factory were classified by the Census under different occupational headings, the different workers in a convent all had the occupation "nun."

1. P.B. Beaumont, "The Non-Metropolitan Unemployment Position of Women in Australia," Journal of Industrial Relations, 16, No. 2 (June 1974), p. 142.

There were two other women in the Glenside sample, however, who could be more appropriately categorized as professional: Ellen Richardson and Karen Arndt, respectively a ballet dancer/ dog breeder and a music teacher. Both women sustained their careers over many years and supported themselves throughout the major part of their lives, as they both had to after the desertion of their husbands. Ellen married late in life, when she was forty (1947), and the marriage lasted only three years. While single, she had been a dancer, and she may, hypothetically, have married because, at least in part, it seemed a way out of the gloomy prospect of a career that must soon end because of its reliance upon her physical attractiveness and capabilities that were declining with age. The skills of ballet would not have been easily transferable to other forms of work. Ellen chose, instead, to take up dog breeding, which at least still indicated a dedication to "cultural" rather than "domestic" work. It would seem from the case notes that it was economic necessity that conditioned Ellen's public working life: she had only herself to look to for support. As a breeder, she "was able to make a living," but when she was admitted to hospital in 1960, aged fifty four, she had not worked for about eighteen months. She was "living on a little accumulated capital but this will soon be gone." After a hospital stay of some three months, she was discharged, but did not work again. The last report of her in 1967 was that she was "recently eating very little and withdrawn. \$13 p.w. old age pension -- most goes on board. Seems depressed."

Economic necessity and a search for stability were also the motivation for Karen Arndt's twenty year career as a music teacher. Karen was born in 1909. At the time of her first admission to Glenside in 1945 she was a housewife, married to a school teacher, and had two small children, the youngest of whom was eight months old. There is no history

of her working publicly before marriage. While she was still in hospital, her husband "went off with another school teacher and took the two boys with him; sent one back to live with her a few years later." Karen remained at Glenside for almost a year. On her discharge, she boarded in the city and became a music teacher. When her son was returned to her, she "worked hard to make a home for him and herself." She was readmitted to Glenside some twenty five years later, after her son had married and her skills were dissipating with age. In the intervening years, Karen appears to have been moderately successful in her ambition to make a new home. Deserted women with children had always been considered unfortunate because their dual public and domestic occupations necessarily cut across each other. Karen, however, with a professional skill and as a private music teacher would have had a certain limited freedom to organise her time so as both to earn money and to care for her child.

What emerges, then, from the work careers of both Ellen Richardson and Karen Arndt, as well as those of Fiona Stewart and Rae Hilton (seamstresses), is that the possession of a marketable skill which allowed of independent organisation of time and work, enabled women across the fifty years to support themselves independently throughout many vicissitudes, including the early stages of madness, without being reduced to either poverty or pension living. Without such skills, or when they could no longer practice them, women without men to support them lived uncertain and tenuous lives at the bottom of the social order.

(d) Clerical Work

The final set of case notes that reveal aspects of the experience of work concern clerical workers. Clerical work during the nineteenth and early twentieth century had been strictly a male preserve, with the possibilities attached to it of clerks rising through the ranks to

positions of management. With the application of technology to the work -- the development of the typewriter and the system of shorthand-writing -- men were initially still engaged, but it soon became clear that there was no advantage in solely employing men. Their training (and "nature") fitted them no better for using the new techniques, and women's labour could be bought more cheaply. With the increasing volume of paper work that followed the expansion of business activity -- also brought about by faster methods of communication including the telephone and telegraph, and by improved methods of credit and financing -- many more employees were needed, and there was proportionally less opportunity for rising up the hierarchy. Management was also becoming more "scientific," requiring special training and not just experience. Eventually, the vast amount of clerical work became dead-end, of low status and repetitive. In this sense, clerical work could be seen as similar to manufacturing process work, both of which became the preserve of female labour. This similarity has been remarked upon by a number of writers. Thus Young, in her article "Forgotten Workers," argues that

today's clerical offices have literally become information factories. The workers are massed together in rows of desks and tables. None is allowed to perform a finished task; each does a fragment that will be passed through the channels of clerical mass production.¹

Benét, on the other hand, claims that the similarity is not complete:

no matter how mechanized office work becomes, it is still, in important respects, different from factory work, and the differences loom very large in the lives of the women doing it.²

1. Young, "Forgotten Workers," p. 40.

2. Benét, Secretary, p. 141.

These differences between clerical and process work included the status differential between white and blue collar workers; the easier regulation of her speed of work by the clerk as distinct from the imposed demands of the mechanised assembly line; the immeasurably greater opportunity for human contact during the office day compared with factory shifts; the fact that the office was generally cleaner and quieter, and that the fringe benefits were usually greater for the office worker.

One of the benefits of clerical over process work is shown in the case of Jean York. Jean was born in 1925, and was average at school where she took a commercial course. She entered the public workforce as a typist during the war, and thereafter obtained a number of office jobs until she married at the age of twenty seven (1952). Her parents died when she was twenty one (1946), and over the next six years she suffered a number of "breakdowns." She continued to work as a typist during this period, only stopping finally upon marriage. Jean had acquired a semi-professional skill, she had experience in a semi-skilled occupation. It would seem that this protected her somewhat through the six years: her contacts and skill did not immediately disappear upon her being defined as mad, or rather, as suffering "nervous breakdowns." This situation stands in strong contrast to those described above, of unskilled women who quickly became casual workers, peripheral to the economy, or were reduced to domestic service as their only option after hospitalization.

As compared with this benefit Jean obtained from the semi-skilled nature of clerical work, Nellie Dellamere suffered from the age-structured hierarchy of the occupation. Nellie was born in 1928. At the time of her admission to Glenside, in 1969, she was forty one, divorced, had a daughter, and was a clerk. She had only recently arrived from Melbourne, in part "to get clerical work, as this is impossible in Melbourne when you are over forty." She carried with her a good reference from a recent

previous job. After a stay of about five months in the hospital, she was discharged, but could not find a job. Eventually, she was forced to obtain an invalid pension. In correspondence between herself and hospital social worker, it was revealed that her eyes were bad and she had a rash over her body and face. (It might be mentioned here that the drugs with which she was treated ~~caused~~, as recognised side-effects, several conditions that adversely affected the eyes and others of a dermatological nature.)¹ Nellie wrote,

I cannot afford to go to a doctor as I only have \$2.50. The Social Worker sent me pension papers which I returned as I don't want to be on a mental pension. If I can have a certificate and details of a pension, what ties and obligations, etc., to the Mental Board, I would feel different about it, maybe. . . .

A woman over forty, desperate for work but unable to get a job, reduced in her own eyes to the degradation of government charity. The initial reason for unemployment was her age, which was compounded after her discharge by failing eyesight. "The only hope of work I have is figure work, all office procedure -- I can barely see at times." Her statement, "to get clerical work is impossible when you are over forty," was an extreme generalization, but it was one woman's experience, hiding beneath the equally extreme generalizations of official statistics. These statistics were read to indicate a definite rhythm of the female work cycle by the 1960s: leaving school around fifteen, working publicly until twenty four or so, marrying, having and caring for her family until about thirty four, then returning to either part or full time public employment until retirement.² But such a statistical pattern did not need to be

1. National Health and Medical Research Council, Modern Psychotropic Drugs in Medical Practice (Canberra: Australian Government Publishing Service, 1974), p. 3.

2. Martin and Richmond, "Working Women in Australia," pp. 3-4.

adhered to by any individual woman for its generalization to remain nonetheless valid. Moreover, such a pattern passed silently over the differences between the two public working periods of the average woman's life. One could assume from such a pattern that women left their public jobs in order to raise their families for ten years, then returned to their old, or equivalent, jobs: a hypothesis that has not been statistically (or otherwise) investigated.¹ No studies have been made of the changing nature of public work performed within South Australian (or Australian) women's life cycles. The closest approximation to such studies, having a bearing on Nellie's experience, are investigations of the age structure of the female public workforce. In 1964, a study was published of married women in industry which showed that clerks were predominantly young women, while older married women worked in less skilled, lower status jobs.

A lower proportion of married women are employed in clerical occupations, and . . . working wives are more heavily concentrated in jobs requiring less skill and training than single women, a finding similar to that of an American survey. . . . Furthermore, the average age of married women employed in clerical positions was somewhat lower than in other occupational groups.²

Nellie's statement is somewhat illuminated by this statistical analysis. Certainly, in 1968, women of her age were entering or staying in the public workforce in increasing numbers; but Nellie's particular field -- clerical work -- was either less accessible or less attractive to older

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1. See, J.L. Laws, "Work Aspiration of Women: False Leads and New Starts," in Women and the Workplace, ed. Blaxall and Reagan, p. 44.
 2. A.D. Mountain, "Employment of Married Women in 40 Australian Undertakings," in Married Women in Industry: Three Surveys, Women in the Work Force Series, Department of Labour and National Service, July 1968, pp. 21-2.

women. Statistically, she should have applied for process work (more suitable to the supposed patience and diligence of older married women), or for unskilled work requiring a "greater sense of responsibility" than single women were supposed to possess;¹ subjectively, however, she wanted what she couldn't have -- a clerical job for which she was trained and in which she was experienced, but for which she did not possess the basic attribute of youth.

* * *

Across the fifty years of this survey, women have always been needed and have increasingly engaged in the public economy. In the early decades, good public working women were single and worked in areas which seemingly partook of either the content or the methods of housework. Increasingly, as the economy diversified, more married women entered or remained in the public workforce, and undertook both the earlier types of work and the more routine, low-paying jobs throughout the public economy. In the earlier period, the public economy was sex-segregated vertically, with specific limited industrial areas being reserved for women; in the post-war period, the segregation became increasingly horizontal, with women in the lowest occupations of seemingly integrated industries. At all times, women's opportunity to work publicly, and their remuneration, were relative to and less than men's. The justification for this discrimination was in terms of two ideological conceptions of women (and their converse in relation to men): that women's primary work was in the family as wives and mothers, and that women were weaker, less reliable, and hence always less productive than men.

1. M.J. Harris, "Conditions of Employment of Married Women in Industry," in Married Women in Industry, p. 14.

This discrimination had a number of major consequences. Outside the public workforce, the family was reinforced in its own sex-segregated power and work structure because of the differential roles and opportunities of women and men in the public sector. Within the public sector itself, employers profited from sex-segregation in two ways. Firstly, it was one of the means by which public workers were diverted from combining to make united demands for increased wages and conditions, and instead, tended to raise only sectional and competitive demands for relative improvements. Secondly, employers were able to "modify the effects of short-run and cyclical changes by expanding or contracting the female workforce in marginal occupations."¹ That is, temporary crises of over-production could be resolved by sacking women, temporary labour-shortages could be met by employing more. Sex-segregation also generally increased the adaptability of the whole public economy by providing a clear and stable hierarchy of labour that could be fitted to any new or changing production needs. Overall, then, a good woman in the public economy was one who, by her acceptance of and compliance with her low status, low wages, and marginality to the public economy, assisted in the increase of profit -- the profit of others.

1. Power, "Women's Work," p. 231.

CHAPTER FOUR: GOOD "NEW AUSTRALIAN" WOMEN

- I. Pre-Second World War Migration
 - (a) Policy and Purposes
 - (b) British Migration
 - (c) Research into Migration and Mental Illness
 - (d) Southern European Migration.

- II. Post-Second World War Migration
 - (a) Refugees
 - (b) Mass Migration

GOOD "NEW AUSTRALIAN" WOMEN

Thus far, I have been looking at the rhetoric and practice regarding the ideal of the good woman engaged in by South Australian institutions, and at the experiences of women who grew up in South Australia and attempted throughout their lives to come to terms with the confusion of disparate and countermanding aspects of the ideal. As well as South Australian-born women, however, there was a group of twelve women included in the Glenside sample who came up against the ideal -- or rather, against the particular South Australian set of ideals -- as aliens. These women were not born into this particular set, but came to South Australia as migrants, already formed within other cultures with other meanings of the ideal woman. Four of the women were born in the United Kingdom, three in Poland, and one in each of Greece, Malta, Yugoslavia, Italy and America (this last woman was of Italian parentage). In this chapter, I wish to look at the rhetoric and practice of immigration policy concerning female migrants, and at aspects of the meaning of trying to become a good "New Australian"¹ as expressed in the Glenside case notes.

I. Pre-Second World War Migration.

(a) Policy and Purposes.

Australia, as a white society, was created by migrants, beginning as a series of British colonial settlements in the late eighteenth and early nineteenth centuries. Even at the time of the first simultaneous Census of all the Australian colonies in 1881, only 63% of the country's

1. I use the term "New Australian" throughout this chapter to designate all non-Australian-born people resident in Australia, as it emphasizes the general demand for assimilation to the "Australian way of life" that was current throughout the period 1920-1970. It should be noted that "New Australian" was an historically derogatory term used specifically during the post-Second World War period of mass migration to distinguish European-born migrants. British-born people were not referred to as "New Australians," and seldom, even, as migrants. See D.L. Adler, "Psychological Problems of the Voluntary Migrant to Australia," in Uprooting and Resettlement, World Federation for Mental Health (London: World Federation for Mental Health, 1960), p. 102.

non-aboriginal population were native-born.¹ South Australia was colonised in 1836 by predominantly English migrants, and not until 1871 were the Australian-born in a majority.² By 1911, however, only 14% of the South Australian population was foreign-born, a percentage which thereafter declined to 6.5 in 1947.

At the beginning of the twentieth century, immigration policy was in the hands of the State government. Then, in 1920, a State-Commonwealth agreement was negotiated which empowered the Commonwealth Government to take over the responsibility for recruitment and transportation of all migrants to Australia, while each State retained the responsibility for advising the Commonwealth as to the numbers and types of migrants it was prepared to receive.³ Throughout the twentieth century, the major consideration in this governmental control of migration was economic. There was always present a certain element of xenophobia and insularity, succinctly expressed by the New South Wales Labour parliamentarian W.A. Holman, who insisted that "the best of all immigrants is the Australian baby."⁴ There were also, of course, other motives beyond the strictly economic for the encouragement of migration: for example, the imperial motive, for which the objective was "the redistribution of the white population of the Empire in a manner most conducive to the development, strength and stability of the whole;"⁵ and the "Yellow Peril" motive, which sought to fill the

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1. C.H. Wickens, "Australian Population: Its Nature and Growth," in The Peopling of Australia, ed. P.D. Phillips and G.L. Wood (Melbourne: Macmillan and Co. in association with Melbourne University Press, 1928), p. 62.
 2. At the 1866 Census of South Australia, the non-aboriginal South Australian born comprised 47% of the population, while in 1871, they were 55%.
 3. A.H. Charteris, "Australian Immigration Policy," in Peopling of Australia, ed. Phillips and Wood, p. 97.
 4. Daily Telegraph, 18 Sept. 1905, quoted in F.K. Crowley, Modern Australia in Documents, 1901-1939. (Melbourne: Wren, 1973), p. 84.
 5. Statement by Lord Milner at the 1921 Imperial Conference on Emigration, quoted by G.L. Wood, "Immigration in Relation to Primary and Secondary Industries," in Peopling of Australia, ed. Phillips and Wood, pp. 108-9.

continent's vast empty spaces to pre-empt the land-hungry "teeming races in the East."¹ Nonetheless, Australia was generally regarded by its governments as a country of enormous potential that could and must be made productive and prosperous -- tasks which could only be accomplished by a large population, which in turn could only be achieved by supplementing natural increase by immigration.² To make Australia great, migrants were needed. The question was, who should these migrants be?

The basic standard employed by both State and Federal governments as to who should be received was the very vague concept of "desirability." On the negative side, this concept became enshrined as the "White Australia Policy": the attempt to exclude all non-white peoples, Asian, black, coloured. This policy could not be officially enforced on racial grounds, partly because of the difficulty of proof of race, but more particularly because of international and imperial objections. Instead, it operated on apparently individual grounds, through the mechanism of a language test, specifically a dictation test: the ability to write out "not less than fifty words [dictated] in any prescribed language."³ Usually, the prescribed language was English or a common European one, designed to prevent migration of all non-Europeans. But, in specific instances, the language could be chosen so as to exclude British or European individuals whom the authorities considered "undesirable" although Caucasian. This Dictation Test was not removed until 1958, when it was replaced by the entry permit scheme.

1. Hon. E. Lucas, S.A.P.D. 1911, p. 496.

2. The Prime Minister, William Hughes, claimed in 1922 that the position was clear: "we all get a living by working for each other, and, provided that certain conditions obtain, the more people, the more employment, and so more wealth." C.P.D. 1922, p. 1815.

3. Commonwealth of Australia, 1905, Act no. 17. Immigration Restriction (Amendment) Act, 1905, S.4.

In general, then, the Dictation Test established the standard of desirability as meaning "white". But "whiteness" itself was not absolute. Rather, it involved a sliding scale premised on racial theories concerning the superiority of British and Northern European peoples and their cultures over all others. In this context, "white" meant something more than simple skin pigmentation. It meant close approximation to the Australian ideal in terms of life-style, language, culture, work-ethic, values, etc. From this position, the positive aspect of the standard of desirability involved the importation of migrants who would not disturb and would indeed advance the peaceful and prosperous economic development of Australia. In addition, desirable migrants were those who would work at jobs in which there was a shortage of Australian labour, who would not compete with native-born workers for scarce jobs, and who would not upset the delicate balance between Australian workers and employers by accepting lower wages than the native-born received.¹

(b) British Migration.

Almost by definition, as members of the parent-stock, the British fell within this category of desirable migrants. For them, the Australian governments were prepared to do more than simply receive, and positively encouraged their migration. Between 1911 and 1915, South Australia independently operated an assistance scheme, subsidizing over seven thousand British migrants.² No assistance was available during the First World War and post-war years until 1921, when the Commonwealth Government

1. The parliamentary debates on immigration reveal a range of economic opinion falling roughly along party lines: the Labour M.P.s were in favour of migration only insofar as there was full employment for all native-born public workers; non-Labour M.P.s wanted migrant labour to undertake discrete types of employment in which there were labour shortages; none wanted coloured labour for S.A. (as distinct from the Northern Territory). See, e.g., S.A.P.D. 1911, pp. 110ff, 468ff; S.A.P.D. 1923, pp. 1616ff.

2. The statistics concerning assisted migration in the following section are derived from South Australian Statistical Registers 1911-1948.

negotiated a series of joint agreements with the British Government.¹ Under these schemes, over thirteen thousand assisted British migrants arrived in South Australia during the years 1921-29. By 1928, however, numbers began falling drastically because of the adverse economic conditions within the country. From the Depression throughout the 1930s, the finance available for assistance was cut back to a minimum -- between 1930 and 1939 only 238 British migrants were assisted to South Australia.²

Before the Depression, Australian Governments were willing to subsidize the costs of individual travel for these people because the new settlers were expected to contribute valuable and needed labour to the work of building the Australian nation. The types of work assisted migrants were imported to perform clearly indicated the nature of this economic intent: the Government wished the country's productive capacity to expand along the lines already established and wished to enhance the standard of living of the Australian-born. Fundamentally, this entailed the acceptance and encouragement of the stratification of the Australian/South Australian economy, as discussed above in Chapter Three. British labour was imported into an employment hierarchy within which the great majority of migrant workers filled the lower paid, routine jobs vacated by Australian workers as the latter moved to higher levels in the diversifying occupational structure.³ (As will be shown below, this stratification increased over time, and was accompanied by a widening of the

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1. Charteris, "Australian Immigration Policy," pp. 97-100; R.T. Appleyard, British Emigration to Australia (Canberra: A.N.U., 1964), pp. 30-31.
 2. Under all of these schemes, there were two classes of assisted migrants: the "selected," who were recruited by the Commonwealth on the initiative of the State Government; and the "nominated," who were nominated by Australian residents (usually relatives, employers or charitable organisations) who undertook responsibility for the migrant in terms of employment and accommodation.
 3. See Margaret Power, "Cast-Off Jobs: Women, Migrants, Blacks May Apply," Refractory Girl, No. 11 (June 1976), pp. 27-31.

definition of "desirable" as regarded migrants: Eastern European, Southern European, Middle Eastern migrants were successively allowed entry insofar as they would fill the bottom jobs vacated by the previous ethnic group as the latter moved up an occupational rung.)

In the pre-First World War years (1911-15), male migrants were predominantly recruited to South Australia for agricultural work (47% of all non-dependent males). This was a deliberate Government attempt to compensate for the rapid drift of the native-born population to the cities at a time when Governments (both Australian and Imperial) were urging the necessity to populate and make productive the country's "vast empty spaces."¹ As well, small numbers of skilled tradesmen were encouraged to migrate, in order to improve the standards of South Australian industry and to teach their skills to the native-born. During the 1920s, recruitment policy remained basically the same, except for a considerably increased proportion of unskilled labourers.²

As regarded women, the assistance schemes encouraged and reinforced the sexual division of labour: women's place was in the home. The vast majority of British women in both periods arrived as dependents -- as wives and daughters (80% in 1911-15, 65% in 1921-29). The only other category of women migrating in substantial numbers also worked in the home, as domestic servants (20% in 1911-15, 25% in 1921-29). This latter recruitment policy was again a deliberate government attempt to compensate for the rapid drift of native-born women from service into

1. See generally the 2nd reading of the 1911 Immigration Bill, S.A.P.D. 1911, pp. 110ff, 468ff; also W.D. Forsyth, The Myth of Open Spaces: Australian, British and World Trends of Population and Migration (Melbourne and London: Melbourne University Press in association with Oxford University Press, 1942), pp. 54ff.

2. From 1911 to 1915, only 2% of non-dependent male assisted migrants came within the occupational category of "municipal and public employment, general labourers and miscellaneous"; in the period 1921-29, the percentage was 21. South Australian Statistical Registers.

factories, offices and shops.¹ In the two inter-war decades, 5760 British women paid up to £26² and travelled twelve thousand miles in order to work as wives or daughters or servants in an Australian kitchen rather than a British one. These positions were seen to be necessarily complementary. In both periods of assisted immigration, the ruling Liberal government embarked upon specific schemes to bring out "girls to Australia to meet the demand for domestic assistance."³ During the debates on the 1911 South Australian Immigration Bill, the Hon. A.H. Addison declared that

the need of domestics had brought about a terrible state, and there was no question about it that it was affecting the natural population of the country. If they would not give women help in the way of servants they might possibly not have children.⁴

Twelve years later, in the debates on a new Immigration Bill, the same point was reiterated:

the greatest slaves in Australia are the women in the back blocks. They are slaves to their environment. They cannot get help unless maids are brought out from the old country. . . . Do not sacrifice the Australian mother for increasing apprehension for the British girl.⁵

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1. S.A.P.D. 1911, pp. 475, 497; S.A.P.D. 1922, pp. 56-8.
 2. C.P.D. 1922, p. 1812.
 3. See speech by the Commissioner of Crown Lands, the Hon. G.R. Laffer, S.A.P.D. 1923, p. 1616.
 4. S.A.P.D. 1911, p. 497. For the arrangements made to recruit and protect British domestic assistants, see pp. 113, 470.
 5. Mr. McIntosh, S.A.P.D. 1923, p. 1883. On this occasion, the Labour Party opposed vehemently the importation of domestics, with arguments concerning the existence of unemployment in the State, the undemocratic nature of indentured labour, and the naturally greater weakness of girls compared to boys. S.A.P.D. 1923, pp. 1868-85.

That the function of female migrants was to be wives and mothers, or to train for these positions, was never in question¹-- only the economics and labour conditions of the situation. 1923, however, was the last time that a domestic assistant scheme of immigration was suggested. By then, the "servant problem" was coming to be seen as insoluble.² No further schemes for assisting the immigration of domestic servants were thereafter seriously considered.³

Domestic servants were the only class of female migrants specifically dealt with in the pre-Second World War years by the immigration policy makers. In general, women were little mentioned. As with all the other institutions discussed in chapters above, immigration policy makers tended either to subsume female migrants within a universal rhetoric, or else ignore them in favour of specifically male concerns. Not until the 1960s did the Department of Immigration begin to concern itself specifically with female migrants, when there was suddenly, and very belatedly, perceived to be a "Woman Problem."⁴ Most importantly, this "problem" concerned the possible deleterious effects of an imbalance of the sexes; peripherally, it concerned the difficulties of female migrant assimilation into the Australian community. Certainly, in the years before

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1. "Mr. Laffer -- Nothing helps a girl to take her place in life as a married woman better than training in a good home. Mr. Gunn -- There is something in that. . . ." S.A.P.D. 1923, p. 1871.
 2. The reasons for this were still considered to be the individual bad treatment of servants by mistresses, rather than the structural conditions of the job and the changing nature of the female and the general economy. S.A.P.D. 1923, p. 1870 (Mr. Gunn), p. 1875 (Mr. Denny), p. 1877 (Mr. Birrell).
 3. There are no historical studies of the South Australian domestic assistant immigration schemes. These schemes were, however, generally tied to the British boy-farmer schemes, and there is occasional mention in C. Christo, "The South Australian Boy-Immigration Scheme 1913-1929," B.A. Hons. Thesis, History Dept., Adelaide University, 1974.
 4. Discussed in the following section.

the Second World War, this "problem" was known to exist, but it remained in the background of policy makers' concerns.¹ Women were largely considered adjunctive to male migration -- they were creators of and participants in families, or were providers of young, cheap labour power in the years before marriage.

This general, taken-for granted status of female migrants is reflected in the case notes of the three Glenside women who migrated from the United Kingdom before the Second World War.*

* Note: the Glenside Hospital Admissions Registers contain the category "Native Place," as the only indication of nationality or birthplace. Only rarely in the individual casenotes is there information concerning the date of immigration. The assessment of when each of the twelve migrant women arrived in South Australia is thus largely a matter of conjecture and hypothesis, deriving from

- (1) their date of admission;
- (2) incidental details from their histories;
- (3) their place of residence in Adelaide (some Adelaide suburbs had distinct ethnic concentrations at certain periods. These can be determined on the basis of the chronology of subdivision of the Adelaide urban area² in relation to waves of migration; from the present-day socio-economic atlas of Adelaide,³ and from the S.A. Good Neighbour Council's report on ethnic development in S.A.);⁴
- (4) statistical projections concerning usual age at migration, annual arrivals according to nationality (or place of embarkation), and arrivals under assistance schemes.

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1. See eg., C.P.D. 1921, p. 13267: speech by Senator E.D. Millen concerning the return of families to England because of the wife's failure to "acclimatise."
 2. Ann Marshall, "The Growth of Subdivision in the Adelaide Urban Area," Proceedings of the Royal Geographical Society of Australia, South Australia, 62 (1960-61), pp. 65-67.
 3. R.J. Stimson and E.A. Cleland, "A Socio-Economic Atlas of Adelaide," School of Social Sciences, Flinders University, and Department of Community Welfare, S.A., 1975.
 4. Basil E. Dennis, "Ethnic Development in South Australia," Presented at the 17th Annual State Conference of the Good Neighbour Council of South Australia, Inc., Adelaide, 1971.

Table 1. Glenside Women.

Name	Born	Country of birth	Migrated	Admitted to G.H.	Married	Children	Relatives in S.A.
Nora Davis	1890	Eng.	71920s	1945	Widowed	Son	Sister
Sally Ireland	1895	Eng.	71920s	1955	Yes	One	None
Tillie	1899	Scot.	71920s	1945	Yes	Son born 1918	Sister

Apart from the record of their native places, there is little in their case notes relating to their status as migrants. In fact, the only specific reference in all three cases concerned the absence of one woman's relatives in Australia. For Sally Ireland, it was recorded that she had "no relatives here. Comes from England."

All three women had been born in the United Kingdom in the 1890s, and probably migrated to South Australia during one of the migrant waves: 1911-15 or 1921-28. It is impossible to tell whether they were married before or after migrating, or whether they married British or Australian men. In each of the three women's casenotes, there is no mention of them ever undertaking paid work. Thus, it is impossible to tell whether they

came out independently, were nominated by resident relatives, were dependents of assisted or independent male migrants, or were recruited under one of the domestic servants assistance schemes. At the time of first admission to Glenside, each woman was a housewife, with children who were old enough to be independent. Nora Davis was a widow, Sally and Tillie both had invalid husbands. Nora and Tillie were both admitted to Parkside Mental Hospital in 1945, aged 55 and 46 respectively, while Sally was admitted in 1955, aged 60. All three were reported on admission to be deluded or hallucinated; all claimed to hear threatening voices. After five months, Nora left hospital and went home; Tillie stayed for nine years and then went to live in a boarding house; Sally remained in hospital for three years then went to a nursing home.

Insofar as the notes indicate nothing concerning the migration of these women, nor of their early years in South Australia, my analysis of their attempt to become good "new Australian" women must be ^{more} limited and involve a certain amount of conjecture. That their migrant status was little remarked upon does perhaps indicate, however, that they met a primary demand: that they assimilate themselves to the Australian community so well as to be virtually indistinguishable from native Australians.¹ (This, of course, was an ambiguous demand: in the case of migrants admitted to perform specific, low-status work, they had to remain "different" enough to explain why they put up with such work; but they were, nevertheless, expected to assimilate in other respects.)

By the time of their admissions to Glenside, all three women were living in the Adelaide suburbs, against the intentions of the early immigration policy makers who had decried the drift to the towns and wanted

1. Chief Secretary, S.A.P.D. 1911, p. 470.

rural population, but in conformity with the majority of the South Australian population who were settled urban dwellers. (By 1947, 59% of the South Australian population lived in the Adelaide metropolitan area.¹) Each woman had married, set up a home, and borne children. In this they conformed with the most specific expectation of the immigration policy makers for migrant women: that they should be wives and mothers. But as wives and mothers, they seem to have been -- or to have felt -- isolated. The picture that emerges from the case notes is of three women who set up homes and families and relied on their husbands to provide contact with the outside world. But at some point, that contact was lost: Nora's husband died; both Sally's and Tillie's husbands became invalids and housebound, thereby tying the women even more closely to the home. Such situations were not uncommon for any women of their age, whether Australian-born or migrant. But as migrants, they were all cut off to a certain extent from their relatives, and decisively isolated from the family-neighbourhood networks of childhood which might have provided their chief contacts had they stayed in England.²

Each woman had been forced by her situation as migrant, wife and mother to rely upon her immediate family for social involvement and support. In later years, when their children had grown up, this reliance was directed more particularly towards their husbands, who failed them -- through illness or death. At admission, each woman's delusions centred upon this most important, but now ambiguous, relationship. Sally Ireland, with no relatives in Australia, felt rejected and persecuted by her husband:

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1. South Australian Year Book 1976. The specifically rural population in 1947 was only 30%.
 2. See J. Klein, Samples from English Cultures (London: Routledge and Kegan Paul, 1965); E. Bott, Family and Social Network (London: Tavistock, 1957).

accuses her husband of obtaining her money by false pretences. . . . Last night she heard "The Governor shot her husband in the Watchhouse." . . . Says her husband sent her to Parkside to get rid of her.

Tillie Jervis was more fearful for her family:

"Send me home. I want to be with my husband and child." . . . The voices told her that her husband had been killed. . . . Still hears voices which say "do not let me go home."

As for Nora Davis, she

will not admit that her husband is dead and she insists that she can get married. . . . "He is not dead but I am to get married next week. . . . I am not divorced and am allowed to get married again."

The situation of isolation and the sense of persecution felt by these three women was such that they were defined as mad. They became numbers in the "migrant women problem" mentioned above. Once those numbers became high enough, the problem was defined as big enough, policy makers became concerned enough, and money was spent to find out what the problem was and how to solve it. The next section briefly, and parenthetically, summarizes the results of that search.

(c) Research into Migration and Mental Health.

Australian Governments always maintained the right to prohibit the entry of "diseased persons." Into this category fell those who could be defined (and detected) as mentally ill. Moreover, the various Federal and State Immigration Acts granted the power to order the deportation of any person from Australia if, within five years after any entry, she/he became an inmate of a mental hospital or a public charitable institution. Such rights of exclusion and their operation were taken for granted. After the Second World War, however, with the enormously increased volume of migration, much more stringent procedures for the medical screening of

migrants seemed required, especially as regarded TB and mental disabilities.¹ Numerous investigations and studies were undertaken at Commonwealth instigation, and all uniformly reported that the screening procedures were adequate, that it was impossible to detect all potential psychotics by any screening process and therefore governments must be prepared for some migrant "breakdowns" after arrival, but that the rate of "mental illness" amongst migrants who had been resident in Australia for less than five years was lower than the rate amongst native-born Australians.² Such conclusions allayed governmental concern, but mental health authorities were still confronted by the seven migrants out of every 10,000 who were being admitted to mental hospitals around Australia.

A series of epidemiological studies was then undertaken to determine the incidence of mental illness among migrants and the factors influencing that rate.³ Not all of these studies were compatible: different definitions of "migrants" were used, there were different standards for types and sizes of populations, different criteria for the diagnosis of "mental illness."⁴ In general, however, the studies cumulatively tended to show that the incidence of "mental illness" varied according to the four main

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1. Sir Harry Wunderly, "A Survey of Immigration and Mental Health in Australia," in *The Study of Immigrants in Australia*, ed. C.A. Price, Proceedings of Conference on Immigration Research, Department of Demography, Australian National University, 1960, p. 183.
 2. Wunderly, "Immigration and Mental Health," pp. 183-9; Australian Commonwealth Immigration Advisory Council, "The Incidence of Mental Illness among Migrants," Report by a Committee of the Commonwealth Immigration Advisory Council, 1961, pp. 1-2.
 3. For a summary of most of the major studies, see J. Krupinski, "Sociological Aspects of Mental Ill-Health in Migrants," Social Science and Medicine, 1, No. 3 (Sept. 1967), pp. 267-81.
 4. Such incompatibility is commonplace in epidemiological research on mental illness. See above, Chapter One, Part 2.

variables of age, sex, nationality and length of residence. For the purposes of this chapter, the main conclusions relevant to female migrants can be summarized as:

- (1) "The incidence of schizophrenia is higher for all [male and female] non-British immigrants than for those coming from Britain and those born in Australia. Eastern European immigrants are affected to the highest degree. . . . Depressive states have been found to be more common in some groups of immigrants, especially among British and Eastern European immigrants. A higher incidence of personality and behaviour disorders is beginning to emerge to a greater degree than among the Australian-born."¹
- (2) "The breakdowns among female migrants occur predominantly after 7 to 15 years residence in this country."²
- (3) "Early breakdowns [by female migrants] in the first three years after migration occur mostly among people who have already been mentally ill in their own country, whilst the later breakdowns appear to be more closely related to the stresses of migration."³
- (4) "The high incidence of admission in groups of British immigrants, in contrast with the low rates for Greek-born and Italian-born immigrants, indicates that cultural differences per se do not contribute to psychiatric illness."⁴
- (5) "There is no doubt that the proportion of single female migrant patients and those who have no relatives in Australia is lower than the corresponding percentages for the entire female migrant group. This means that in contradistinction to the general population, marriage does not protect female migrants from mental breakdown."⁵

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1. Krupinski, "Sociological Aspects of Mental Ill-Health in Migrants," p. 269.
 2. J. Krupinski, F. Schaechter, J.F.J. Cade, "Factors Influencing the Incidence of Mental Disorders among Migrants," Medical Journal of Australia, II (1965), p. 277.
 3. F. Schaechter, "Previous History of Mental Illness in Female Migrant Patients Admitted to the Psychiatric Hospital, Royal Park," Medical Journal of Australia, II (1965), p. 279.
 4. J. Kraus, "Some Social Factors and the Rate of Psychiatric Hospital Admission of Immigrants in New South Wales," Medical Journal of Australia, II (1969), p. 18.
 5. J. Krupinski and A. Stoller, "Family Life and Mental Ill-Health in Migrants," in New Faces: Immigration and Family Life in Australia, ed. Allan Stoller (Melbourne: Cheshire, 1966), p. 142.

- (6) "The breakdowns among female migrants . . . can be attributed to their lack of assimilation, leading to isolation within their own family."¹

These six conclusions were neither assimilated nor integrated by the researchers. The only explanation offered for the high incidence of mental illness among Eastern European women concerned their severe war-time experiences: Krupinski reported that, up to 1965, almost three quarters of Eastern European female patients had been through Nazi concentration camps, lost their families, or suffered other severe hardships.² The explanation offered for the late onset of mental illness among migrant women (late in terms of both age and length of residence) concerned

the onset of the menopause . . . [and] the termination of the mother's former role within the family, ie. when the offspring have become adult, independent, assimilated into the community and leave her behind.

This latter point could be stretched to accommodate an explanation for the low incidence of mental illness among single women, who had no family to be left behind by. Propositions (4) and (6), however, were clearly contradictory, insofar as the evidence pointed to Southern European women being the least assimilated of all migrant groups, the most immured within the family,⁴ but nonetheless having one of the lowest rates of admission to psychiatric hospitals.

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1. Krupinski, Schaechter, Cade, "Factors in Incidence," p. 277.
 2. Krupinski, "Sociological Aspects of Mental Ill-Health in Migrants," p. 276.
 3. Krupinski, "Sociological Aspects of Mental Ill-Health in Migrants," p. 272.
 4. Strong family bonds had originally been given a role of protection against mental illness, but by 1966 this was "disputable." Compare J. Krupinski and A. Stoller, "Incidence of Mental Disorders in Victoria, Australia, According to County of Birth," Medical Journal of Australia, 11 (1965), p. 266, and Krupinski, "Sociological Aspects of Mental Ill-Health in Migrants," p. 273.

In all, there was neither sufficient breakdown of statistics concerning female migrants and mental illness (a consistent, multivariate analysis was required which simultaneously correlated sex, marital status, nationality, age and diagnosis), nor sufficient concern with the specifically female meanings of both migration and family life. The implication of this whole sequence of studies was that, by staying in their expected place -- the home -- and by performing their expected tasks -- as wives and mothers, that is, by attempting to conform to the ideal of the good woman, female migrants were inadvertently preparing themselves for madness.

Women at home were considered crucial to the stability of their families, and hence of their members' wider social relations:

as wives and mothers, they are the rock to which their families are anchored. They are, in a very real sense, the new pioneers of the 20th Century.¹

But by staying in the home, women would have little opportunity to assimilate (a term rarely if ever defined in the mental health literature), while their husbands and children would have "enforced"² contact with the Australian community through their presence in the public work force and the schools. It was all very well to argue, as did one psychiatrist that

though all opportunities for assimilation should be given no pressure should be used. It is essentially the children and grandchildren of the migrants who should be the ones to commence assimilation and complete it.³

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1. P. Lynch, "The Woman's Role in Immigration, Immigration Reference Paper, 1970, p. 5.
 2. Alan Richardson, British Migrants and Australia: A Psychosocial Inquiry (Canberra: Australian National University Press, 1974), p. 56.
 3. F. Schaechter, "A Study of Psychoses in Female Migrants," Medical Journal of Australia, II (1962), p. 461.

But the enforced assimilation of the husband and children tended to create embarrassment in them about the unassimilated mother at home; consequently, they left her behind,¹ isolated in a family that needed her to stay put as an "anchor" while they drew away into the wider community. The problem was known, and was considered to be insoluble: individual alleviation was merely to be hoped for. In 1967, the Department of Immigration issued a pamphlet directed specifically at intending British female migrants which loosely defined the problem and the hope.

Your greatest problem will probably be homesickness. While your husband is busy with his new job, and your children are settling in at school they won't have time to be homesick. You may have more time on your hands in which to be lonely. But these pangs will pass, and as time goes on will lessen.²

The problem was a social one: created by the inevitable loss of emotionally supportive relationships through a migration process in which women were largely adjunctive to men,³ combined with the social expectation of good women being wives and mothers within the family home. The solution needed to be a social one: but was left instead as an individual concern. It is, of course, obvious that most migrant women did find individual solutions short of madness; many prospered and flourished in their new country. The point is, however, that almost all migrant women came up against and had to fight through this contradiction between home and "assimilation into the community" which was inherent in Australian

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1. I. A. Listwan, "Immigrants and Mental Health: A Further Study," in Immigrants in Australia, ed. Price, p. 194.
 2. Australian Department of Immigration, Information Office, Woman's Angle on Australia, Immigration Information Pamphlet, Aug. 1967. See also, Listwan, "A Further Study," p. 194; Richardson, British Migrants, pp. 55-56; Salec Minc, "Medical and Health Problems of Immigrants," in Australia's Immigration Policy, ed. Hew Roberts (Western Australia: University of Western Australia, 1972), pp. 86-87.
 3. Richardson, British Migrants, p. 55; Minc, "Medical and Health Problems," p. 86.

immigration policy. Each confronted a series of conflicting demands: to stay at home but to become part of the community; to provide enough emotional support for family members to be able to make the transition to their new support groups in the new social environment but not, herself, to seek beyond the home; to maintain the old culture for the sake of the emotional continuity of the family but to learn the new culture in order to ameliorate its disruptive effects on the family; to stay the same ("anchor") but to change ("assimilate").

One method that some researchers judged useful in reducing such tension was the creation of ethnic communities within the new country.¹ Insofar as such communities contained at least some of the culture and kin-friend networks of the old country, the individual migrant family was no longer isolated in a sea of strangers, and the wife-mother could sustain her role with less homesickness and loneliness. This method, in fact, already existed, practised most particularly by Southern Europeans throughout the history of their migration to Australia.

(d) Southern European Migration.

Until the Second World War, the general pattern of Southern European migration was that of "wandering." Rural poverty in their native countries induced young men to migrate seeking prosperity. They moved around their first country of settlement, left when economic conditions became unfavourable, migrated to another "new world": C.A. Price has estimated that approximately half of the Southern European men who entered Australia during the inter-war years left again to try their fortunes elsewhere,

1. F. Schaechter, "Psychoses in Female Migrants," p. 461; Minc, "Medical and Health Problems," p. 87.

with an uncalculatable number returning to Australia to settle.¹ Only when a semblance of prosperity was achieved did these men actually "settle" and send for their families to join them. Other friends and relatives at home heard of the prosperity and followed the path of the pioneers, often with the latter's financial assistance and usually under their sponsorship.² In this way a "chain" was set up between the old country and the new, and within the new country the later migrants usually settled in close proximity with the earlier, thus establishing a group settlement.³

In the process of chain migration and the creation of group settlements there was a strong sexual differentiation: men initiated and moved first, women were adjunctive and moved when told. By and large, women only migrated when a measure of security and prosperity had already been established by their male kin. Borrie⁴ has tabulated the arrivals and departures of Italians in South Australia from 1922 to 1940. For the men, there was extreme fluctuation of numbers, corresponding to the economic conditions of the State; but for women, there was a constant and steady flow into the State. For men, there was even net immigration loss in some years, but for women, at no time did more than 14% of the number arriving leave. (See Table 2.)

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1. C.A. Price, Southern Europeans in Australia (Melbourne: Oxford University Press, 1963), pp. 103-4. See also, W.D. Borrie, Italians and Germans in Australia: A Study of Assimilation (Melbourne: Cheshire, 1954), pp. 50-56; C.N. Preston, "Campanian Migration to South Australia," B.A. Hons. Thesis, History Department, Adelaide University, 1969, pp.31-43.
 2. After 1925, all non-British "white aliens" desiring entry to Australia had to be certified as being of good character, medically fit, and having someone resident in Australia willing to undertake responsibility for them and guarantee that they would not become a charge upon the State; this latter undertaking could be waived if the prospective migrant had a certain capital as landing-money and either a job to go to or a needed and scarce skill to sell. See Official Year Book of the Commonwealth of Australia 1936, No. 29, p. 454.
 3. C.A. Price, "Immigration and Group Settlement," in The Cultural Integration of Migrants, ed. W.D. Borrie (Paris: UNESCO, 1956), p. 270.
 4. Borrie, Italians and Germans, p. 54.

Table 2. Departures as a Percentage of Arrivals. Italian Migration to South Australia, 1922-1940.

	Males			Females		
	Arrivals	Departures	D/A*	Arrivals	Departures	D/A*
1922-5	1135	130	11%	100	10	10%
1926-30	2560	910	36%	317	44	14%
1931-35	265	287	108%	219	26	12%
1936-40	313	128	41%	264	22	8%

* Departures as percentage of arrivals.

Source: Borrie: Italians and Germans in Australia, Table V.2, p. 54.

Southern European women arrived in Australia as mothers, wives, daughters, cousins of Southern European men; their migration was adjunctive, not independent.

Table 3. Glenside Women.

Name	Born	Country of birth	Migrated	Admitted to G. H.	Married	Children	Relatives in S. A.
Nicola Dolci	1911	U.S.A.	1928-38	1945	Yes	?	2 brothers
Pagona Finopoulis	1913	Greece	1923-39?	1944	Widowed 1945	Three	Cousin's family
Giovanna Talbot	1924	Malta	1924-38?	1955	Separated 1948	Son 1948-59	Family in Vic.

From this viewpoint, the case of Nicola Dolci is somewhat anomalous. In the Hospital Admission Register her "Native Place" was stated as "U.S.A.," but throughout her case notes she was referred to as Italian rather than American. The case notes variously indicated that she had arrived in Australia about 1929, 1935 or 1938. At the time of her first admission

to Parkside Hospital in 1945 she had a husband; some years after her second admission in 1957, three brothers were noted as living in Adelaide. The existence of male kin fits comfortably with the assumption that Nicola's migration was adjunctive; but the discrepancy between her birth place and nationality points to wandering migration. One hypothesis that fits these two patterns together concerns the United States' Immigration laws: in 1924, the U.S.A. imposed stringent quotas upon Italian immigration; even Italians who had once lived in America but had left the country found themselves excluded under these quotas; many Italians then turned to Australia.¹ We could thus hypothesize that a male member of Nicola's family migrated to the U.S.A. in the early years of the century, settled, and brought out relatives. Children were born (including Nicola in 1911), the family returned for a visit to Italy, stayed for a while, then could not return to America because of the quota. The male members of the family -- probably the new generation -- looked elsewhere, and began to repeat the process in regard to Australia. The brothers migrated, established themselves sufficiently to satisfy the Australian Government that they could guarantee the maintenance of dependent relatives, at which point they called for their female kin. The brothers had probably settled in Australia because of "chains" already established with other relatives, friends, or neighbours who had previously migrated. Nicola may thus have arrived into an "ethnic community" of sorts, wherein she probably found her husband.²

1. Price, Southern Europeans, p. 107. See also, N.O.P. Pyke, "Some Reflections on Italian Immigration into Australia," Australian Quarterly, 18, No. 4 (Dec. 1946), pp. 35-44; Charteris, "Australian Immigration Policy," p. 87.

2. The vast majority of Italian-born women marrying in Australia married Italian-born men: C.A. Price, Migrants in Australian Society, Immigration Reference Paper, 1968, pp. 17-18; C.A. Price, The Methods and Statistics of "Southern Europeans in Australia" (Canberra: Research School of Social Sciences, Australian National University, 1963), pp. 41-42.

Although this hypothesis fits together the discrepancies of Nicola's birthplace, nationality, kinship and gender, the details of her history recorded in the psychiatric case notes do not reveal that she gained any support from an ethnic community or group settlement. Her story is difficult to piece together:

no coherent story of her life, past or present, was obtainable: her answers being incomplete and non-committal, often merely a giggling shrug [1945].

In 1945, at the age of 34 (between six and fifteen years after she had migrated), Nicola was arrested by the police and admitted to Parkside Mental Hospital. She had delusions of persecution, and claimed that people wanted "to kill her and her brother." As for her husband, she showed little concern. For about the previous four years, she and her husband had had a record with the Women Police "because of domestic trouble," and on admission she proclaimed:

"There are plenty of women in town." (Do you think he would be unfaithful?) "I don't know." (Does it worry you?) "Why worry. He would do it if I worry or if I did not worry."

Nicola stayed in hospital four months on this occasion. On her next admission in 1957, she stayed seven years, largely because she had nowhere else to go: "prospects of discharge are not good as there appears nobody who takes an interest in her [1960]." Her life in the years between hospital stays is obscure. (There is, for example, no certainty as to whether she had any children: her landlady and the Public Trustee maintained that she had none, the Women Police had reference to a two year old in 1944, and at various stages Nicola herself laid claim to having one, two or three sons.) It would appear from the notes, however, that Nicola did not return to her husband on discharge in 1946. Her husband later went to Italy for a visit, and Nicola established herself in a boarding house, with the landlady her only friend. Her means of subsistence were unknown: "she has not worked for many years, her husband

does not send her money." Over nine years, before her second admission, she

gradually went downhill and soon became so dirty that for the sake of the other boarders and her family the landlady partitioned off part of the laundry. This became dirty also. Nicola had eaten almost nothing for about 4 weeks prior to admission. She never bothered with food anytime much and would buy 6d. worth of chips or a loaf of bread (no butter). . . . She rarely went out and did not mix much with friends who visited the landlady. She had no men friends and the Women Police have no record of men being involved with her.

By 1957, Nicola was very far from the support and protection ostensibly afforded to Southern European migrants by an ethnic group settlement. She was 46, had been in the country between eighteen and twenty seven years; she had no husband, no job, had inexplicably lost her children if she had ever had any, was living in dirt and poverty, was under police surveillance, could not look after herself and there was no one else who would. She was found wandering the city streets at midnight, could give no good reason for doing so, and was once again arrested and certified. It is impossible to establish any precise reason or meaning for Nicola's plight -- how much it was related to her psychiatric status, how much to being a deserting wife, how much to being a single migrant woman in a strange land lacking job training, friends and money. There is one common element in all these possible descriptions, however. In each, Nicola was defined as a woman outside the family, unimportant in her own right, and hence peripheral -- if not threatening -- to the mainstream of South Australian life.

After Nicola had been in hospital for six years after her second admission, her case notes suddenly, and without explanation, record that she was going on "week-end leave to brothers." They were willing to look after her, and shortly after she was discharged into their care. A few months later, she was "going along well (lives with single brother).

Helps in the home and does the cooking and washing and ironing," although "she needs supervision as she has no initiative." Nicola at 55 had at last come home, re-established in a family, paying her way as a woman through housework and service to kin. "She has her own little world and is happy in it."

If the case of Nicola Dolci was one of a Southern European migrant woman's isolation from family and community, that of Pagona Finopoulis was of another's complete enmeshing in both. Pagona was born in 1913 on an island of the Dodecanese,¹ and she migrated to Australia sometime before the Second World War. The major waves of pre-Second World War Greek migration were during 1923-28 and 1936-39, with most Dodecanese migrants arriving before 1929;² but, as with Italian migration, these waves were largely composed of men who were highly mobile, arriving and leaving according to Australian economic conditions. Greek women, on the other hand, came in small, steady numbers, and stayed.³ Before the Second World War, the Greek-born population of South Australia was

1. From 1912 until 1946, the Dodecanese Islands belonged to Italy. The native population, however, considered themselves Greek, and spoke that language.

2. M.P. Tsounis, "Greeks in South Australia," B.A. Hons. Thesis, History Department, Adelaide University, 1963, p. 5; Price, Methods and Statistics, Appendix 19, p. 113.

3. South Australian immigration statistics do not distinguish Greeks from "Other Foreign" migrants until after the Second World War. Commonwealth statistics indicate the following Greek net immigration in the years between the wars:

Years	Males	Females
1923-28	4225	799
1929-35	912	527
1936-40	2556	923

Source: Commonwealth Bureau of Census and Statistics, Demography Bulletins.

quite tiny,¹ and was concentrated in a number of rural areas.² At the time of her first admission, in 1944, Pagona was living in one of these rural Greek group settlements. She was married and had three young children. The fact that this was a group settlement created by chain migration is brought out by details in the case notes. Over two admissions (1944 and 1951), no less than three relatives and two friends were named as providing information about her condition, as well as other unnamed friends.³ All lived in the same settlement. After discharge on both occasions, Pagona was assigned to the care of a male cousin at the settlement, who was at one point in the notes called her "sponsor." The use of this word could simply have meant the person into whose charge she was placed while on leave, but this usage does not appear anywhere else in the hospital records. More likely, this "sponsor" was the relative under whose auspices Pagona migrated to South Australia, obtaining her landing permit, probably financing her passage, and undertaking responsibility for her in terms of accommodation and maintenance. In the case of male migration under sponsorship, special relationships of patronage became established between the men;⁴ in the case of female migrants, the

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1. Censuses revealed the following numbers of Greek-born people resident in S.A.:

Year	Males	Females	Total
1921	125	27	152
1933	556	184	740
1947	707	317	1024

2. Tsounis, "Greeks," p. 28.
3. For a discussion of the attitude of Greeks living in Greece towards mentally ill relatives, see Constantina Safilios-Rothschild, "Deviance and Mental Illness in the Greek Family," Family Process, 7, No. 1 (March 1968), pp. 100-110.
4. Tsounis, "Greeks," p. 78.

sponsor became something of a guardian or patriarch.

Living within such a close group community, Pagona was obviously the object of concern for many people beyond her immediate family. Most particularly was this the case when her husband died a few weeks after her first admission. As discussed above, widowhood for a migrant woman often led to intense isolation because of the husband's usual role as mediator across the gap between family and community. In Pagona's case, that community was composed of relatives and friends from her homeland, so the gap was narrow. Nonetheless, not all the homesickness could be prevented. As a woman, her migration would have been adjunctive; she had gone when she was called, not when she chose. Pagona's notes record two statements which reveal this sense of exile. Both were interpreted as delusions, as signs of her illness, but their specific contents indicate a strong homesickness operating at some level of her mind, whether conscious or unconscious. On her first trial-leave after her husband's death, friends reported that "she says she has a lover back home and wants to go and marry him. She is not distressed at death of husband." After a few months in hospital, another friend advised the psychiatrists that Pagona "insists that she hears voices of persons talking outside her window. The voices are her friends from her home."

If this was the degree of exile Pagona felt in the group settlement, how much more isolated must she have felt when she was removed from it to the hospital. This, of course, was one of the paradoxes of ethnic settlements as a means of overcoming the social rupture caused by migration: no migrant community could be, or more particularly, was permitted to be, self-sufficient. Segregation was seen to be against the Australian way of life. Migrant communities were subjected to fierce anti-foreign bigotry from native Australians. The major "anti-dago" brawls and riots of the inter-war period occurred in rural areas where

close-knit migrant communities had established themselves, and the greater parity between Australian and foreign numbers was seen as threatening to the integrity of the Australian population.¹ In more specific ways, various Australian groups prevented migrants from supplying their own needs and services. Professional services in particular were reserved for Australians through the imposition of language and retraining conditions.² In order to have Pagona certified and treated, it was necessary for her relatives to have recourse to a non-Greek-speaking doctor and a non-Greek hospital. And once she was forced beyond the confines of her own community, great pressure to assimilate, that is, to become indistinguishable from Australians, was brought to bear.

The doctor who certified Pagona could not speak Greek, and relied solely on her appearance and on the allegations of the bi-lingual members of the community in order to form a diagnosis. When Pagona arrived at Enfield Receiving House, diagnosis was made on the basis of this certificate and her appearance: "Patient cannot speak English so no history could be obtained. Her whole posture however is one of abject misery . . . Melancholia." Again, two months later, when she was transferred to Parkside Hospital:

she replied in English to my greeting, and then would speak only in her own tongue; except occasionally, after a long pause, a sudden question evokes a suitable affective response and "I no understand."

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1. Price, Southern Europeans, pp. 207-13.
 2. For a discussion of the stringency of registration procedures for migrant doctors, and the Australian Medical Association's anti-foreign-doctor campaigns, see generally, Egon Kunz, The Intruders: Refugee Doctors in Australia (Canberra: Australian National University Press, 1975); see also, for the engineering profession, Egon Kunz, "The Engineering Profession and the Displaced Person Migrant in Australia," International Migration, 7, Nos. 1-2 (1969), pp. 22-33.

It was obviously seen to be Pagona's problem, not the doctor's or the hospital's, that a language barrier existed.¹ It was her responsibility to become assimilated. Parkside Hospital in 1945 had no trained staff capable of conversing with non-English speaking patients, it employed no interpreters, and relied on ancillary staff or other ethnic patients, if they were around, to translate occasionally.² Once, during her second admission, it was noted, "an interpreter might help," but nothing was done. The doctors were not even greatly concerned with which language Pagona spoke, but simply to recognise that it was not English: "talking volubly in Italian [~~Italian~~ ^[sic] Greek." Pagona was not only up against a barrier of language with the hospital staff. The hospital itself, as an urban, professional, and technical environment, was intransigently foreign to her.³

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Production of a stethoscope produced a display of anxiety. (Have you ever seen one of these?) "No." (Do you know what it is?) "No." She stood up, then retreated behind the bed, then skipped out of the cubicle and hurried down the corridor. She was easily brought back.

Finally, in terms of the psychiatric treatment of migrant patients, there was one further pressure to assimilate beyond language and the physical environment: the discrepancy in behaviour and the understanding of that behaviour between doctor and patient.⁴ Throughout Pagona's

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1. See Schaechter, "Psychoses in Female Migrants," p. 461.
 2. For a survey of Australian mental hospitals and their facilities for the treatment of non-English speaking patients in the immediate post-Second World War years, see H.B.M. Murphy, "The Assimilation of Refugee Immigrants in Australia," Population Studies, 5, Part 3 (March 1952), pp. 200-202.
 3. See Schaechter, "Psychoses in Female Migrants," pp. 458-59.
 4. Minc, "Medical and Health Problems," pp. 88-89; E.G. Saint, "The Medical Problems of Migrants," Medical Journal of Australia, I (1963), pp. 337-38; Schaechter, "Psychoses in Female Migrants," p. 459.

case notes were short comments such as "troublesome and excitable," "seemed childish and irresponsible from her behaviour," "low threshold of emotional response in respect of aggression and anger." For four and a half years on the first occasion and two years on the second, Pagona was in hospital exiled from her homeland, separated from her compatriots, deprived of her culture, values, and language. Such isolation came to be recognised in the 1960s as almost inevitably creating frustration and hostility.¹ The closest any of the recording doctors came to appreciating the sociological elements of Pagona's behaviour came in the closing sentence of her case notes. "Impulsive temper, as observed for last year, is not abnormal for her race."

In my sample of Glenside women, there was one other Southern European woman who arrived in Australia in the inter-war period. Giovanna Talbot was born in Malta in 1924, migrated to eastern Australia, moved to South Australia in the 1940s, and was first admitted to Parkside Hospital in 1954. At that time, she was married, with a school-age child. Giovanna's migration seems to fit the general chain pattern of Southern European movement: her case notes cover the period 1954-59, and throughout that time, there were numerous references to relatives living in both the eastern states and South Australia. Giovanna several times expressed the wish, and on occasion actually did travel inter-state

1. In 1962, Schaechter reported on an experiment she tried with a group of "difficult" non-English speaking paranoid women patients. She had them nursed in groups consisting of their own nationals, tended by nurses who could speak their language. "It was found that under this regime the patients had no further need of their former noisy and aggressive reactions to frustration, as they were accepted and understood within their groups, and through their nurse, could freely communicate with the staff." On the other hand, and giving good evidence that the "difficulty" was caused by isolation and not intrinsic characteristics of migrant women, she reported that "the indigenous ward population also, though proportionally less paranoid, became hostile from time to time through hearing many foreign languages spoken." Schaechter, "Psychoses in Female Migrants," p. 461.

to see her relatives, and on the death of her child these relatives came to Adelaide for the funeral. References to Adelaide kin also indicated close connections, though not so amicable: "husband is trying to get their house back from relatives." Moreover, there appeared to be intra-family jealousies. Disputes between Giovanna and her husband were not restricted to their own conjugal unit, but involved consideration of the wider family:

Says husband says "she is nuts and so is son."
 . . . Wants to return to Melbourne . . . taking
 son with her. Since in Adelaide, "nothing but
 talk of mental hospitals" and her husband says
 "son takes after her and her side of the family."

Thus, it would appear that an ethnic community of sorts, though not a group settlement, did exist, and to a certain extent Giovanna derived support from it.

In the notes there was nothing that explicitly identified Giovanna, or her madness, as migrant. Her English was such as to warrant no comment, except on her fifth admission when she was described as speaking "in an affected 'la-di-dah' manner." (Her own explanation for this was that "her real voice is 'quite common' and it is God's will she talk as she does because she is a queen.") This competence in English as compared with the other Southern European women was undoubtedly due to the fact that Malta was a British Dominion, where English was taught in all schools and was the chief legal and administrative language of the island.¹ In general, Giovanna was treated in the case notes as though she was well assimilated, something for which Maltese migrants had a clear reputation,²

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1. See the discussion of "The Language Question," in Report of the Malta Royal Commission 1931 (London: HMSO, 1932), pp. 111-30.
 2. C.A. Price, Malta and the Maltese (Melbourne: Georgian House, 1954), pp. 196-201; F.J. Corder, "Maltese Links with Australia," Victorian Historical Magazine, 26, No. 4 (June 1955), p. 138; Dennis, Ethnic Development, p. 111.

despite Australian opinion which held the Maltese inferior because Southern European rather than equal because British.¹

There were, however, two indirect references in the case notes suggesting something of the meaning of being a migrant. The first indicated the frustrations of her husband as a migrant. Mr. Talbot had had "to give up his Uni course on account of the expense of her illness"; previously, it had been noted that he worked at night. He was undertaking a professional course and he was at the time probably in his mid-thirties. The case notes reveal no other details about Mr. Talbot's circumstances, so we are left in the realm of conjecture. One possibility is that he was trying to re-establish himself in his old occupation: this would have required that he meet the stringent registration qualifications that most professional bodies imposed on migrants who sought to practise in Australia, entailing several years of full day-time university study -- regardless of studies undertaken or qualifications obtained in Europe -- with no financial assistance. Australian practitioners wished to maintain their monopoly in the professions by excluding foreigners. The result was disillusionment and bitterness for many migrants.² There was certainly disillusionment in the tone of Mr. Talbot's recorded interviews with the Glenside psychiatrists. The injustice of the situation was politely called, by those psychiatrists, "bad luck."

The second oblique reference to Giovanna's status as a migrant came in the nature of her sexual behaviour/fantasies. On several occasions during the five years, Giovanna described herself as going

1. Price, Southern Europeans, p. 205.

2. Kunz, The Intruders, pp. 1-43.

"on the ran tan": "wandering, . . . drinking," "adultery, nomadic life."

She claimed to have had sexual intercourse with a number of soldiers in paddocks and parks. This special interest in soldiers could be interpreted as a mad method of assimilation (much the same process can be seen at work in the case of Eugenia Radetzky, described below). Giovanna's psychiatrist reported that

usually she is blocked and dull with slow speech, but whilst talking to me became sexually excited, repeatedly called me a "real good Australian" (I found out why later), stroked my hand, patted me, etc. . . . (The reason she called me "a real good Australian" seemed to be that she was associating me with the soldiers she had intercourse with. She is making a lot of these associations and talking in vague Moral and Patriotic clichés.)

Giovanna may have been asserting the importance of her status as a British subject and an Australian citizen, and her desire to be fully accepted; trying to link herself to her new country via the abstract ideals of patriotism and loyalty as concretely manifested in soldiers -- men whose loyalty had been proved, who were lauded as the highest example of good Australians. Such motives were impeccable; her method, however, cut across the ideal of the family as the basic unit of society. Her loyalty to her country could properly be expressed only through her loyalty to her family. Her behaviour was thus the antithesis of her intentions, and was madness.

Apparently she has been wandering around in a delirioid state, being fed by, and having sexual relations with, any male who offers. This is a terrible state of affairs -- as when she was first having her paranoid depressed episodes she was a nice person and she and her husband had had a lot of bad luck. . . . We must try to see she is protected from this degradation whilst she is ill.

11. Post-Second World War Migration.

(a) Refugees

During the war years, 1940-46, only a handful of civilians were recorded as entering Australia. Most of these immigrants were Australian citizens returning to the safety of their homeland, away from threatened zones; a smaller number were refugees and evacuees, many of whom left Australia again as soon as it was considered safe to.¹

After the war, a new Commonwealth Department of Immigration was established, and new policies announced. Not much happened for a few years, due mainly to the unavailability of shipping to transport migrants from overseas, and of accommodation to shelter them when they arrived. Only in 1947 did the deluge begin. In the six years from 1946 to 1952, over half a million migrants arrived. The majority of these were displaced persons and refugees, most of whom arrived in Australia before 1951, under the auspices of the International Refugee Organisation.

The IRO arranged for and bore the costs of transporting the displaced persons to Australia. The Commonwealth Government contributed £10 sterling towards the cost of travel of each adult, and undertook to find them employment and accommodation; the immigrants, for their part, were required to sign a two-year contract to work where directed.²

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1. Net recorded immigration 1941-5 was 7800: Australian Immigration Consolidated Statistics, No. 1, 1966, Table 4. But, "until 1959, people who paid their own fares were not recorded separately as settlers. They were included in a group which also comprised long term visitors, returning Australians and others." In relation to refugees, these entered under the Evian Agreement, 1938. Between 1938 and 1940 Australia admitted 6,500 refugees, the majority (5,000) in 1939. In 1940, the Agreement was terminated. See A.A. Calwell, Immigration. Policy and Progress (Melbourne: Government Printer, 1949), pp. 37-9.
 2. J.I. Martin, Refugee Settlers: A Study of Displaced Persons in Australia (Canberra: Australian National University Press, 1965), p. 1. See also, Jacques Vernant, The Refugee in the Post-War World (London: Allen and Unwin, 1953), pp. 699-721.

The Australian Government policy in regard to refugees can be seen very clearly as a continuation of pre-war considerations of "desirability" in mainly economic terms. The Minister for Immigration, A.A. Calwell, was confronted in late 1945 with requests from the Intergovernmental Committee for Refugees (later, IRO) to open Australia to the multitude of homeless, stateless and displaced people living in refugee camps throughout Europe. (There appears to have been no suggestion that Australia should admit Asian or African refugees.) The request was acceded to, but the further call to let humanitarian considerations over-ride all others could not prevail against Australia's century-old standards of individual and economic desirability. Calwell and the post-war Labor Government simply quoted and totally endorsed the pre-war United Australia Party Government's stand on refugees, proclaimed in 1938, when thousands of people were attempting to escape the consequences of being labelled undesirable within the German Reich.¹ Blanket humanitarianism could lead to the undermining of Australia's delicate social and economic balance; strict control and selectivity were necessary. Calwell later summarised the Government's position and actions:

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1. "Every refugee must be desirable as an individual, and of good character and health, of which prior evidence must be forthcoming. He must have the approved amount of landing money or have his maintenance guaranteed by some approved individual or organisation in this country.

Desperate as is the need of many of these unfortunate people, it is not the intention of the Government to issue permits for entry influenced by the necessity of individual cases. On the contrary, it is felt that it will be possible for Australia to play its part amongst the nations of the world, in absorbing its reasonable quota of these people, while at the same time selecting those who will become valuable citizens of Australia and, we trust, patriots of their new home, without this action disturbing the industrial conditions of Australia." Ministerial statement by J. McEwen, Minister for the Interior, Dec., 1938, quoted in C.P.P. No. 55, 1946-47-48, Vol. II, p. 1057.

Early in 1946, after a number of landing permits had been issued on humanitarian grounds to European refugees and displaced persons who had close relatives in Australia and assured accommodation, the Government felt that it had gone far enough in granting permits solely on humanitarian grounds. The Government's new policy was outlined in the policy statement I issued on January 23, 1947, and which included the following: "It is intended that in the future the approval of applications will be more selective from the point of view of the intending migrants' ability to contribute to Australia's economic welfare, with particular regard to their ages and proficiency in those skilled occupations where there is a marked shortage of labour." ¹

Such tough-minded economic nationalism may have been necessary to calm the groundswell of Australian xenophobia and fear of job insecurity, but they nonetheless induced some disquiet among IRO observers. One of these, H.B.M. Murphy, reported in 1952 that

Australia has accepted refugees virtually only to save herself from political and economic invasion, selecting them with little regard for the individual need for asylum.²

Murphy also pointed out a curious and unflattering consequence of Australia's selection criteria:

there has been a slight proportionate bias -- probably due to physique and occupational skill -- in favour of those groups which supplied Hitler with auxiliary troops (Hungarians, Czechs and Yugoslavs) as compared with those (Jews, Poles and Ukrainians) who suffered most under Nazi rule.³

Nonetheless, Australia did take large numbers of refugees of all European nationalities (see Table 4).

1. Calwell, Immigration, p. 36.
2. Murphy, "Assimilation of Refugee Immigrants," p. 180; see also, Vernant, The Refugee in the Post-War World, p. 706.
3. Murphy, "Assimilation of Refugee Immigrants," p. 181; see also R.T. Appleyard, "Immigration and National Development," in Australia's Immigration Policy, ed. Roberts, p. 18.

Table 4. IRO Refugees* Resettled** in Australia to December 1951.

Nationality	Refugees registered by IRO* who left one of the IRO areas for Resettlement** elsewhere.	Number of IRO refugees* Resettled** in Australia	% of IRO refugees* Resettled** in Australia
Polish	357,635	60,308	16.9
Yugoslav	82,000	23,350	28.5
Ukrainian	114,000	19,607	17.2
Latvian	81,200	19,601	24.1
Hungarian	62,871	13,320	21.2
Lithuanian	55,160	10,136	18.4
Czechoslovak	34,450	9,884	28.7
Estonian	27,100	5,958	22.0
U.S.S.R.	41,000	4,944	12.1
Rumanian	23,000	2,190	9.5
Others	160,584	12,861	8.0
Total	1,039,000	182,159***	17.6

* The IRO and its Preparatory Commission operated between 1 July 1947-31 Dec. 1951.

** "Resettlement" meant the transfer of a refugee to a country other than his country of origin.

*** Australian statistics acknowledged 170,000 persons assisted under the Displaced Persons Scheme 1947-54 (Department of Immigration, Australian Immigration: Consolidated Statistics (Canberra: A.G.P.S., 1973), p. 23..

Source: Vernant, Refugee Settler in the Post-War World, pp. 38, 61-90, 706.

In December 1946, after the first small contingent of displaced persons (D.P.s) had arrived, a survey was made of the Australian States' labour requirements for the short-term future. Migrants with D.P. status were required to work as directed for two years after arrival. The State governments welcomed such exploitable labour. W.D. Borrie -- in a footnote -- analysed the States' interest in refugee workers:

the high adult male figure for South Australia bears witness to the "industrial revolution" now going on there. The large demand for female labour in the industrial states is also evidence of the shortage of woman-power there in the lower paid occupations, for example, nurses, domestics. The demand for female juveniles is also interesting. The figures perhaps illustrate the tendency for industrial countries of high living standards to seek from other areas those who can relieve the native population of the drudgeries of life -- a tendency very clear in the post-war plans of Britain and France. The danger is that such migration will encourage the perpetuation of "sweated" female labour in certain occupations.¹

The refugees were seen to be workers who were in no position to complain when they were directed to the necessary, low-level jobs that Australians refused to do without higher wages and better conditions. They were mere economic units and were discussed as commodities. The South Australian government declared in 1948 that

we have applied to take about 500 for railways, 900 for public workers, several hundred for Harbours Board works. We will take every d.p. we can obtain.²

As Borrie's analysis indicates, South Australia was primarily concerned with single male workers. Little was said publicly about women, although large numbers were recruited for domestic work, especially in hospitals. This preference for single males, general throughout Australia, meant a severe imbalance of the sexes amongst Southern and Eastern European-born immigrants -- and an imbalance that did not become of concern until the late 1960s.³ Nonetheless, the gender contradictions of

1. W.D. Borrie, Immigration: Australia's Problems and Prospects (Sydney: Angus and Robertson, 1949), p. 25.

2. Minister of Works, Hon. M. McIntosh, S.A.P.D. 1948, p. 1335.

3. In 1968, the Commonwealth Immigration Advisory Council was requested to prepare a report on the problem and implications of the imbalance of the sexes in Australia. The report in 1969 thoroughly allayed fears. An imbalance did exist, but was not so great as was generally believed and was being rapidly minimized by Government measures; its persistence had a beneficial effect upon the economy by increasing the available mobile male labour force, but it did not drive migrant

the D.P. scheme did have some slight recognition in policy as early as 1947. Briefly, these contradictions can be summarised: young single men were felt to be the most useful and productive in restoring the Australian economy, but the very qualities of maleness, strength and mobility might create problems of social order; women's place was in the home, but Australia already had a firmly entrenched dual public economy, and migrant women were required to fill the gaps in the "women's work" sector; the family was the foundation stone of Australian society, but migrant families might become a burden on Australia's welfare services or might produce non-patriotic or even subversive offspring. These contradictions were found a temporary solution: the government would give conditional permission and assistance for migrant men's families and relatives to migrate, after the men had established themselves and proved their loyalty and value to Australia.

H heads of families selected may be accompanied by all members of their immediate families, and by such other relatives as are dependent on and reside with them. Any selected immigrant who goes to Australia unaccompanied by relatives or dependants shall, after three months' residence in Australia, have the right to nominate such relatives or dependants for admission. Approval by the Commonwealth of such nominations will be conditional upon the migrant having satisfactorily demonstrated his worth, and being in a position to receive and support dependants after their arrival in Australia.¹

men to insanity nor to commit violent sex crimes; the Australian female public economy was working well because migrant women, both married and single, had a substantially higher public workforce participation rate than Australian-born women; the family was being staunchly defended, with most migrant groups maintaining the same or a higher percentage of married people than the Australian population. With a little more emphasis on employment, accommodation, and publicity for women, the already highly satisfactory situation could be rendered excellent. Immigration Advisory Council, Immigration and the Balance of the Sexes in Australia, A Report to the Minister of State for Immigration, Sept. 1969.

1. C.P.P. No. 44, 1946-47-48, Vol. II, p. 1068.

It is not clear exactly how many migrants with displaced person status settled in South Australia, the proportion of men to women, nor the proportion of married and single. In discussing the initial operation of the plan, the Premier, Playford, declared that the first thousand people will probably be single, but the intention behind the scheme is to obtain a pool of labour to enable us to catch up with housing requirements, so as to be able to bring in a more balanced migration in the form of family units.¹

By mid-1950, variously 15,000 or 21,000 D.P.s had arrived,² something less than 20% of whom were women.³ The men were set to work on "grape picking, forestry work, railway construction and water supply schemes";⁴ the women (probably only single women) worked as domestics in public institutions;⁵ the wives and children were put into holding centres to wait while their men worked out their contracts.⁶ Beyond these economic contracts, all the D.P.s were supposedly under a moral contract to assimilate themselves to South Australian society, to become stolid, loyal, productive and reproductive Australian citizens.⁷ Such was the

1. S.A.P.D. 1948, p. 636.

2. At the opening of Parliament in June 1950, the Lieutenant-Governor reported that 21,000 D.P.s had arrived since the resumption of migration (S.A.P.D. 1950, p. 4); three months later, the Advertiser reported that 15,000 D.P.s had arrived since 1947 (Advertiser 29 Sept. 1950 in SAA, GRG 7/38, Newspaper Clippings of the Department of Immigration, Tourism and Information).

3. By March 1949, there were 2,700 men and 400 women (Advertiser 31 March 1949 in SAA, GRG 7/38); while one of the last big groups to arrive in 1950 comprised 100 men and 20 women (Advertiser 29 Sept. 1950 in SAA, GRG 7/38).

4. S.A.P.D. 1948, p. 2.

5. Advertiser 29 Sept. 1950 in SAA, GRG 7/38.

6. Advertiser 3 Dec. 1948 and 29 April 1949 in SAA, GRG 7/38.

7. Appleyard, "Immigration and National Development," p. 18; see also Jan Scott, "Some South Australian Attitudes towards Non-British European Immigrants 1945-1952," Advanced Dip. T. Thesis, History Department, Salisbury College of Advanced Education, 1974.

orderly, profitable migration and assimilation scheme sought by the government. But it did not always work according to plan.

From the sample of Glenside women, there were three Polish-born women who most probably migrated to South Australia as D.P.s. All three were born in the early 1920s; at least two (Eugenia Radetzky and Franciszka Stanicki) had been compulsorily transported from Poland during the war to become forced workers under German rule; all three arrived in South Australia in the late 1940s or early 1950s accompanying their husbands.

Table 5. Glenside Women.

Name	Born	Country of Birth	Migrated	Admitted to G.H.	Married	Children	Relatives in S.A.
Eugenia Radetzky	1923	Poland	1949	1949	1947	One	-
Franciszka Stanicki	1924	Poland	1949	1950	1946	One born 1947	-
Irma Weiman	1925	Poland	?1949	1960	Yes	Two born 1950/1	-

In 1949, Eugenia Radetzky was admitted under certification to Parkside Hospital from Woodside Immigration Centre. She had presumably been in Australia for only a few months.

When spoken to the patient grimaces and gestures and answers beside the point. She appears to be divorced from reality and is indifferent to her position. She brings flowers to the Senior Staff Officers and has delusions regarding their attention to her. She has some impulsive phenomena, e.g., she changes her clothes several times a day. . . . V.D. test negative. . . . I am informed that this patient is incapable of looking after her child and that the child has been sent to a "home." She is the source of worry and annoyance to the Centre by her behaviour. Her husband believes she is pregnant. Appears to be "oversexed." In mental hospital for several months in 1947 in Germany.

At Parkside Hospital a nurse interpreter was available to translate between Eugenia and the Admissions doctor, but much the same statements and judgments of her behaviour were made.

A big, strong looking, untidy woman of Polish birth. . . . Appears very poorly educated and her general intelligence is low. In Austria she did forced housework on a farm under German control. Married after defeat of Germans to man she had only known a week and he put her in a mental hospital in Austria not very long after their marriage. . . . She is childish for her years and thinks every man is in love with her and is going to marry her. She says she likes many men, but thinks the Aussies the best. Formed unwelcome attachments on the ship, particularly for the officers, so that she had to be placed in seclusion and the same happened at Woodside Camp. She appears to be strongly oversexed and does not attempt to exercise any control.

A first point to be drawn from this story is that Eugenia had somehow escaped the notice of Australian officials in Europe checking against allowing people with a history of mental illness to migrate. All the official sources -- both Australian and IRO -- indicated that these investigations and controls were extremely efficient and stringent.¹ But Schaechter, studying the "Previous History of Mental Illness in Female Migrant Patients Admitted to the Psychiatric Hospital, Royal Park" in 1965 reported that in 27% of female migrant patients the present breakdown was allied to previously existing disorders.² As mentioned above, it was extremely difficult to detect and "weed out" potential migrants with psychotic backgrounds. But Eugenia had more than a mere background, she had a recorded post-war admission to a European mental hospital. So deception must have been involved in her immigration -- a situation that

1. Murphy, "Refugee Immigrants," p. 180; Vernant, Refugee in the Post-War World, p. 706; I.A.C., Mental Illness Among Migrants, p. 2.

2. p. 278.

should have led to her immediate deportation. That she was not deported points to a discrepancy between the apparent rigidity of government control of migration and its tempering, or inefficiency, in actual practice. The only official consequence of Eugenia's admission to Parkside was that she was denied custody of her child. It had been sent to a home before her admission, and when she was discharged on trial leave six months later, it was on the condition that "she does not have charge of the child."

A second point to be discussed concerns the actual behaviour that led to Eugenia being labelled mad, behaviour similar to that of Giovanna Talbot, discussed above. Eugenia lavished sexual attentions upon officers on board the migrant ship and at the Immigration Centre; was oversexed and suspected of pregnancy. In other words, she was a 27 year old, married, foreign, sexual delinquent. We can only guess at what underlay her behaviour. Eugenia had lived through a savage war in Europe as a forced labourer. Her value to her Nazi masters had been as an embodiment of a part of the female role, houseworker, thereby suggesting that she may have come to believe that other aspects of the role, e.g., seductiveness, could also stand her in good stead and lighten the burden of her enslaved state. This conscious or unconscious use of sexuality for material advantage is further suggested by the fact that the main objects of her flirtatious attention were senior officers both on ship and in camp. She thought "every man is in love with her and going to marry her" so, with the entire field to choose from she went straight to the top levels of the hierarchy, well outside her own refugee group. She was attempting to use femininity/sexuality as a source of power whilst in a powerless position. This was madness because it did not work, and was instead seen as highly incongruous. "She is indifferent to her position" -- as stateless, penniless refugee, as married woman.

The sense of incongruity would have been exacerbated by two factors peculiar to Eugenia's social circumstances. Firstly, the Immigration Centre was situated on a section of the Woodside Army Camp; the commandants of the Centre were strongly British-oriented Army officers (initially Brigadier Vowles in 1947-8, then Major Fraser); and the Centre was run on Army lines, a world for men in uniform, not distressed civilian women.¹ Secondly, there was a considerable imbalance of the sexes, with 141 men to every 100 women over the whole period of the Displaced Persons Scheme throughout Australia, with a greater imbalance in the early years.² This imbalance was significant because of the hostility of the Australian population towards the "Balts" and "reffos,"³ and the continuing camp life of the D.P.s which reduced their possibilities of intermixing and intermarrying. One consequence of this imbalance and isolation, combined with the D.P.s' sense of insecurity and the general male perception of women as property, was intense anxiety and jealousy amongst the male refugees. In 1953, Jean Martin conducted a survey of D.P.s in a New South Wales country town, called Burton in the study, in which she reported that

the imbalance between the sexes among the displaced persons and the inaccessibility of Australian women produced a good deal of anxiety about getting and keeping a woman in the early years of large scale immigration. Quarrels and fights over women were common in Burton at the time of the first study 1953. Men watched their women jealously and were quick to suspect them of philandering, and some of the women certainly enjoyed being in such demand.⁴

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1. Based on information from interviews with Mr. J. Stafford, Director of the Commonwealth Department of Immigration in S.A., 2-9 December 1976.
 2. Department of Immigration, Consolidated Statistics, p. 23.
 3. Scott, "Attitudes to Non-British European Immigrants"; also SAA, GRG 7/38 generally.
 4. Martin, Refugee Settlers, p. 55.

Eugenia Radetzky, however, overstepped the mark. In the context of Army-style life and intense jealousy her behaviour was too threatening to be accepted, so she was certified, and sent to hospital for six months. Over that time, her diagnosis changed considerably, largely because "a precise diagnosis is impossible without an interpreter." At first she was said to suffer from melancholia, then schizophrenia hebephrenia, and later, depressive psychosis. The final note of her case record reads, "at present I tend to the view that this is an affective disorder seen in Continentals in the U.K." A diagnosis which seems to mean: mad because she is a homeless woman in a strange land.

The second refugee in the Glenside survey was Franciszka Stanicki, a 26 year old, married Polish woman, who was admitted in 1950 soon after arrival in South Australia from one of the Eastern States' Reception Centres. Over the next twenty three years, she was admitted a further three times, each under certification, but with stays on each occasion no longer than five months, usually only one or two months.¹ She presented much the same symptoms on each admission, and was variously diagnosed as having schizophrenia, schizo-affective disorder, depression. After her final discharge, a letter was sent from Glenside to her local doctor explaining that

all her admissions have been in March-April and it seems possible that this illness is provoked by some anniversary phenomenon. Prior to the first admission she lost a foetus at 7 months of pregnancy and this may be the factor involved.

1. Murphy noted in 1952 that "fortunately, the hospitals I visited were happy to record relatively quick cures in most of their alien cases." Murphy, "Refugee Immigrants," p. 201.

The story of Franciszka's life that can be pieced together from various interviews over the years was as follows:

She states that she is an illegitimate child and that her mother subsequently married and had a son. Father died too young to remember. War when 16, had a boyfriend, saw people dying. Sent to Germany to a factory as a weaver. No boyfriends, plenty of girls all the time. Franciszka spoke of English soldiers in Germany who gave her chocolates and cigarettes. Married in 1946. Son conceived before marriage so had to. She did not want to get married, she had seen so much war and despaired for the world. She wanted to go back to Poland but her husband wished to see the world. She would still like to go back to Poland very much where she belongs.

Soon after her arrival in Australia, Franciszka suffered a severe miscarriage following an abdominal operation.

She states that she returned home and felt very weak and felt faint many times and that she lost a lot of blood and that she often felt giddy and began to believe she would never be strong again.

Shortly after her return from hospital, the family travelled to South Australia, but within three months, Franciszka was admitted to Parkside. The behaviour which brought Franciszka to the hospital under certification was classified as "irrational."

Medical Certificate, 1950: [Australian] doctor -- Mrs. Stanicki tells me that she is very happy, but does not give a reason for it. She tells me that "God" is coming to see her baby and that her baby (still-born) will live again. She showed me some passages in the Bible.

Landlady -- that 4 days ago Mrs. Stanicki came and told her that her boy (3 years old) is mad and cried and screamed.

Husband -- tells that she was talking continuously about religious things and on one occasion addressed him as "God."

On later admissions, her certifiable behaviour included hearing voices; delusions of religion, floods and electricity; walking about unclothed; assaulting neighbours, shouting, dancing; refusal to do housework. At the time of her first admission she could speak only broken English, and had to be examined through a nurse-interpreter. Her second and third

certificates were signed by a doctor who was himself Polish, in 1969 and 1972, although by then Franciszka could speak quite good English. Her final admission in 1973 came through police intervention after she had been picked up wandering the streets.

As in the case of Eugenia Radetzky, Franciszka could have been deported since she entered a mental hospital within five years of arriving. In this case there appears to have been no deception involved, but, according to officially stated policy, perhaps deportation might have been a good thing. Sir Harry Wunderly¹ explained that in the case of schizophrenia especially, deportation or repatriation was often beneficial.

Sufferers from this condition are restless and often feel "unappreciated" in their home environment and so seek new fields where they hope they will be more successful. If they experience a mental breakdown within two years of arriving in a new country, they are the ones whom deportation would benefit because they are more likely to make a satisfactory recovery on returning to the milieu in which they grew up. In that way they are saved any language difficulties and they recover in a social system to which they are accustomed.²

Despite such arguments, and the fact that Franciszka still had numerous relatives in Poland and wanted to go home, it was probably thought that maintenance of the marriage bond and her husband's solicitude would be more beneficial to her recovery than would repatriation.

It would appear from the case notes that Franciszka was comparatively well off as a refugee migrant. She and her husband had very quickly moved out of the migrant hostel and found rented accommodation. This was unusual inasmuch as there was still a severe shortage of such accommodation,

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1. Adviser to the Commonwealth Government on procedures for the medical screening of migrants, 1950-52-56: I.A.C., "Mental Illness among Migrants," p. 3.
 2. Wunderly, "Immigration and Mental Health," p. 184.

as well as antipathy on the part of many Australians against renting to foreigners, especially those with children. Most migrants remained in dormitory hostels for a considerable time, others lived in tents, converted motor cases and the like.¹ In regard to public work, the Stanicki's were not so well satisfied. As late as 1969, Mr. Stanicki was mentioned as "a highly intelligent person but not in the right environment. Working on the railways." All D.P.s were recruited as unskilled labour for the duration of their two year contracts; thereafter, they could enter any field of work they liked -- provided it was not hedged with trade or professional restrictions.² But many D.P.s became resentful when they encountered the widespread refusal of Australians to recognise their qualifications simply because they were foreign.³ Many skilled D.P.s could not breach this professional xenophobia, and remained unhappily as unskilled workers throughout their lives. This would appear to be the case with Mr. Stanicki.

But the Stanicki's had some compensations in that they had friends to help break down the sense of isolation. On Franciszka's first admission, her child was looked after by a friend -- not sent to a home; by 1969 she had friends in some of the "Polish" suburbs whom she often visited. But each advantage had its disadvantages. By remaining in constant contact with friends of her own nationality, Franciszka heightened her sense of homesickness and nostalgia. Three weeks before her second admission, Franciszka had received letters from her sister and mother in Poland telling her of the death of a loved relative; later, she went to visit Polish friends who had just returned from a visit to Poland.

1. Information from Stafford interview.

2. Murphy, "Refugee Immigrants," p. 181.

3. Martin, Refugee Settlers, p. 51; Kunz, Intruders, p. 27; S.A.P.D. 1950, p. 71.

They told her how tough living conditions were but how beautiful the scenery and countryside was. Franciszka began crying and singing together, wanted Polish vodka. . . . Went to the hills and said they reminded her of Poland and after this she became worse. . . . She would like to go back to Poland very much where she belongs.

So, after Franciszka's first admission, soon after her operation and miscarriage, she remained well for nineteen years until homesickness and the anniversary of her child's death triggered off another bout of irrational behaviour. The connection may perhaps have been that Franciszka blamed the loss of her child upon the fact that she had ever immigrated in the first place. And by now, her son was 23 and still living at home, although trying to assert his independence ("she waits up for her son"); her husband was not as successful as she would have wished; Franciszka was 45 and her life was leading towards decline and isolation. She had not wished to leave Poland in the first place and now nostalgia and a desire to have had a better life came flooding back in a severely disruptive way.

From circumstantial evidence, we can presume that the third Polish woman in the Glenside survey also emigrated to Australia under the Displaced Persons Assistance Scheme in the late 1940s-early 1950s. Irma Weiman's first recorded admission was in 1960, at which time her two children were 9 and 10 years old, probably born just after her arrival. Irma herself was 35 in 1960, that is, more or less the same age as Eugenia and Franciszka. Her husband worked on the railways -- one of the major areas of employment for contract migrants.¹

Irma had apparently been admitted previously to Enfield Receiving House, but there were no details in the case notes of this admission.

1. S.A.P.D. 1948, p. 1335.

Her admission in 1960 was under certification.

Medical Certificate: Australian Doctor: State of extreme agitation, in need of medical attention.

Husband: will not speak to husband or neighbours. For some time has refused to prepare meals. Gives children tinned food only and will not prepare fresh meat or vegetables. Frightens children so they will not go near their father.

Irma's own story was stated as being similar to that on her previous admission.

She does not know why sent to hospital. Denies that she is ill or sick but says she gets upset by the fights with her husband. Always fighting with her husband. The children don't have enough clothes and her husband won't give her the money to buy them. Says she could go shopping on her husband's motor bicycle and buy clothes for herself and things for them but he will not allow this and even got enraged when she took £6 from his wallet to pay the doctor's bill. Her husband won't tell her how much he earns each week. He does all the shopping for food. She only goes shopping when she gets child endowment. Their troubles are always over money. They own their own house. It is nearly paid off. Husband built it himself. He buys enough food but she does not know how much it would cost. He buys meat -- chops, braising steak, sausages -- and she cooks it. Says she has been looking after the home and children and was brought away in the middle of doing the washing. Husband says she "is not a very good wife," but does not say why. She has refused to sleep with him for the last year but she "has not had one other man" during that period. She sleeps with the girl. She does not know whether he had other women. "I don't think." He gets drunk very often -- about once a week. His friends come sometimes and stay very late and they drink. She told one of the friends to leave the house and go home and her husband gave her a "hiding" because of it. She likes Australia. "It is beautiful. I like it better than Europe because everything is the right price" and they can buy things that they would not have had enough money for in Europe.

This complaint by Irma Weiman takes us straight back to the situation of many of the Australian housewives discussed above (Chapter Two): the desperation to do a good job of physical maintenance and emotional support within the family, but thwarted by the intransigence of the husband's value structure. Mr. Weiman knew what "a good wife" was, but would not or could not, define it, could only use its image as a goad.

However, the fact that he too was a migrant leads us into aspects of the assimilation process that have been discussed by many of the analysts of migration. These researchers have commented upon the fact that the D.P.s, generally, were an unusually insecure and suspicious group of migrants. This showed itself statistically in the abnormal rates of refugee admissions to mental hospitals,¹ and in the extremely high rates of schizophrenia, especially paranoid schizophrenia, diagnosed amongst these patients -- seven times higher amongst eastern and southern European migrants than amongst Australian born.² In general, male D.P.s migrated to Australia for two reasons: firstly, they had to go somewhere since they felt themselves to have no home in Europe; secondly, they wanted to make money as quickly as possible, to get ahead, to establish a new, better and wealthier life for themselves and their families. All the refugee's material goods were either destroyed or left behind, and the reaccumulation of new ones came to mean security in the new land.³ This craving for material security is quite clearly shown in Mr. Weiman's behaviour. Within ten years of arrival in a foreign country, an assisted refugee migrant with few possessions and little money to his name, he had saved money from his wages on the railways (and possibly from overtime or another job), bought a block of land and built a house with his own hands. With young children to care for, it

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1. I.A.C., "Mental Illness among Migrants," p. 1.
 2. J.F.J. Cade and J. Krupinski, "Incidence of Psychiatric Disorders in Victoria in Relation to Country of Birth," Medical Journal of Australia, I (1962), p. 403.
 3. "During the first period of adjustment, the migrant is still mildly paranoid and suspicious, has a tendency to accumulate material goods such as food and money, and craves for the security of a house, or at least a block of land and a garage": Listwan, "Immigrants and Mental Health," p. 193.

was unlikely that his wife would work for wages to speed up this process of accumulation. Or perhaps, Mr. Weiman was holding grimly to a set of values that stated that it was a man's job to provide monetary security and a woman's to stay at home and provide emotional security. Many European migrants retained such rigid views of the sexual division of labour in their new country -- but found them in conflict with what they saw of Australian domestic life and the relations between the sexes, especially the apparent freedom of Australian women from male control in the ways the migrants were used to seeing such control manifested.¹

Whether this was the case in the Weiman household is not revealed in the notes. Irma's own account certainly suggests that such a conflict of values in the wider society may have led Mr. Weiman to assert his old values the more emphatically at home and, in fact, deny Irma any access to that wider world lest she see the new values in practice and prefer them to the old. Irma accused her husband of refusing her access to cash -- none for running away but not even any to run the house with. She claimed she was forbidden to go to the shops. The friends who came to the house were male friends of her husband's; Irma apparently had few. Irma was already isolated from the life of her new society by staying within her house, caring for her children. Ten years after migrating, she still "could not understand some directions because of language difficulties." But if her story was true, and the examining doctor had found it "connected and plausible and will need investigating," then Irma was more than isolated, she was being systematically excluded from mixing in the world at large.

1. Martin, Refugee Settlers, pp. 55ff.

This appears to be an extreme instance of the process whereby many migrant women remained aliens in their adopted country, their houses a piece of the old homeland. Such a situation was at odds with the assimilationist demands of Australia and inevitably created conflict somewhere -- in the woman's own psychological life, in her family relations, or in the community.

Irma's husband was asked several times to come to the hospital for an interview, but he did not. Irma was kept in hospital a month and a half: "family must be disorganised. In view of the home situation will need a longer stay in hospital this time." Throughout this time, the doctors at Parkside "cannot at present find any mental abnormality."

(b) Mass Migration.

Although 170,000 displaced persons were admitted into Australia in the years immediately after the Second World War, they comprised only 13% of the total migrant intake up to 1958. In the closing years of the war, the Australian Government had become convinced of the urgent need to expand the country's population. Two per cent per annum increase was the goal, half to be achieved by immigration. This meant 70,000 migrants to be recruited each year, a number that could not be indefinitely supplied by Australia's traditional source of population, Britain. So the Government began to turn to the rest of Europe. There were two basic reasons expounded by the Government for the need to open the gates of Australia to such a flood of general migration: defence and productivity.

The vital necessity for considerably increasing the population of this country both from the defence and economic aspects cannot be too greatly or too often emphasized. If we are to take our rightful place in world affairs, if we are to ensure the future security of our Nation, our population must be greatly augmented both by natural increase and by planned immigration.¹

1. C.P.P. No. 4, 1946-47-48, Vol. II, p. 1052.

Such a mass migration scheme was fraught with dangers. For fifty years, the "Australian way of life" had been seen as depending upon homogeneity of population and purity of British racial stock, while always in the background was the fear of unemployment for the Australian-born. But after the Second World War, the public economy was booming, and more labour was essential.

A first experiment was tried with the D.P.s, initially under cover of altruism and humanitarianism. The experiment proved itself. The foreign D.P.s quickly showed their economic worth by doing the low-status, low-paid work that neither Australian-born nor British migrants would undertake. As early as 1951, the new Liberal Government's Minister for Immigration, H.E. Holt, was extolling the virtues of migrant labour in helping overcome Australia's labour shortages in the building, forestry, transport and steel industries, in seasonal harvesting, and in public domestic work.¹ The supply of D.P.s could not, however, last forever. Their contract labour was assured for only two years, and while the labour shortage lasted, they would then attempt to move up the occupational ladder, leaving the bottom jobs once more undone. The only solution was to induce a constant stream of voluntary migration from the same sources as the D.P.s had come -- Eastern and Southern Europe. Rapid turnover of labour at the bottom did not matter, as long as the supply was always sufficient.

In general, with the expansion of the public economy, more jobs than workers were becoming available at all levels of the occupational hierarchy. There were not enough Australian-born workers, either skilled or unskilled, to fill the places, so migrants from all over Europe and

1. Commonwealth Jubilee Citizenship Proceedings, Canberra, 22-26 Jan. 1951, quoted in Crowley, Australia in Documents 1939-1970, pp. 238-40.

from all types of background were recruited. Australian workers, benefiting from full employment, were less likely to complain about their job security being threatened by the migrant influx and, as well, their status was comparatively enhanced. To the foreign migrant, Australia could be presented as a land of opportunity in which one started at the bottom but could quickly work one's way up.

Nonetheless, the fears of the past still remained, and with them the prejudice. The Federal Government embarked upon an extensive campaign to overcome the xenophobia and "dago-bashing" and to welcome the "new settlers."

The Australian people must help newcomers to become assimilated. We have been too prone in the past to ostracize those of alien birth and then to blame them for segregating themselves and forming foreign communities. It is we, not they, who are generally responsible for this condition of affairs.¹

Assurances were given that British migrants would always have priority.² The Government insisted that only "desirable" aliens would be allowed entry, and that desirability would be determined by most stringent selection screenings: they would "be admitted only in such numbers and of such classes that they can be readily assimilated"; they must be of proven "good character."³ In 1947 an agreement was signed with the British Government to provide free and assisted passages to British migrants and, in general, to facilitate a mass transfer of population from one country to another. Similar agreements were soon signed with

1. C.P.P. No. 23, 1945-46, Vol. IV, pp. 1217-18.

2. Calwell declared in 1946 that "it is my hope that for every foreign migrant there will be ten people from the United Kingdom": C.P.P. No. 4, 1946-47-48, Vol. II, p. 1049. His hopes were not met.

3. C.P.P. No. 4, 1946-47-48, Vol. II, p. 1049.

other countries: in 1949 with Malta, 1951 the Netherlands and Italy, 1952 Germany, 1954 Greece.¹ By 1958, over one and a third million migrants had arrived; just over half of them were assisted (see Table 6).

Table 6. Assisted Migration to Australia 1947-58.

Nationality	Assisted		Total	
	No.	%	No.	%
British	331,231	52	632,819	48
Italian	32,875	18	179,000	13
Dutch	56,855	57	100,123	8
Polish	64,879	89	73,208	5
German	40,823	67	60,561	5
Greek	22,441	39	57,995	4
Yugoslav	24,278	81	29,836	2
Hungarian	23,097	87	26,477	2
Others	100,351	58	172,038	13
Total Non-British	365,599	52	699,238	52
Grand Total	696,830	52	1,332,057	100

Source: W.D. Borrie, "The Growth of the Australian Population with Particular Reference to the Period Since 1947," Population Studies, Vol. 13 (1959-60), p. 10.

Initially, this migration campaign appeared similar to those of the pre-war years (apart from the greater numbers of people and nationalities involved): short-term economic considerations held highest priority. This meant that the first to arrive were large numbers of young, single males who had assured accommodation (and thus would not create pressure for government housing), and who were either classed as essential workers for Australian industry or could be readily employed. Some single females who filled these conditions were also recruited. That is, priority went

1. P. Lynch, The Challenge of Change, Immigration Reference Paper, 1968.

to single people who would become economically productive and socially undemanding from the moment of their arrival.¹ But there was also a more long-term plan at work. The State and Commonwealth Governments wanted rapid but continuous growth, of both productivity and population. Once migrants had arrived, they had to be persuaded to stay. This could best be done by linking each immigrant to her/his new country not solely as an individual, but as a member of a family -- which would hopefully take root, would encourage assimilation, and maintain social stability. Hence, over time, there slowly emerged an explicit concern with female migrants, as founders and protectors of families. As well, the female public economy after the war was expanding at a rate faster than the male (see above, Chapter Three), and there was a need for explicit recruitment of female migrant labour to fill the jobs.

By the mid-1960s, there began emerging the pamphlets, reports, surveys and studies, discussed above, which at least peripherally dealt with the "migrant woman problem." But while women were still seen fundamentally as wives and mothers in the home rather than individuals in their own right, and while that home was seen as both basic to but separate from the wider society, the same contradictions remained, and migrant women were still caught in the impossibility of becoming good "New Australian" women.

From my sample of Glenside women, there were three who lived through these contradictions as post-war migrants. All three arrived in the boom decade of the fifties: Katie Allen from England, Destina Hausa from Yugoslavia, and Carmella Ghiada from Italy. Only Destina arrived as a

1. This priority was reinforced by the lack of transport and accommodation facilities considered necessary for family units; C.P.P. No. 44, 1946-47-48, Vol. II, p. 1064.

single public worker; Katie was part of a family's migration; while Carmella was explicitly recruited to become a wife and mother.

Table 7. Glenside Women.

Name	Born	Country of birth	Migrated	Admitted to G.H.	Married	Children	Relatives in S.A.
Katie Allen	1926	England	1955	1960	7/1942	Five	None
Destina Hausa	1938	Yugoslavia	1958	1960	No	-	Brother in N.S.W.
Carmella Gniada	1935	Italy	1960	1970	1959	Three 1961/4 /5	Siblings

Katie Allen arrived in Australia in 1955, during one of the peaks of post-war British migration, when the Australian Government was expending considerable money and energy in advertising and recruiting in the United Kingdom.¹ She was one of the over half million Britons who arrived in the ten years to 1958. It is not known whether her passage was assisted, but the probability is high, since 80% of British arrivals were under assistance schemes. She came as part of a family group, as did 84% of assisted British migrants between 1955 and 1960.² Many of the details from Katie's extensive case notes have been discussed above (Chapters Two and Three), but the notes also include some material relevant to her status as migrant. In 1960, when first admitted to Glenside Hospital following a suicide attempt, Katie complained of "her inability to adjust to present environment which, after 5 years, 'seems strange to me.'" Over the next eight years, the notes record her many attempts to adjust.

1. Appleyard, British Emigration, pp. 89-106.

2. Appleyard, British Emigration, p. 120.

Katie tried to find her place in Australian society via both the public work force and her family. In both she failed.

Throughout the notes, there is the recurrent theme of personal and familial ambition for financial security and advancement. During the eight years, the Allen family (Katie, her husband and eventual five children) shifted house at least twice; Mr. Allen either changed jobs or attempted to work at two simultaneously -- running a small farm or small business as well as commuting long distances daily to paid employment; Katie herself moved in and out of the paid work force with four different types of job -- process worker, receptionist, nursery attendant, teacher. The reason she gave for constantly seeking paid work was that she was "fed up with being a housewife." The reason she gave for constantly abandoning paid work was the exhaustion of her dual career. No matter what else she did, she was always responsible for the maintenance of her family: "when she was working, was tired and husband would not help."

For most Britons, the most important motivating factor in the decision to migrate was the "desire to improve their socio-economic conditions."¹ This ambition was both individual and familial:

many of the family units, irrespective of the type of nomination, felt that Australia offered better opportunities not only for themselves but for their children, whom they believed may experience difficulties when they tried to enter an employment market oversupplied by the demographic "bulge."²

Such familial ambition was strongly implied in Katie's notes. She and her husband worked hard, her children were expected to carry the ethos into

1. Appleyard, British Emigration, p. 213.

2. R.T. Appleyard, "Socio-Economic Determinants of British Emigration from the United Kingdom to Australia," in Study of Immigrants in Australia, ed. Price, p. 28.

the next generation. But they could not or would not comply. Two of the children were epileptic, with one being "a little dull (I.Q.80)," and the other "got religious mania" and refused to accede to the "considerable pressure re Uni. and Teachers College" that Katie exerted. Another son "failed at school, gone to work in a supermarket," while the fourth child engaged in shoplifting, apparently as a deliberate gesture to thwart his entry into the Public Service ("son accepted into the Public Service but on the night of taking the job he stole some small article"). Katie's reaction to all this was refusal to believe: "can't imagine why her boy should have emotional problems. Also, now she refuses to believe that her daughter could possibly be retarded."

For Katie's husband, the probable motivation to migrate, to improve the conditions of life for himself and his family, would have been a fairly simple one, expressed in his integrated role as breadwinner. For her children, there was the tense, but fairly simple choice between acceptance or refusal (or inability) to comply with the expectations placed upon them. For Katie, there was an implicit contradiction between her ambitions for herself as individual, as wife, and as mother. The three roles were incompatible, being situated on opposite sides of the gulf between the public workforce/public world and the private home. Such contradictions, of course, were not uncommon for many women in South Australia during the 1960s. But for Katie, they were probably exacerbated by the strong ambition which operated in both areas -- the ambition which was the justification for migrating. Her attempts to succeed in both areas, to reconcile the irreconcilable, led her to failure all round, to tension worry, depression, to nine years treatment in a psychiatric hospital and its out-patient unit, to confusions about what she was doing in Australia and what had gone wrong.

As with Katie Allen, the case-notes of Destina Hausa, a Yugoslav migrant in the Glenside sample, have been discussed above in relation to her working life. Destina arrived in Australia in 1957, shifted to Adelaide in 1958, and was admitted to Glenside Hospital in 1960. The only details known about the nature of her migration were that "she has a brother in Sydney -- no other relatives in Australia," She also had one female friend in Adelaide, and a fellow countryman, "with whom she had previously been boarding."

Between 1947 and 1951, over 23,000 Yugoslavs arrived in Australia as displaced persons from the refugee camps of Europe.¹ Destina's brother was probably one of these. Until 1966, the borders of Yugoslavia were closed to all general migration, so in 1957 Destina would have migrated from outside the country. She may have been resettled elsewhere in Europe after the widespread dislocation of the East European population after the war; alternatively, she may initially have left the country as an illegal immigrant.² Presumably, her brother in Australia worked out his two year D.P. contract as an unskilled worker, then set about establishing himself sufficiently to be able to nominate Destina for migration. That is, he basically guaranteed to place her in suitable accommodation and find her employment. By the mid-1950s, there was a strong demand for unskilled female, as well as male, labour throughout Australia, and the crisis in the house-building industry had eased, making accommodation less a bar to migration. As well, Destina may have received Government assistance as an immediate family member of an Australian resident.³

1. See Table 4.

2. D. Cox and J.I. Martin, Welfare of Migrants, Research Report, Commission of Inquiry into Poverty (Canberra: Australian Government Publishing Service, 1975), pp. 54-69.

3. Only 20% of Yugoslav long-term and permanent arrivals in Australia in 1957 were assisted; Department of Immigration, Statistical Bulletin, No. 26, April 1958, p. 9.

Destina arrived in Sydney, where she stayed with her brother for a while. Then presumably, word came of the vast expansion of work opportunities in South Australia where the electrical industry had begun its labour-intensive mass production of transistors (see above, Chapter Three). Destina was sent into the care of a fellow countryman, who regarded her "as a sister." She boarded with this man, then, when he got a job at the hostel associated with the factory, he arranged for her to live there.

In regard to Destina's admission to Glenside Hospital some six months later, the fact that she was a young, single, migrant woman living alone in an anonymous hostel with few friends or kin could easily be seen as creating sufficient loneliness or tension to have induced a "breakdown." But such conditions were not unusual for single female migrants, and overall seemed to have had no significant adverse effects on their mental health; in fact, such women were disproportionately less likely to be admitted to mental hospitals.¹ Perhaps more important, however, than her age or marital status was her nationality. In many studies of migrant mental health, it has been shown that Eastern European-born migrants, and Yugoslavs in particular, had an extremely high rate of admission for schizophrenia, the category under which Destina was diagnosed. Four times more women of Eastern European-birth were admitted to psychiatric hospitals diagnosed as schizophrenic than the average for the entire Australian female population.² There seem to be no satisfactory

1. Krupinski and Stoller, "Family Life and Mental Ill Health," p. 142.

2. Cade and Krupinski, "Incidence of Psychiatric Disorders in Victoria," p. 402; see also, Krupinski and Stoller, "Incidence of Mental Disorder," pp. 267-68; Kraus, "Social Factors," pp. 17-18; K.A. Legh, "Study of Yugoslav Migrants in the Major Psychiatric Hospitals in the Sydney Metropolitan Area," Australian Journal of Social Work, 21, No. 1 (March 1967), pp. 2-7.

explanations for this epidemiological phenomenon. Moreover, some doubt has been raised as to the very existence of the phenomenon: it has been argued that the statistics were artificially high because of Australian doctors' diagnostic practices being influenced by the cultural discrepancy between them and the Yugoslav patient.¹

There are certainly hints within Destina's case notes that such consequences of cultural discrepancy were operative. Destina was "a good worker." She was always "rather quiet, and over the last week [before her admission] had become more so." At the factory, however, she had begun to laugh and cry without explanation, upsetting her fellow-workers, and was eventually certified by the factory doctor. Destina spoke some English, but was rather unco-operative because "she insists she is quite well." The only explanation adduced for her behaviour by the Glenside doctors was that

she had fallen in love with a young man at work and was thinking too much about this and talking to herself. She agrees she was abnormally excitable and says she is much better now. However, she tells me how much she is in love with this boy who, she says, does not know her at all.

In the notes, there is considerable confusion about this story. By one version, the man she was in love with was the fellow-countryman whom her brother had entrusted with her care when she came to Adelaide. In another version, this fellow-countryman becomes "an Italian boyfriend in whom she says she is not deeply interested." And finally, there was "'George' -- a young man employed at Philips whom Destina likes (and thinks she loves) but apparently has not been out with or even spoken to him."

Here, then, was a quiet young woman, unsettled after considerable migration within and from Europe and then across Australia. She was

1. Cox and Martin, Welfare of Migrants, p. 59.

isolated, with few friends, and not likely to make them easily because of her foreignness, inadequate English, and basic shyness. She was nonetheless looking for friends, in particular male friends, and so she developed a "crush" -- a passionate infatuation from afar -- a fairly common phenomenon among young women. She laughed and cried and talked to herself about this because she had few others to talk to, and fewer still who spoke her language. Her workmates were disturbed by her behaviour because they did not know her, nor why she acted as she did. They simply observed a change from her previous quiet and conscientious behaviour. The factory doctor who certified her was an Australian, and his basic concern was not so much with the general and long-term health of the workers as with their work performance. As an older, Australian, professional male, he was at a considerable distance from Destina's youthful, migrant, working class, female excitability and infatuation. The situation is described succinctly by Salek Minc:

cultural idiosyncracies and behaviour differences further complicate the possibility of rapport and prevent empathy. Apart from the technical language difficulty, one is disturbed by dramatic overemphasis, by loud complaining, by unnecessary gesture, which may be a natural way of communicating in another cultural group (even more accentuated by the neuroticism of the patient). We also resent the attitude of the foreign patient who, being unsure of his new surroundings, shows less trust in the new doctor as well.¹

Destina's fellow workers and supervisors were disturbed by her behaviour, an explanation was needed, she did not give a satisfactory one, so the medical profession found one: schizophrenia. Had Destina had a family or a group of close friends who could understand her behaviour, who could have kept her away from work and even persuaded her to take the tablets, it is possible that Destina would not have been certified, on

1. Minc, "Health Problems of Migrants," p. 89.

this occasion at least.

There seems little hope of immediate improvement and as she has no relatives in S.A. and few friends, it will be necessary for her to stay in hospital for some time.

In early 1970, Carmella Gniada was dropped at the front door of Glenside Hospital by her husband who said he wanted her to have immediate treatment and then left for his home in the Riverland without further explanation. Carmella's English was almost non-existent. The doctors were puzzled. An interpreter was called in, but Carmella denied having any symptoms of nervous disorder, any marital problems, or any knowledge of the reason she was there. The doctors concluded that there appeared to be no evidence of instability and no reason for her to remain in hospital. She was therefore to be kept overnight, then put on a train back to the Riverland. That night, an entry in the notes read:

to keep her really sedated, esp. tomorrow morning as she had expected to go home. She is to stay in hospital. Certification papers will be sent -- about 3 days. Apparently tried to harm her children.

Carmella's local doctor sent in this certificate eventually, but it did not comply with the legal specifications. Ten days later, Carmella was discovered to be missing, and it was learnt that she had returned home. Nothing could be done legally to have her returned as she had always been, technically, an informal patient. But three days later, she was back in hospital under a J.P.'s order. This time she had been driven the several hundred miles by the police.

Medical Certificate. Doctor: during examination sits in chair rocking from side to side, either whimpering or whispering unintelligibly.

Brother: says that somebody is trying to take her children away and kill them. Also says that everything is red.

Police: has been picked up wandering along the roads at all hours of the day and night about once or twice a week for the last several months.

Nurse interpreters and an Italian-speaking doctor were called in, her relatives were contacted by phone. She stayed in hospital two months, then returned home, where she was periodically visited by a Mental Health Visitor on country circuit from Glenside. After two years, however, she was returned to hospital, again under certification, and stayed six months. Over all this time, her diagnosis ranged from depression with schizoid features, through paranoid schizophrenia, atypical depression dating from a puerperal psychosis after the last child, borderline mental retardation, to "a very unsuitable marriage."

Carmella Gniada was born in 1935 in southern Italy. Her brother and sister migrated to South Australia at some stage and established themselves in an Italian group settlement in the Riverland of South Australia. In 1960, it was arranged that she should marry, by proxy, a Yugoslav settled on an isolated farm in that district. Seven months later, at the age of 24, she migrated to Australia and met her husband for the first time. From that very first day, her husband was "disappointed" in her. She "could not find her way around the house, even confusing the bathroom and w.c." He thought her odd, and they began having "quite a few arguments as she would not agree with him." Within a year she had a son, then eventually two others. After the birth of this third child, Carmella began to neglect the house and children, she couldn't manage. She took to walking seven miles into the local township where her brother and sister lived. She was restless, depressed, could not sleep and was very lonely and homesick. Her brother reported: "too lonely in the bush -- pain in head -- go mad there." During this period, Carmella's mother was brought out from Italy for a visit, financed by the brother and husband. Then came a nephew for a visit. Mr. Gniada complained

nephew was better looked after than husband, "the best for him." Then he found out Carmella had a relationship with nephew, went to dances with him, leaving the children alone, etc., gossip. He did not want nephew, but all Italians got on his back, led to quite a big scandal.

Mr. Gniada found all Carmella's family "odd." He mixed only with the Yugoslavs of the district.

It was at this time that both Carmella's brother and husband had her admitted to hospital. According to Mr. Gniada, what was wrong with Carmella was

- (1) she is unbearable
- (2) she couldn't cope with her family
- (3) she was crying all the time
- (4) her affairs with 2 men
- (5) she didn't like him
- (6) he feels overpowered by the Italians of her family.

The final entries in the Mental Health Visitor's report indicated Carmella's situation in 1973.

At home alone. No improvement in housework, etc., but seems better when she talks. Husband has not encouraged her in any way. Hard to live with -- I would not be surprised if she relapses again and that he may not want to take her back. . . . Keeping fairly well. Her mother died in Italy. Not so much homesickness now.

Here, in Carmella Gniada's case, is implied much of the tragedy of migrant women's lives in Australia -- the adjunctive nature of female immigration, their double isolation within their new culture and within their own families, their lack of financial independence, and the poverty of their lives through loss of kin and friends. Carmella's situation as described in the notes would appear to be quite paradigmatic, or rather, an extreme example of the general case. Minc reported on the situation in 1962:

turning to the recent women arrivals, we find that they also may be prone to physical self-concern. But their anxiety (and its consequent symptoms) is mostly due to what has been termed "lack of supporting group." The wife of the migrant, who followed her husband here after several years of waiting, is very closely linked with her family left behind. There is a painful deprivation of companionship, of physical and moral support. Relegated to her home, and with a language difficulty preventing the formation of new contacts (this often is also a vicious circle), she has only her nostalgia and herself to occupy her while her husband is away at work. Small children may be of some help, but may also cause added preoccupation. If, in such a situation, the husband has to accept a job elsewhere or even is put on shiftwork, an anxiety syndrome will nearly always appear. Some of my country colleagues have made similar observations.¹

As a migrant, Carmella suffered from homesickness, only partly assuaged by her brother and sister living some miles away and her mother and nephew coming to visit. Even then, they were all seven miles away, and she had to walk that distance and back each time she wished to see them. (Was it simply that it was so unusual for a woman to walk alone along country roads, even with a definite destination, that Carmella was picked up by the police and charged with wandering abroad?) In Italy, she would have lived in a village environment with kin and friends nearby; she would probably have expected to marry within the village as well. But, 10,000 miles away there was little she could do about this homesickness. Ultimately, all choice and decision lay with her husband. She had been contracted for, she had been transported, the rest of her life was to be obedience to her husband. Considering the later events, however, it is somewhat strange that the marriage had ever come about. From Mr. Gniada's story, there was obviously some antipathy between the Italians and the Yugoslavs of the country town. But even so, Mr. Gniada needed a wife, as a servant and breeder, to keep the house while he was out working,

1. Minc, "Health Problems of Migrants," pp. 86-87.

to prepare his meals and wash his clothes, to provide him with sex and with children to work with him. A mail-order proxy arranged through local acquaintances was a cheaper proposition than having to return to Europe himself to find a bride. And being a Yugoslav, he may originally have been a refugee with scattered or no family connections left through whom to arrange a family marriage. So he ordered a bride and obtained Australian Government assistance to bring her out, that a new family might be established in a new land. (An Assisted Passage Scheme for Yugoslavs did not begin operation until 1970. Insofar as Mr. Gniada was described in the notes as a fairly penny-pinching man, desiring only a hard-working wife from a marriage of convenience, it seems possible to surmise that he ordered an Italian wife rather than a Yugoslav one because the former were cheaper to transport.)

Carmella herself had little say in these arrangements. She simply did as she was told and went where she was sent, into an unknown world. Once established in the bush, she tried to turn her lonely life into a little piece of village Italy, but that aroused her husband's jealousy and created dissension. She tried to turn her children into an Italian family, but the Australian education system began to assimilate them, to imbue them with Australian culture and language: "the children . . . are finding it more difficult to communicate with her in her dialect." The conditions of her life were insupportable:

Mr. Gniada is aware he wouldn't get another woman
to live in the circumstances he provides. . . .
Considering it all was only a marriage of convenience,
it has become much less convenient to stay married.

But Carmella had nowhere else to go.

In some of the cases discussed in previous chapters, the hospital came to be seen by the women as a place of refuge, of retreat for a short time from the pressures of trying to be good wives and mothers in the home. For Carmella, and for most non-English speaking migrant women, there

was no possibility of such alternative. For Carmella, the hospital was an even more hostile and foreign environment than her home. She was reported constantly to be "wailing loudly (Italian style)." An interpreter was provided only when the doctors wished to examine her, and was not available when she wished to engage in ordinary social intercourse.

Group Activity: mental condition plus language barrier make her impossible to communicate with, therefore not involved in any ward activities.

One of her symptoms was that she talked to herself a lot, presumably because there was no one else who understood her language. (It might be noted here that Schaechter reported that wailing and talking to oneself were very common expressions of anxiety and frustration amongst patients surrounded by people constantly speaking foreign languages. Even English-speaking patients developed such behaviour when placed in wards containing only foreign-speakers.)¹

As a woman, Carmella suffered from being a housewife, ruled over by her husband's rigid value structure that quickly came into conflict with hers. He apparently believed that the purpose of a man's life was to work hard and make money, then hoard or invest it rather than spend it, and to pass it on to his children intact: "[Carmella] resents helping husband make more money that she would never see anyhow. . . . She is sick of living in primitive fashion now he's established." Mr. Ghiada apparently believed that it was his wife's duty to remain sexually faithful to him, to bear him children whom she would keep clean, well fed, and protected from harm. She should obey him and agree with him. She should renounce her family of origin -- at least in large part -- and cleave to him only, needing neither friends nor kin but himself and their children. She should not attempt independent contact with the world, but be satisfied with its mediation through her family (after thirteen years in Australia, she still had "limited English"). And doing all this, she should be happy, not depressed nor complaining nor dissatisfied.

1. Schaechter, "Psychoses in Female Migrants," p. 461.

CONCLUSION

CONCLUSION

I. The Institutions.

This thesis has been concerned with social control; with the disciplining and limitation of individual behaviour through the operation of a gender-order; with some of the ways in which half of the South Australian population was directed to become "women" during the twentieth century. I have not attempted to analyse why the gender-order existed, but rather, how aspects of it worked and what were its effects. The main body of the thesis discusses the images of the good woman that three specific and major institutions maintained as being most appropriate to each of their social purposes. Broadly speaking, at the level of public rhetoric, there was consensus: each institution upheld the ideal of the good woman as being wife and mother; the good woman's place was in the home, as the heart of the family. This ideal was steadfastly proclaimed by the Education Department, the Arbitration System and the Immigration Department across the fifty years from 1920 to 1970. However, when it came to the actual practice of the institutions, to the applied level of the ideal, the image began to splinter. The rhetoric held that the ideal was a natural phenomenon and immutable. The practice revealed that it was a flexible social construction that could be and was modified to the varying purposes of each institution.

The Education Department was most expressly caught in the contradiction between the ideal as natural and its imposition socially, between rhetoric and practice: if wifehood and motherhood were the natural consequences of becoming a woman, how were they to justify, firstly, teaching domestic arts to girls, and secondly, employing women as teachers? The first question was dealt with by three intertwining arguments over the fifty years. Domestic arts was initially vocational training for the specifically female public occupations that girls would engage in between

leaving school and entering marriage: as domestic servants and seamstresses. Until the 1930s, this argument was somewhat convincing, since 39% of women in the public workforce worked in these jobs (see Chapter Three, Table 7). After the Second World War, however, it became impossible to sustain, as the percentage of women in these occupations dropped to sixteen in 1947 and to nine in 1971. The second argument saw domestic arts as a science: women might be wives and mothers by nature, but in order to be good ones they needed to transform instinct into technique. This, however, was widely seen as sabotaging the ideal, and was not granted much credence at any time, except by domestic arts teachers. The third justification was more overtly ideological. Some girls simply missed out on their natural heritage -- meaning either or both that they were stupid and needed to have even minimal standards inculcated, and/or that their family backgrounds were unsatisfactory (unnatural) and they would learn bad habits from their mothers and reproduce them in succeeding generations unless the school stepped in. This argument became more pronounced as the years progressed and the content of domestic arts shifted from mechanical, instrumental training in cooking and cleaning to more explicitly moral training in appropriate social behaviour.

Basically, all three arguments were unsatisfactory. What was really at stake was the purpose of education. Insofar as it was considered to be preparation for future life, there was felt to be a need for boys and girls to have different educations if their lives were to be as different as the ideals of the gender-order postulated. But the real world, over the fifty years, came to be less clearly and "naturally" segregated. Women's and men's lives overlapped constantly and, as citizens and individuals, many of their rights, duties and activities were coming to be more and more similar. The gender-distinction in education thus needed to become more and more subtle. Domestic arts training was too blatant and

crude a means of generally inculcating a feminine ideal, and was increasingly demoted as a valued and essential part of girls' education.

The second major contradiction facing the Education Department was that if women's place was in the home, how could the public employment of women as teachers be justified? This leads us into the sphere of the public economy, and its more widespread need for such a justification, the creation of which was one of the tasks of the Arbitration Courts.

Most women, like most men, owned little more than their labour power as the means of gaining their livings. The ideals of the gender-order established the expectation that men would sell their labour power in the public market place, but that women would confine the use of theirs to the service of men as husbands, and to their children. There was a time, however, between school and marriage, when it was allowable for some women to work publicly in suitable, i.e., feminine, jobs. This was justified in terms of them being in transition from the care of their fathers to the care of their husbands, and the need to relieve their fathers of the responsibility for support of unmarried adult children. Such ideological expectations were enshrined in various practices legally endorsed by the Arbitration Courts. Women's pay was lower than men's, not because their labour was necessarily less valuable than men's, but because their "needs" were less. Women were limited in the types of work they were permitted to do, not because they were not capable but because the prohibited types of work were considered unsuitable, i.e., unfeminine. "Protective" awards and legislation restricted women's ability to work overtime and perform certain types of task, not because all workers had the right to be protected from exhaustion and dangerous working conditions, but because women were weak and vulnerable.

Nonetheless, the justifications for such constraints on women's work were contradicted in practice. Unknown numbers of single women were responsible for the "needs" of dependant parents and siblings. There was never a time when only single women worked: even in 1921, 18% of the female public workforce were or had been married, and over the next fifty years, this percentage increased dramatically (see Chapter Three, Table 4). Moreover, the public economy was dependent upon these women working. Throughout the years, there remained a strict gender segregation of the public economy: there was men's work and women's work and, although over time the content of these jobs altered, at any one time they were not interchangeable. During the Second World War, women were allowed and induced, by patriotism and high wages, to undertake specifically men's work; after the war they were ejected. All women were exhorted to return to their homes. But, contradicting the rhetoric of the natural place of the good woman, the practical needs of employers for labour and of women for income kept women in the public workforce and allowed them expanding access to public work. Labour needs were changing substantially as the structure of the public economy developed from concentration on primary production and industry to an emphasis on complex manufacturing and more particularly on service industries. This last had become increasingly feminized, and as the sector grew, so too did the demand for more women workers.

Nonetheless, the contradiction between rhetoric and practice was maintained within the economy over the next twenty five years. Employers could take advantage of the ideological tension between the rhetorical prescription of domestic life and the slow integration of women into parts of the public world. The public economy needed female workers; the ideal of the good woman as wife and mother meant that these workers could easily become scapegoats. They were paid less than male workers who

saw them as a threat, and so the working class was divided. They saw themselves as in the public workforce on sufferance and so were more accepting of bad conditions and more willing to be moved around and in and out of the public workforce as profit exigencies demanded. At times of economic crisis, they often bore much of the blame for causing unemployment, and so the real causes, and the very structure of the economy, remained hidden.

In terms of the third institutional area, immigration, the contradictions between rhetoric and practice were much more covert, mainly because the rhetoric virtually ignored women until the 1960s. In practice, throughout the fifty years, the immigration department recruited and allowed entry to single adult women who would work in those areas of the female public economy that Australian women were refusing: initially domestic service, later unskilled process work. Married women were merely adjunctive to their husbands and families, taken for granted dependants. That is, the primary concern of the immigration department was the acquisition of foreign labour power. Its secondary concern was the reproduction of that labour power both daily and over the generations, and this latter goal was considered to be best achieved within the family, whose focus was the wife/mother.

Difficulties arose, however, after the Second World War, when a mass migration campaign was undertaken. Assimilation, which had previously been taken more or less for granted because of the British bias of immigration, became problematic. The sheer numbers of migrants of non-British origin were seen to threaten the Australian-British way of life. Migrants' labour was needed, their culture was not, but it could not be simply wrested from them. The major solution lay in the family. The family was to be eulogised as the point of mediation between cultures, the place where the difficulties of assimilation could be assuaged. The home

was where parts of migrant culture could be happily allowed expression, because it was private: the existence of, for example, migrant food and music came to be seen as symbols of Australia's new status as a "multi-cultural" society. Meanwhile, in the public sphere, enforced assimilation took place. Male migrants and adult children were assimilated by and into the public economy, dependant children were assimilated by and into the education system. But the wife and mother was not assimilated. She was in her place, in the family home, the focus of mediation of the cultures. She maintained the private aspects of the old culture, she alleviated family members' anxieties created by conflict in the new. But she herself was not assimilated. As the rest of the family gained confidence in the new society, she was left behind. In herself, she bore the contradictions of the migration process. By obeying the rhetoric's injunction to be a good wife and mother in the home, she suffered. Her home was the wrong one because it was alien.

The three institutions analysed in this thesis, and the ideal of the good woman that each maintained, can be seen to be both interlocking and in conflict. I have not pursued these interrelations except in occasional detail. Overall, however, the maintenance of a united front at the level of rhetoric, and the allowing of inconsistency at the level of practice, seems to have given great strength and versatility to the gender-order. As an empty injunction, "become a good woman as a wife and mother" was a very powerful mechanism to control the behaviour of women; the actual direction of that control, the specific contents and applications of the ideal, were variable and qualifiable.

Such contents and applications were not necessarily arbitrary or contradictory. There was, for example, one area of changing application of the ideal by the three institutions where a certain measure of consensus

did emerge over the fifty years of my survey. This area was that of the timing of being wife and mother. In the 1920s, all three institutions accepted that women should enter their natural role sometime in their late teens or early twenties. That is, they admitted of a period of transition between girlhood (school life) and womanhood (family life) when women's status, as "young" women, was somewhat indeterminate. During that period, women were permitted a variety of activities. The gender-order's sanctions were directed loosely towards merely preventing such women from behaviour which would impair their futures as wives and mothers. A certain amount and type of public work, of frivolity, of independence, were countenanced. Over the next fifty years, with changes in the public economy, in technology (in the home as much as elsewhere), in child-bearing and rearing practices, in social welfare, etc., another period of transition and indeterminate status in a woman's life-cycle came to be recognised: the period "after the children have grown up." By 1970, a variety of activities was coming to be accepted for women in their late thirties and older: return to school, to public work, to other public activities. Such approval of an abridgement of women's "natural" function was by no means absolute: family concerns must always take precedence. If there was a crisis in her family, such a woman was expected to return to it; if there was a public economic crisis, she was expected to cease from public activity.

Despite such changes, then, the power of the gender-order was maintained. The institutions were able, through their rhetorical unity, to maintain that the ideal of the good woman as ultimately wife and mother was a natural condition while, through the diversity and mutability of their practical application of that ideal, they were able to maintain social control over women's behaviour despite the changes and new exigencies arising both in the society and in individual women's lives.

II. The Cases

This conclusion is divided into two sections to acknowledge that, throughout the work, there has been a constant tension between my two types of analysis: on the one hand, discussion of institutional ideology, based on parliamentary debates and reports, on institutional and professional publications and statistics; on the other, discussion of the biographies of sixty women, based on psychiatric case notes and miscellaneous sources. There is no simple way in which the two types of analysis fit together. The institutional records reveal an ordered world of steady and controllable change; the biographies reveal a disordered world of helplessness and anger in the face of uncontrollable circumstances.

The ideal of the good woman proclaimed woman's place to be the home, the loving wife and mother at the centre of a happy family. The reality of the women's lives was often exactly the unhappiness of the family, the isolation and fear within the home. Many of their homes contained anger, alcoholism, invalidism, violence; many of the families were incomplete because of desertion and death. But the phrase that is reiterated constantly throughout the notes is "nowhere else to go." The ideal established the direction of women's lives. If that direction was unsatisfactory, no other arrangements were possible, except incarceration. For these women, that meant physical detention in the psychiatric hospital or hostel (or, in one instance, gaol), or psychological custody by use of drugs (or, in two cases, by psycho-surgery).

In collecting the cases, in trying to use them to understand the lives of women in South Australia, I was constantly aware of my own sense of horror: horror at the nature and quality of the individual lives that were recorded; horror at the discrepancy between the institutionally imposed ideal of the good woman and the lives of women who lived within that ideal; horror at the inevitability of such discrepancy because the

rhetorical ideal was empty and its practical content and applications were inconsistent and internally contradictory. It might be claimed that, of course these lives were horrifying; they were, after all, the lives of mad women and such lives must, by definition, be abnormal and extreme. This position, however, does not take into account the meaning of madness and the nature of psychiatric records. In Chapter One, these meanings are discussed. I argue that madness is an undefined state or experience. There are no objectively definable criteria for its existence, there are no objectively established social norms the transgression of which leads to the label of mad being applied. Any and all behaviour can be called mad, depending upon the social context, the values and relationship of power between the judge and the judged. Even in the case of the medical profession, which alone can legally and ultimately diagnose/define a person as mad, each doctor's judgment is subjective, inevitably biased according to her/his age, gender, class position, etc.; and insofar as the judgment is made of behaviour alone, it is inevitably a moral judgment about what ought to be. In other words, there is no definition of madness as such; its meanings have changed over the centuries and over the decades of my survey, as well as between members of the psychiatric profession at any one time. Such conceptual ambiguities had substantial repercussions in practice: who was diagnosed as mad and why? what was the meaning of labelling as mad the sixty women whose case notes I investigated? in what precise ways did their madness affect their behaviour, their past lives, their experiences and their memory of them? The answers to these questions must inevitably be ambiguous, qualified and hypothetical. There is no line between madness and sanity, between normality and abnormality. My use of the case notes as biographies obviously partakes of this ambiguity and lack of boundaries: but the biographies cannot simply be labelled as of "abnormal" lives.

The second claim, that the case notes are horrifying because they reveal extreme situations, is indeed partly correct. The extremity and horror were explicitly elicited from the women by the psychiatrists. The latter were seeking precisely to uncover the traumatic events of each woman's life that might have so seriously affected her behaviour and feelings as to bring her to the psychiatric hospital. But, as distinct from the psychiatrists, I have not generally been concerned with those events in each woman's life that were signs of her madness and that brought her to the hospital. Rather, I have been interested in the social circumstances of her life, going back many years: the behaviour of the woman in childhood and early adulthood, before there was any notion of her being mad; the behaviour of mothers, husbands, kin, friends, employers -- about whom the question of madness never arose. The horror of the cases is not that of madness, but that of ordinariness "in some sense." It can be argued that the types of extreme, traumatic events recorded in the case notes occur in most people's lives, but most people are not so seriously affected, or do not undergo so many of them. Hence, for most people, such events are not linked together to form an interpretative framework of their lives in the way that was done by the psychiatrists for their patients. In other words, the case notes certainly are biased towards extreme elements in each woman's life, and they do emphasise the horror. But that bias does not invalidate their use for investigating ordinary lives. Once again, we are left in an area of uncertainty and ambivalence. There is no-one who can say how much out-of-the-ordinary these lives were.

The use of the case notes and the confronting of the horror are essential parts of this thesis. In dealing with government and official records, in analysing the internal logic and history of each institution, I found myself beginning to see the world through the prism of each

institution's own ideology, its own understanding of its purposes and practices and effects. The sixty biographies were a partial corrective to that bias. The institutions were concerned largely with abstractions: the need to educate, to produce, to populate. The biographies were concerned with concrete daily life: being afraid of a teacher or not learning necessary skills; the exhaustion of working in both public and domestic jobs or not being able to get a job because of age; the homesickness and bewilderment of starting a new life in a new land or the happiness at leaving a strife-filled homeland. The institutions dealt with the typical, the average, the representative, the ideal types of clients on whom their policies would be imposed and who would respond in ordered and predictable ways. The biographies dealt with idiosyncratic responses, a range of specific behaviours and feeling towards and within a world that worked in mysterious ways. The institutions declared their universalistic policies. The biographies revealed the gaps in the policies when they came into contact with individual lives. The institutions, their prescriptions and practices, do not account for the lived experiences of women. That is the tension, which must not be ignored.

APPENDIXDiagnostic Categories of Mental Disorders established under the International Classification of Diseases, Distinguished as Organic or Functional.Organic:

- 290. Senile and pre-senile dementia
- 291. Alcoholic psychosis
- 292. Psychosis associated with intracranial infection
- 293. Psychosis associated with other cerebral condition
- 294. Psychosis associated with other physical condition
- 309. Mental disorders not specified as psychotic associated with physical conditions
- 310-15. Mental retardation

Functional:

- 295. Schizophrenia
- 296. Affective psychoses
- 297. Paranoid states
- 298. Other psychoses
- 299. Unspecified psychoses
- 300. Neuroses
- 301. Personality disorders

- 302. Sexual deviation
- 303. Alcoholism
- 304. Drug dependence
- 305. Physical disorders of presumably psychogenic origin
- 306. Special symptoms not elsewhere classified
- 307. Transient situational disturbances
- 308. Behaviour disorders of childhood

In terms of my sample extracted from the Parkside Mental Hospital Admissions Register according to provisional diagnosis, functional disorders within categories 302-307 (inclusive) were excluded from consideration.

Source: World Health Organization, Manual of the International Classification of Diseases, Injuries, and Causes of Death (8th Revision; Geneva: W.H.O., 1967), Section V.

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