ADOPTIONS: Crown St Style and a Case Study

You have to be controversial, if you're not offending somebody you're not making good art (Aaron Eckhart, Daily Show: 2011, March 10).

It will be the task of the People's State to make the race the centre of the life of the community. It must make sure that the purity of the racial strain will be preserved. It must proclaim the truth that the child is the most valuable possession a people can have. It must see to it that only those who are healthy shall beget children; that there is only one infamy, namely, for the parents that are ill or show hereditary defects to bring children in into the world … on the other hand, it must be considered as reprehensible conduct to refrain from giving healthy children to the nation. In this matter, the State must assert itself as the trustee of a millennial future, in the face of which the egoistic desires of the individual count for nothing and will have to give way before the ruling of the State. In order fulfil this duty in a practical manner, the State will have to avail itself of medical discoveries (Hitler, Mein Kemp: 1925-1926 translated by James Murphy: 1939).

The multiplication of the fit is of the first importance to the State (Chappel: 1903, p. 76).

The state must take care that only he who is sound shall be a parents … any state which devotes itself to the care of its best racial elements must some day dominate the earth (Popenoe: 1934).

Personal rights must give way before the immensely greater interests of the race (Popenoe & Johnson: 1920, p. 198)

Intro

This Chapter will focus on the practices of one hospital in particular: the Women's Hospital Crown St, or hereafter: Crown St. This hospital has a particularly dark history with respect to its treatment of unmarried mothers. The hospital operated from 1873-1983 and thousands of mothers had their baby's taken whilst held captive there. In 1968, the peak year for adoptions

at Crown St, 64% of unwed mothers had their babies taken (Annual Report Crown St: 1982). Pamela Hayes stated that the hospital initially cared for Sydney's mothers and babies, but soon after for those from throughout New South Wales and then from interstate and overseas. "Crown Street became a centre of learning, a centre of excellence, for thousands of midwives, medical and paramedical health professionals who took their skills to all corners of the earth (Crown St Centenary Committee: 2007, p. 3). This is the public personae of Crown St, the one that I will disclose has a very different history.

By the 1960s the abuse of unwed mothers at Crown St was systemic (Chisholm cited in Report 21: 2000, p. 188) and chronic with such measures as: the heavy use of sedating barbiturates; the removal of the infant immediately after the birth; transporting the mother to an annex miles away from the infant's nursery; no visitors or access to a telephone and no way of having contact with her infant (Rickarby: 1998; Report 22: 2000). The hospital was more like a 'baby farm' for infertile couples than a maternity hospital caring for the needs of Australia's most vulnerable citizens. The abusive treatment was draconian and involved the collusion of child welfare officers, medical and social work staff and federal and state health officials.

This situation did not happen overnight. I would suggest that it took decades and incrementally and with indoctrination of new staff became more entrenched and brutal. Over the last few chapters it has been argued that demand for babies played its part. People in the industry put themselves in god-like positions (Mather: 1978, p. 108; Daily Mirror: 1967, Oct 17; Yeomans: 1967), preying on the vulnerable to supply those deemed racially superior with infants (Popenoe: 1929, p. 247). It has also been argued that 'closed secret adoption' or what I refer to as eugenic adoption (Hermann: 2002 uses the word scientific), was a Commonwealth /State venture subsumed under a broader: 'White Australia Policy'.

A eugenic discourse of eliminating the 'feebleminded' and encouraging the 'fit' to produce was used by many important players in the setting up of the federal health system (Wyndham: 1996, p. cccxliii). The 'best interests of the child' was a convenient label used to sanitise their eugenic agenda (Hambly: 1976, p 97; Chisholm: 1976, p. 119). There are eerie similarities with the Nazi family policies enacted in Germany prior to and during World War II (Pine: 1997, pp.119; 122-123; 132-133; 142; 41-42; Hillel & Henry: 1976). This does not

seem so strange when it is realised that eugenic policy in Germany was modelled on texts published and policies enacted in the United States (Brechin: 1996, pp. 237-238; Crook: 2002, p. 366, 368-369; Popenoe: 1934, pp. 257-260; Kuhl: 1994, pp. 42-45; Ladd-Taylor: 2001, p.307) and that the leaders in the eugenic movement of Britain, the United States and Australia were in constant communication (Wyndham: 1996, p. 89; Watt: 1994, p. 323; Kuhl: 1994; Crook: 2002, pp. 367-369). Paul Popenoe's works on applied eugenics (Popenoe & Johnson: 1918) and sterilisation (Gosney & Popenoe: 1930) were translated into German (Crook: 2002, p. 369).

Australian and British eugenicists had been calling for the use of the 'lethal gas chamber' or other means of eradicating the 'unfit' (Dr. McKim: 1901 cited in Brechin: 1996, p. 239; Chappel: 1903, p. 102; BMJ: 1914, p. 288; Shaw: 1933, Preface; Shaw cited in The Daily Express: 1910, March 4; Shaw: 1934, p. 296; Lawrence: 1901-1913 cited in Crook: 2002, p. 364), the compulsory sterilisation of 'mental deficients' and/or their segregation since the late 18th early 19th century (Wyndham: 1996, p. 131; Garton: 1994, p. 164; Chappel: 1903, pp. 103-105; Boston & Nye: 1936, pp. 40, 79) and polices that promoted the increase of the 'fit' and that included *adoption* (italics added, Blacker: 1952, p. 111, p. 116; Goddard 1913: 23, 25, 28, 29; Pine: 1997, pp. 41-42; Hillel & Henry: 1976, p. 84;Dealey: 1914 citing Charles Davenport, p. 837; Brooks & Brooks: 1939, p. 81). Brooks and Brooks succinctly sum up racial improvement by eugenic adoption: "[Adoption's] value … is not only to the adoptive parents and children immediately, but also in the sense that it improves the future quality of the race by providing nurture to children who would otherwise be neglected".

Australian and British citizens did not implement the more overt policies of segregation and sterilisation, though their American and German counterparts did (Reily: 1991; Wehmeyer: 2003; Crook: 2002). However, in Australia, under the guise of eugenic adoption, identifying the feebleminded, the segregation in institutions of infants designated as such, unlawful testing of infants waiting for adoption were conducted by the state under a Commonwealth health/population policy. Placing newborns out for adoption was considered 'making the best of bad genes' (Lawson: 1960). It was also considered euthenics (the use of the environment for genetic purposes) by mainline hereditarian eugenicists, such as Dr. Charles Davenport (Davenport cited in Healy: 1914, pp. 837-838) and was believed to increase the infant's mental capacity, in some cases up to twenty points, because of being placed in a 'superior' environment (Popenoe: 1929, pp. 245-246).

The Dual forces of Pronatalism and Eugenics

In Germany there was also a social policy of promoting those deemed 'racially superior' to breed and to reduce its 'unfit' numbers. Germany like Australia had two converging forces, sometimes in conflict, but at other times in unison: pronatalism and eugenics. The majority of the German elite, considered unwed mothers feebleminded and their infants 'racially inferior' (Pine: 1997, pp. 42-43), but they also wanted to increase their population for military and imperial purposes (Pine: 1997, pp. 38-39; Hillel & Henry: 1976, p. 83). So they began what was known as the Lebensborne Experiment (Hillel & Henry: 1976). They used young German, unwed women, as 'breeders' to provide infants for adoption, blond haired, blue eyed infants were preferred, mainly for SS soldiers, but also for respectable infertile German couples, the intention being to increase the population of 'desirables' (Hillel & Henry: 1976, p. 78; Pine: 1997, p. 41). Interestingly in Australia the preferred child was a blond, blue eyed girl (Rigg: 1966, *The Australian*, March 4) as was the case in the U.S. (Popenoe: 1929, p. 244).

Adoption has never been discussed as part of the overall Nazi's eugenic programme. Like all eugenic programmes Nazi family policy combined both positive and negative eugenic solutions to social problems (Pine: 1997; Popenoe & Johnson: 1918). Eugenic adoption in Australia served the purpose of identifying 'mental deficients', adopting out only those deemed perfect, usually white, and segregating those who were not in institutions. Children with very mild disabilities or dark skin were labelled as 'hard to place' or 'special needs' and often were institutionalised, or at best, fostered. This was euphemistically labelled as 'deferred' adoptions (Report 22: 2000, pp. 25-26). Just as Drs Davenport and Goddard in the U.S. documented family histories and kept files on the social and medical history of thousands of people, so did adoption agents document the social and medical history of not just the biological parents, but their extended families (Report 22: 2000, p. 26). Information such as whether or not anyone in the family had epilepsy or nervous complaints, or medical defects such as hearing loss or eye problems were all documented. This procedure of gathering social and medical data was euphemistically described as 'matching': it was deemed a necessary function to 'match' the child with the adopter (Report 22: 2000, p. 5). Whereas, those receiving the child, were not subjected to having to provide any such detailed information. They may have been given one interview in some cases no screening was done at all and according to one adoptive couple: "At the time when we adopted, we thought the

inquiry into our background made by the welfare people was superficial … adopting two years later we did not go through any re-investigation. There was no follow-up to see if we were fit to have a second child. I think this is a weak link in the adoption system" (Mr. & Mrs J cited in the Daily Mirror: 1967, Oct 17; Auld, Akerman. Cummins, McGettrick & Turvey: 1972, The Australian, Feb 3). Usually receiving a child was based on two factors: infertility and having a marriage licence (Rickarby cited in Report 17: 1998, p. 70).

Many eugenics organisations, in the early part of the 20th century, focussed on the eradication of venereal disease, which they saw as a major contributing factor to racial degeneration, but even in the 1960s and 1970s unwed mothers and their infants were given a mandatory Wasserman Test to identify if either had the disease. Just as part of the Nazi family policy had been about using women as breeders for SS Nazi's and respectable infertile German couples, so too were single mothers used as 'breeders' for those deemed 'respectable' by adoption agents. At Crown St, for instance, after their baby was obtained and the mother forced to sign an adoption consent, at the bottom of her medical file the words: "socially cleared" were written. There has been an instance of a mother being sterilized after having her baby taken for adoption (Critchley: 2006, Herald Sun, Melbourne, Dec 9, 2006, p. 113). There have been further reports of this happening in the U.S. (Garvin: 2005, ABC News, April 23). The mother was told her baby had died. Pat Rogan when calling for an Inquiry into past practices in adoption posed the question: "Was this some sort of Nazi social cleansing exercise"(Rogan: 1997)?

This chapter will further explore the Commonwealth project as it was enacted by a major Sydney maternity hospital. To do that the foundational ideology on which Crown St was set up is discussed, key people and their associations examined and assertions further substantiated by the practices in the hospital and two case studies of women who gave birth there. One of the case studies includes the author's access to a complete set of social and medical work files of both the mother and her infant. Additionally to support the data provided by my respondents is short extracts of interviews I conducted with two former members of staff.

Receiving House for babies born in 'a vale of tears'

Lady Windeyer was a Chairperson of the Crown St Board 1895-1896 (Crown St Centenary Committee: 1994, p. 106), and had been instrumental in setting up the Women's Hospital Crown St.

in 1893 (Lorne-Johnson: 2001, p. 38). Both she and her husband Judge Windeyer were "much in favour of boarding out", both being influenced by the Hill sisters, social reformers from England who had visited Australia in 1873. Mrs Windeyer was secretary of the Infants Home Ashfield and had been "agitating behind the scenes" to begin the Boarding out system there. She states in a letter to Henry Parkes (1879): "When are we to have any thing done about Boarding Out. I am anxious to adopt the System in our institutions. The 'Infants' Home might be made a sort of Receiving house for children whose unauthorized entrance into this vale of tears is a bore to the parents and their continuing to live here, a puzzle to their paternal governments. I am single handed in a committee which does not know any thing of the subject. I hope to enlighten some of them in time … I should however like the proposition of initiating Boarding out in connection with the Infants' Home to come from some one in authority" (Windeyer letter to Henry Parkes: 1879 cited in Lorne-Johnston: 2001, p. 38). The Windeyer's did garner the support of Henry Parkes, Premier of NSW and Colonial Secretary, in 1880, and began placing children into "respectable professional middle class homes" (Lorne-Johnson: 2001, p. 39), in an experiment, Mrs Windeyer later referred to as the 'kidnapping of some children from the Benevolent Asylum with the cooperation of Arthur Renwick', President of the Benevolent Society and Director of the State Children's Relief Department (Lorne-Johnston: 2001, p. 39).

By 1882, because of Mrs Windeyer insistence to enforce boarding out on the Ashfield Home for Infants, the Home's committee, who were initially against it, made a compromise resolution: 'No child to be boarded out, who has a parent, *without consent'* (italics added, Lorne-Johnston: 2001, p. 39). By the mid 1880s the benefits of adoption and boarding out were being lauded by the Board and there had obviously been a change of heart: "It is the wish of the Committee that more of the little ones for whose care they are responsible, may be adopted by worthy foster parents amongst the industrial classes; that they may then be absorbed into the mass of the population. This wish has been strengthened by the reports of the members of the Committee who have visited the children so adopted, and by their own observation, have convinced themselves that no method of training 'Anybody's children', can be compared to that of the family system (Ashfield Committee Report cited in Lorne-Johnston: 2001, p. 40). Since Mrs Windeyer was an avid supporter of boarding out, and it was unmarried mothers that brought children into 'a vale of tears' it could be argued that she would have encouraged the removal of their infants from the hospital she helped set up: Crown St. It also could be argued that, Crown St was transformed into a Receiving Home for babies earmarked for adoption, as Mrs Windeyer had previously wanted to establish at the Infant's Home Ashfield.

Matron Shaw (1891-1974)

Matron Edith Shaw's involvement in the removal of newborns from their mothers seems to go back to the very early history of Crown St. In 1919, Shaw was Matron for one month, until Matron Clarke

arrived, but she remained assistant matron until 1936, when she once more took over the role of Matron (1936-1952). In the early 1930s, William Hughes visited the hospital and with Matron Shaw watched a parade of nursing staff go by, carrying babies (Crown St. Centenary Committee: 1994, p. 117). It seems the Commonwealth government had a particular interest in Crown St.

Shaw gained her mothercraft certificate in 1927, from the Tresillian Mothercraft Training School, run by the Royal Society for the Welfare of Mothers and Babies (Fulloon: 1988). According to Fulloon (1988, pp. 584-585) she arranged hundreds of adoptions annually. She also instructed trainee nurses. Shaw was an active member of the Australian Nurses' Christian Movement and a member of the Australasian Trained Nurses' Association and served on its council (1938-1952) and was a nominee to the health committee of the National Council of Women of New South Wales from 1941 (Fullon: 1988). "The National Council of Women was an umbrella organisation which encompassed hundreds of women's groups across the continent. 'Mental deficiency' was discussed at all the Council's national meetings, throughout the 1920s and 1930s" (Carey: 2006, p. 166). According to Carey (2008, p. 163): "racial discourses were appropriated and promoted by elite women" and that many women's groups had clearly eugenic agendas … Since eugenics was primarily concerned with reproductive protocols and with child rearing, this was an area in which elite white women could and did assert authority". Lillie Goodisson (1860-1947) was a nurse and a medical eugenicist (Wyndham: 1996, p. 4) who was also an active and outspoken executive member of the National Council of Women of NSW (Foley: 1983, pp. 47-48).

In 1928 the Racial Hygiene Association (RHA) affiliated itself with the National Council of Women with Lillie Goodisson acting as the Convenor of the Council's Equal Moral Standards Committee (Wyndham: 1996, p. 112). Goodisson was one of the founding members along with Ruby Rich and Marion Piddington of the RHA. The RHA was focused on promoting eugenics and stopping the unfit from reproducing. Elite women like Goodisson, Piddington and Shaw did not believe in 'irregular unions' (Wyndham: 1996, p. 263; Reekie: 1998, p. 81; Carey: 2006). Goodisson (1927) stating: "the RHA had realized that it was useless to try and stop prostitution, and that the greater danger to society was posed by the young promiscuous girl (Wyndham: 1996, p. 263). According to Carey (2006, p. 162) elite women's groups focused on "working to halt the perceived threat of white racial degeneracy". Piddington claiming the reproduction of illegitimate children: "was a debilitating influence on white racial strength". According to Reekie (1998, p 82) "for the considerable proportion of social elites the continued reproduction of illegitimate children represented the worst kind of white racial pollution".

It was the intention of groups of upper- and middle-class reformers that single mothers be stigmatised (Brechen: 1996, p. 237) as Dr. Sydney Morris, Director-General of Public Health, in agreement with Dr. Robert Storer, Macquarie St doctor and vice-president of the RHA stated at the Australian Racial Hygiene Congress (1929, p. 71). It was considered "laying the foundation stone for the future when sexually loose women will be regarded as a blot on the scutcheon of society" (Morris: 1929, p. 71 cited in Aust Racial Hygiene Congress). Morris had been involved in the drafting of the 1920, *Mental Deficiency Act* (Tas) (Wyndham: 1996, p. 318) whilst Chief Medical Officer of Tasmania (Gillespie: 2000, pp. 411-412). In 1924 Morris settled in Sydney and had become senior medical officer and director of maternal and baby health. In 1934 he was promoted to director general of health. He was a member of the National Health and Medical Research Council from 1936-1952. According to Wyndham, Morris played a "crucial part in the establishment of the state's role in the provision of public health and social medicine" (1996, p. cccxliii). He was a medical eugenicist and associate of Marion Piddington (Wyndham: 1996, p. 68). In 1939 Morris stated in a Medical Science and National Health ANZAAS Report, that the state was continuing to increase its responsibility for managing the whole of an individual's physical life (Wyndham: 1996, p. cccxxxi). A concept also promoted by U.S. eugenicist and ardent adoption promoter: Dr. Arnold Gesell (1926, p. 571). This certainly was the case at Crown St. It could be argued that Matron Shaw would be imbued with the same eugenic discourse of the organisations and colleagues with whom she interacted. Certainly her position in society and the role she undertook substantiates that fact. It also reveals the deep eugenic undertones of the health and hospital system in Sydney in the early 20th century.

Shaw was not only involved with taking the children of unwed mothers, but also informing them that they had died. This probably came about because of a practice that was labelled: 'breast feeding adoptions'. This involved giving the healthy infant of an unwed mother to a married woman who had just given birth to a stillborn, to breast feed. Matron Shaw publicly admitted that she engaged in this practice. In 1953 Shaw stated in an interview with the Women's Weekly:

> I can … remember many cases when a married mother had lost several babies through difficult childbirth and wanted to adopt one whilst still in hospital. In very worthy cases like these we could come to an agreement with the Child Welfare Department that these mothers could immediately adopt illegitimate

> children still in the hospital and start feeding them. Within a matter of two weeks these mothers could take the baby home as if it were their own. All adoption papers were completed before they left the hospital … According to Margaret McDonald, former consent taker for the Catholic Adoption Agency, the practice was "certainly accepted and in some cases promoted" (Report 22: 2000, p. 109).

Health concerns related to breast feeding an 'alien' child have been known from the 19th century : "The mortality of hand-fed infants is sometimes more than three times that of the breast-fed, but even amongst the breast-fed it has been found (as at Lyons) that the mortality of infants suckled by strangers is double that of infants suckled by their own mother (Ellis: 1911, p. 17).

Dead Babies at Crown St

The practice of informing unwed mothers that their babies had died was not unique; it seems to have been a well entrenched practice from the early 1940s, and possibly before. It was reported on at the Inquiry into Past Adoption Practices (Report 21: 2000, p. 227; Report 22: 2000, pp. 145-146). When it commenced and by whom, is hard to establish. One of participants in this research project. worked at the Hospital for about 3 years (1942-1945), as a nurse's aid. It was part of a Red Cross program that enlisted young women to assist nursing staff whose numbers had been depleted by the war effort. Participant: DS states, that along with other young nurses' aids she was informed by medical staff that unwed mothers were kept apart from the married mothers and put into the basement of the hospital. She was told that they did not get to see their babies at the birth and their babies were kept away from them in a nursery to which they were not allowed access. She was further informed that many of the mothers were told that their babies had died, as this was thought to be best, because the infants were being adopted. She was informed this was a routine practice for mothers who were without family support as it was believed that it was not in their infant's best interest to allow them to go home with their mothers.

DS said that she often had to walk past the windows, situated at pavement level, of the basement where the unwed mothers were kept. She said: "I felt great sadness knowing that these new mothers were mourning the loss of their babies" (Interview Participant: DS, 16 January, 2007). In the previous section the author described the practice of 'breast feeding' adoptions, where a mother who had a stillborn was given the healthy baby of an unmarried mother. It would seem incomprehensible that a system set up to provide children for the infertile would ever give an infant to a grieving married mother and then allow an unmarried mother, who it had already deemed unfit, to reclaim her baby. It is suggested that the solution to this dilemma

lay in informing the unmarried mother her baby had died. The following is evidence to support this claim.

The Australian (1996, pp. 5, 12) reported:

> The national scandal of new mothers being tricked into giving up babies in the false belief that they were dead widened yesterday as fresh evidence of the deception emerged. Government officials in WA and Victoria confirmed cases in which women had been contacted years later by children supposed to have been stillborn, but who were actually adopted out under false pretences. There was a call for an Inquiry by a spokesman, but the Minister of Health rejected it. The national convenor of the Defence for Children International, Ms Helen Bayes, said 'an inquiry was necessary as it was clear that adoption laws had been contravened … Because it's clearly an offence, there may be situations where prosecution should be pursued', she said … 'Agencies who stated that they had been contacted by mothers who were told their baby died at birth: Adoption Triangle (ACT); Jigsaw (SA); Jigsaw (Qld) and State Welfare Dept's: Victorian's Minister for Youth and Community Services; Department of Family and Children Services (WA); and Adoption Information Services (Tasmania) that stated 50 'dead' children had subsequently made contact with their mothers.

Cheater states (2009, p. 182) with respect to the forced removal of Indigenous babies:

> Under the states' welfare regulations no child could be adopted without the mother's consent. When confronted with this restriction, authorities resorted to the same tactics they used when pressuring single white mothers to relinquish their children. Some children were adopted without the mother's consent after nursing or welfare staff had forged their signature. Some women were told their babies were stillborn and some women signed papers without realising they were authorising the adoption of their child.

Critchley in the Herald Sun (2006, Dec 9, p. 113) wrote:

> When Dimitra Karabatsos give birth as a single mother in Sydney in 1964 she was told her baby girl had died. Years later Dimitra … discovered her baby had been adopted out and she had been sterilised by the doctor. Mrs Karabatsos was a recently arrived migrant whose husband had been killed whilst she was pregnant.

Ron Elphnic and Glennis Dees, members of Adoption Jigsaw WA also attest to the practice (2000, pp. 43-44):

> Mrs B presented a detailed report on Jigsaw's activities in 1980 … There .. interesting references in the report which are worthy of notice … Our surprise were two mothers who had been told that their babies had died, whilst in fact they were alive and proud grandparents

Indicating the practice of telling mothers their baby had died had been going on for decades.

Wendy Hermeston, a representative of the Indigenous group gave evidence at the NSW Inquiry into past Adoption Practices (Report 21: 2000, pp. 227-228):

> I know of two mothers specifically who went to get their child back prior to the 30 days being up and they were told that their child was deceased … around, 21 years later, knocking on their door and saying their child is still alive… a lot of clients who ring up … Crown Street Women's Hospital is where a number of women had children and those children were subsequently adopted.

Lisa Clausen, a journalist writes:

> Years after being told their babies had died some Australian mothers have learnt the truth " … extraordinary treatment of at least 50 Tasmanian women who gave birth between the 1930s and early '70s. Gael Moffat of the state government's Adoption Information Service told the *Sunday Tasmanian* the women had all been informed their children had died at birth. Decades later, all had been contacted by those same children grown to adulthood. There had been no deaths: the babies had instead been adopted out (Clausen: 1996, The Times, June 24, p. 79).

In the above article ‘breast feeding’ adoption is also described. Graeme Gregory, principal adoption officer at Victoria’s Methodist Adoption Agency from 1966-1978 states:

> that he was told by a doctor in the 1960s that he had taken a baby, which had been put up for adoption, from the third floor of a hospital - where the young unmarried mother lay - to the fifth floor. There the child was put at the breast of a married woman whose baby had just died. Gregory remembers the doctor telling: ‘And that was adoption and we didn’t need any social workers to do it’.

Again in respect to ‘breast feeding’ adoptions the concern was not for the unmarried mother but for the mental state of the married woman. Death being part of life can be grieved and eventually moved on from, but the removal of a healthy newborn from its mother, and for her not to know where her child is or whether it is dead or alive is an altogether unnatural state of events. Margaret McDonald, stated: “The grief can be worse than after death” (McDonald cited in *Woman’s Day*: 1986, April 21, p. 58).

Dr. Blow states:

> There has been some discussion of the value of immediate allotment of a child to a mother just confined of a still-born baby. Some individual favourable reports of this procedure have been given, but I feel that it is a procedure which needs to be approached with great caution and no generalisations seem possible without much further study. Such a process involves a very rapid decision by the mother and father of the still-born child at a time of considerable distress. One wonders how rationally a decision at this time can be made … Even though the stillborn baby has never existed as an independent person and has therefore not been an object of the mother’s love in the ordinary way, yet the pregnancy is presumable some eight or nine months old and the loss of the baby must involve some aspects of the mourning process. I cannot help wondering what the effect upon the normal process of mourning would be of the introduction of an ‘alien’ child …. (Blow: 1967, p. 24).
>
> I will conclude by mentioning a particular example of the difficulties which can arise when considering applicants whose adjustment is already somewhat

> doubtful. In my experience it is not uncommon for rather neurotic, childless women to come to believe that the major part of their disturbance and distress arises from being denied a child. Consequently, they may come to believe that the allotment of an adopted child will overcome all their problems. I personally doubt if this is ever completely true, and in many cases there is no doubt that it is untrue. The denial of motherhood through natural means may certainly be an aggravating factor, but I very much doubt if it is ever the whole cause of a psychological disorder. One can readily understand, however, that a somewhat disturbed, childless woman should seek to project the responsibility of her whole disturbance upon the fact that she has no children. One can only understand … but I feel that it is professionally disastrous if one comes to uncritically share her view and to be persuaded that the allotment of a child will effect a cure (Blow: 1967, pp. 24-25).

Mothers used as Breeders and to promote fertility among the 'better classes'

Professor R. S. Woodworth, of Columbia University in a Report prepared for the Committee on Social Adjustment (1941, p. 33) states: "The demand for children to be adopted exceeds the supply, and many couples wishing to adopt a child are from the educated sections of society whose own birth rate is low. If prospective foster parents are assured that by supplying a good home, excellent care and full opportunities for education they can rear a child to take the place which they would desire him to take in the community, without regard to the child's own parentage, this assurance will be highly import for the foster parents and for social control. On the strength of some positive findings which will have to be scrutinised in this report, the suggestion has been made that society, instead of seeking to minimize the fecundity of feebleminded women, should utilize them as breeders of children for adoption into high-level homes". Woodworth as was the case with Popenoe (1929, p. 245-247) believed that illegitimate children did better in their foster homes than legitimate children.

A belief amongst those working in the adoption industry was that if an infertile couple adopted a child they would go on and have 'children of their own'. This came about because of the tendency for some adoptive mothers to become pregnant after they had adopted a child. (Orr: 1941; Grotjahn: 1943). So therefore unwed mothers were not only used as 'breeders', but had an additional use as a fertility tool (Kraus cited in Daily Telegraph: 1977, Sept 3), in this way they served a further function for the State, assisting to expand the middle class and increase the population of those deemed 'fit' (Crown St Archives: 1956; Marshall: 1984, p. 8;

Harper & Aitken: 1981; Roberts cited in Kennet: 1970, Sunday Telegraph, Dec 12; The Australian Catholic Social Welfare Commission 1991, p. 19). Matron Shaw "welcomed the establishment of … the sterility clinic and an almoners' department" for adoption social workers in 1950 (Fulloon: 1988).

Piddington (Reekie: 1998, p. 81) was a strong believer in monogamous, heterosexual marriage. This was in line with the tenants of elite women's groups, which consisted mostly of married women (Carey: 2006, p. 166; Crook: 2002, p. 367). She argued society had to "be saved from the dysgenic effects of a high rate of ex-nuptial unions" (Piddington: 1923, p. 11 cited in Reekie: 1998, p. 81). For eugenic concerns she claimed that if society took good care of the individual mother 'in whatever plight' (Piddington: 1923, cited in Reekie: 1998, p. 11) and removed the disability of the social stigma attached to illegitimacy the problem of the unmarried mother would disappear, thereby advance the progress of the race (Piddington: 1923, p. 11 cited in Reeki: 1998, p. 81). Indeed she advocated women write the word 'illegitimate' and draw a black line through it (1923, p. 8 cited in Reekie: 1998, p. 81). Since Piddington presumed unmarried mothers by definition unfit to reproduce, I do not believe she either wanted to reduce the stigma or imagined the 'problem' could be eliminated by running a line through the word. I would argue that one way she would have solved the problem, with respect to the eugenic ideology she espoused, would have been to take the infants from unwed mothers and assimilate them into the more industrious classes, as Mrs. Windeyer had advocated in the 1880s. I would argue this is what Matron Shaw did, she provided a service for the infertile and engaged in an eugenic exercise of increasing the size of the middle class.

Piddington, was a very influential eugenicist and run courses for social workers and hence would have had an affect on those working in the area of adoption

> [She] ran courses when she set up her Institute of Family Relations in 1931. A pamphlet she produced stating: "to arrest … racial decay … a group of social workers who propose to carry out, under the direction of Mrs Marion Piddington, a campaign against the dangers of promiscuity (Wyndham: 1996, p. 88).

Paul Popenoe, leader in the U.S. field of eugenics, corresponded regularly with Piddington (Wyndham: 1996, p. 89). He promoted adoption for those who must forego parenthood on

eugenic grounds (1945, p. 108), and as a means to elevate the status of the child and increase the infant's IQ (Popenoe: 1929, p. 246).

Piddington was also strongly in favour of artificial insemination (Wyndham: 1996, p. 90). This is not surprising as there was a strong belief that being childless caused neuroticism and divorce (Groves: 1925, p. 235; McLelland: 1967, p. 42; Blow: 1967, pp. 24-25).

Artificial Insemination was used at Crown St sterility clinic and it could be argued that the fertility clinic engaged in the practice of using the babies of unmarried mothers experimentally to assist infertile couples to have their own.

A 1964 edition of Progress stated:

> Adopting a baby can actually promote motherhood (cited in McHutchison: 1984, p. 14).

During my research I discovered in the Crown Street Archives a document dated April 17, 1956. The heading: Adoptions, the sub-heading: Sterility Clinic. The documents states: "Overall figures show that only a very small percentage (e.g. 5%) of women cannot conceive and give birth to a live infant".

Apparently the reason 5% of women cannot reproduce is explained: by obstructions and/or no male sperms. The causation of 95% of infertility is supposedly: psychosomatic.

> Actually coming to a Clinic once may lead to pregnancy … or years of treatment, then adoption may also result in pregnancy.

The document though exposes a dark side to adoption practice and one is left to wonder as to why when those working in the field knew that adoption was a social experiment that failed that it was continued to be practiced and promoted:

> Majority who become AP's [adoptive parents] seem unsuitable as parents due to emotional instability. Many who adopt or become pregnant reject child as a

> hindrance. Child Welfare Department verify that many adoptions do not work out. Child wanted because
>
> - Neighbour has many
> - Feel their role unfulfilled
> - Feel they must look like others
>
> Later [the adoptive parents become] resentful.

The document goes on to state:

Dr. G disapproves of adoption. Prefers artificial insemination. Emphasises mental inhibition. Older couples (e.g. 35) better without. Dr. M keen and refers unsuitable parents.

The document also discusses the practice of: "Breast feeding adoptions". The practice was discussed at a conference to herald in the new *Adoption of Children Act* 1965 implemented in 1967.

> Breast feeding adoptions may be satisfying to mother and baby however mother is often very disturbed by loss of her own and the re-adjustment of the hormonal balance. Royal Hospital for Women Paddington disapprove of breast feeding adoptions

The problem in not allowing a mother to grieve for her dead baby is well discussed in the literature: "A childless woman yearning for a baby inevitably elaborates strong conscious or unconscious fantasies of her own child. The real baby cannot compete with the fantasy one, the women feels sudden bewilderment and disappointment with the real baby … Essentially similar dynamics may apply to the woman who has lost a beloved child and seeks to restore it though adoption, whereby the new baby is irrationally expected to resemble the child who died" (Bernard: 1945, p. 236).

Self Service Babies

Matron Shaw's was involved in handing out babies (1943) to selected family members (Chick: 1994, pp. 6-10, 25). Additionally Margaret Watson, who gave oral testimony at the Inquiry into

Past Practices in Adoption (1999) and whose narrative is recounted in a book title, *Releasing the Past: Mothers' Stories of their Stolen Babies* (2008, p. 60), was chosen by a Crown St. social worker for her friends, so it is obvious that this was a recurrent practice at Crown St. The underlying ideology that it was acceptable to take infants from their unwed mothers may have gone back to the founding of the Hospital. I would argue that it was an established practice and that assertion can be substantiated not just by anecdotal accounts, but documentary evidence. A memo dated July 18, 1949, signed by the Medical Superintendant is a directive to the head social worker that states:

> Would you please tell me if you see any particularly handsome baby for adoption that could be kept at 'Scarba' for 6 months for a Doctor … who has made an application to adopt a baby in the next 9 months (Crown St Archives: 1949).

Waiting lists in this period of time were long as contrary to popular myth the demand for babies far outweighed the supply. It was more usual for the mother to be supported by either their families or partner, it was only the most vulnerable that were preyed upon (Kerr: 2005).

The above must have been standard practice, in that the Memo was written on Crown Street letter head. The request is for the baby to be kept at an institution that was connected to Crown Street as an orphan until the doctor desirous of adopting was ready to pick him up. It was well known that children kept in institutions for months, could be permanently damaged, both physically and psychologically (Backwin: 1942; Spitz: 1945; 1946). The adoption industry publicly justified its action of taking a baby at the birth so it would have the security of a permanent placement with its new parents. The memo tells a very different story. As does the practice of labelling a child unfit for adoption or deferred: which meant the baby may be adopted only after a paediatrician gives his guarantee that the baby has no physical or mental defect, as Hermann (2001) states: "Is not a lemon".

Participant HS (30/07/07, italics added) who gave birth at Crown St in 1964, states:

> A few weeks before my due date, I had my last meeting with the SW employed by the hospital. I told her I was having second thoughts about going through with the adoption. Although she had been pleasant, albeit business-like until then, she launched into a strongly worded lecture about my unfitness to be a mother citing my unwedded status and the obstetric costs, (which were being met by the prospective adoptive parents) and my inability to repay them. She finished off by saying 'if you really love your baby, you will give it up for adoption to be raised

by a respectable married couple. They will be able to give it all the things you will never be able to provide.' This was after breaking the news to me that the prospective adoptive parents were a *GP and his social-worker wife*. Any thoughts about rescinding my decision were laid to rest as I felt I could not compete with two people with such impeccable credentials.

Deferred adoptions

Nowhere more than in the area of deferred adoptions is the eugenic ideology underlying adoption and the needs of adoptors exposed as the key determinant of adoption practice reveal itself. Dr. John Bowlby (1951) whose work was well-know within the NSW Child Welfare Dept, advised that infants without parents, in order to psychologically and socially thrive, must be placed with a permanent carer, as soon as possible. He warned of the dangers to child-life of letting a tiny infant languish in an institution. Yet to ensure the bonding of adoptive mother with the stranger infant the NSW Child Welfare Dept deprived the natural mothers' opportunity of any contact with their newborns, which meant that their baby remained without a permanent carer, sometimes for up to a month, before being discharged from the hospital. In the case of deferred babies, or put another way those that were 'not approved' immediately for adoption, they could remain in hospital for up to several months, or the usual practice: they were institutionalised until deemed 'adoptable'. Examination of babies was undertaken to ensure that adoptive parents were given only infants in excellent physical and mental condition: "Babies constituting a poor developmental risk are not approved. Others have their final examination deferred for varying periods so that a more accurate prognosis can be made" (Social Work Department: 1958, p. 2). Hence, if babies did not meet the individual and subjective standard of the examining paediatrician they were classed as 'deferred or rejected completely.'

Most of these babies, classed as 'deferred', were medically fit and therefore the hospital wanted to discharge them. This then created a difficulty as there were not enough foster parents willing to take them. This meant that the adoption worker "in many cases have to settle reluctantly for an institution" (Social Work Department: 1958, p. 2).

To determine how to solve the problem of infants institutionalised for many months, who eventually would be passed for adoption, a group of social workers undertook a study in 1958 of deferred adoptions. They were critical of practices as applied to these infants in four areas:

1. The length of time some babies remain in hospital
2. The large number of babies going into institutions instead of foster homes
3. The variable standards applied by paediatricians who must pass the babies for adoption
4. The apparent lack of follow-up for babies going anywhere, but Department homes or institutions, leading to some anxiety about whether babies were being *adequately prepared for adoption*.

Interestingly the social workers were not as much interested in how the infants were being treated but whether or not they were being prepared for adoption.

The study revealed that approximately 21% of all babies taken were delayed for some reason. The period investigated was between January to June 1958 with 212 surrendered, 27 deferred and 18 not approved. Hence 21% of the surrendered babies could not go from hospital to their adopting homes. 21 infants went to institutions, 6 went to foster parents and 11 went to adopting parents. Of the adopting parents, 8 took babies who were deferred and 3 of those who had not been approved. The 21 who went to institutions; 6 were in Child Welfare Department Institutions, the rest in various voluntary places. Several babies remained in hospital for as long as 12 weeks for no medical reason (Deferred Adoptions: 1958, p. 3). Natural mothers were never informed that their babies were placed in institutions. The whole 'counselling' process was focussed on convincing mothers that their babies were better off in a two parent family (Reid: 1957, pp. 1-13; Schapiro: 1956, p. 47 McLelland:1967, p. 42; Block 1946, pp. 163-169: Clothier: 1941, p. 581-583). The Final Report of the Inquiry into past practices in adoption stated that in a survey done in 1958 one in four to one in five infants were deferred (Report 22: 2000, p. 26).

The most important single reason for deferment or non-approval was medical – this amounted to 70% of the babies, whilst the rest had 'unsatisfactory social and racial histories' (Deferred Adoptions: 1958, p. 3). It is interesting to note that these babies were not deemed medically fit for adoption, but fit enough to be discharged from hospital.

The study revealed that practices varied between hospitals with some paediatricians examining babies several times, others only once; some were seen at 4 days old, others at 5

days or later, some were not approved at all if considered immature by a certain period, others deferred for the same reason. The researchers stated that "It is clear that the number of babies surrendered for adoption, but not immediately available, is great enough for some special attention to be given to their preparation for adoption or their long term care". The researcher noted: "Of secondary but important consideration is the great demand for adopted children. Everything which can help meet this demand quickly should be examined".

The researchers explained:

> While there is no provision for this in the law of NSW it is clear that some adopting parents are willing to accept children who do not have entirely satisfactory records or heredity. If [a] system of probationary placements were established it seems probable that more deferred babies would find early placements in which they would, in the majority of instance, be able to remain. This would reduce the number of changes of home to which the babies are otherwise so often subjected.

The risks of multiple placements, to the physical and mental development of the baby, was well known (Bowlby: 1951), but to ensure that the prospective adoptive parents were protected from permanently taking a 'defective' baby it was only placed temporarily with parents or institutionalised.

The State also had expectation of adopters: they were to train their adopted children to grow up to be industrious and efficient citizens (Kerr: 2000, p. 4). It was considered to be a 'waste of valuable resources' if adoptive parents' energy was consumed rearing a child that was 'inferior' or in some way 'defective'. So children deemed 'defective' were thought not to benefit from the advantages of adoptive parents, but rather it was advised that they be institutionalised (Popenoe: 1929, p. 243, Gesell: 1923, p.138; Goddard: 1913; Hermann: 2001, p. 685; Brooks & Brooks: 1939, p. 31). So it is not surprising that the almoners noted in their research study that: "The probationary placement can bring bitter disappointment to the adopting parents in the event of their having to give up a baby proving to have too serious a disability".

The reasons for being deferred or not approved:

	Total	Deferred	Not Approved
Medical	24	15	9
Social	9	5	4
Racial	4	2	2
Medico-social	3	1	2
Medico-racial	3	2	1
Total	43	25	18

Deferred adoptions was explained by the Head of Adoption Branch: "Because of a policy which had the effect that only healthy babies were placed for adoption. Adoption action was deferred where the child was affected by any appreciable physical disability; if she was aged over 12 months, if there was a history of mental illness in the parents" (O'Mara: 1978 cited in Marshall: 1984, p. 9).

Crown St circa 1960

By the 1960s unwed mothers were treated as less than animals, without a modicum of consideration for their human or civil rights (Sherry: 1991). This is not surprising since the eugenics movement, for decades, had dehumanised unwed mothers "as women who had no self control and like the lower animals they obey their instincts and gratify their desires as they arise" (Chappel: 1903, pp. 103, 105).

Dr. Geoff Rickarby, psychiatrist, adoption historian and expert, states that the mothers' files at Crown St had more in common with Chelmsford Hospital patient files. Chelmsford was a hospital that used deep sleep therapy that was directly responsible for 24 deaths and 24 suicides and countless numbers of brain injuries (Green Left: 1996; Parliament of NSW: 1991; Chiarella: 2002, p. 126).

The public perception of adoption was a sanitised version of what was happening at Crown St. No fair minded Australian would have supported the forced separation of a newborn from its mother at the birth or refusal to discharge her from hospital until her consent to adoption was obtained.

The Drug Regime

Different hospitals used different medications. At Crown Street the drugs of choice were: chloral hydrate; sodium amytal and sodium pentobarbitone. Dr. Geoff Rickarby states that these drugs were depressant hypnotics that caused not only sedation, but a clouding of consciousness and forced unconsciousness in higher dosages. These were also the same drugs used by Dr Harry Bailey on his patients at the notorious Chelmsford hospital (Rickarby: 1998; Written testimony part 3). Rickarby states:

> I studied a number of Crown St files and I also had the occasion to study Chelmsford files. The similarity was striking, the barbiturate drugs the same and in similar dosage (although not the same frequency to produce deep-sleep). The senior Psychiatrists at Chelmsford and Crown St were the same. I was aware of the collusion between the two when I uncovered a letter by Dr. Harry Bailey from microfiche kept at Paddington, ordering the abortion of twin foetuses (close to viability) of a Chelmsford patient by hystorotomy (late term abortion). This was duly carried out without the woman's consent and she was wondering twenty years later whether her babies were still alive and with somebody else … At Crown St drugs were also used for control in the ante-natal period, for many days usually, but sometimes drug control went on for many weeks. Chloral Hydrate, Sodium Pentobarbitone, Amytal were all used. A 200mgrm dose of Sodium Pentobarbitone was given intramuscularly within some hours of the birth, this was often repeated during the first five days, but often backed up by oral does of Pentobarbitone or Amytal (Rickarby: 1998, Written testimony part 1)

The types of barbiturates used at Crown St on pregnant young women had been in use by the military and were mind altering in nature, influencing the higher cognitive abilities and impeding the decision making capacity (Sargant & Slater: 1940, p. 105; Sargant: 1942, p. 575; Beard: 2009, p. 25; Debenham, Hill, Sargant & Slater: 1941, p. 108).

Dr. Harry Bailey had used sodium amyal regularly to coerce consents from reluctant patients at his Chelmsford Hospital:

> "If they refused to sign the consent form, then the instruction was that you gave them some medication to quieten them down; that's what you would say: "I'll

> give this little injection now, it will calm you down. You will feel, a lot better after it'. But of course that little injection was Sodium Amytal and then of course they were off on the sedation … if the patient said 'I don't want sedation' we rang up Dr Bailey … he would say they had to have it, get them into sedation the best way you can" (Matron Smith: 1990 cited in Chiarella: 2002, p. 127)

At Chelmsford patients signed forms while semi-conscious or very sedated. The Royal Commission into Chelmsford concluded that there had been lack of informed consent or no consent at all and that in relation to giving consent the nursing staff had colluded with the lack of information regarding the nature of the patents' treatment (Chiarella: 2002, pp. 126-127). The same could be said of the treatment given to unwed mothers by the medical and social work staff at Crown St.

The Conveyor Belt

Before being admitted into Crown St unwed mothers had to first visit with a social worker (Roberts: 1994, p 1). This effectively placed them under the control of the social work department. Mothers were expected to have regular meetings and during the 'counselling' sessions they were made to feel inadequate to rear their infants. They were not informed of what lay ahead in the maternity ward. They were not given information about the drug regime or that they would be denied access to their babies. Nor that they would not stay in the hospital where they had given birth. Pamela Roberts stated that the policy was not to inform mothers about the use of the pillows or stilboestrol. The procedure as noted in guidelines and social work journals and therefore in the public domain was that whether the mother intended on adoption or not she should have unfettered access to her baby (Borromeo: 1967, p. 11; Lewis: 1965; Wessell: 1960; 1963). However, Roberts admits the existence of an internal Policy Manual (Roberts: 1994, p. 3) that was used by staff. The Manual "aimed to ensure that the Social Work Department ran in accordance with the Hospital and Health Department policies (1994: p. 3). Even though Roberts' states that the mother had the right to change her mind she describes the use of the pillow being used at the birth, to stop the bonding between mother and child (1994, p. 6). She never suggests that it was for the mother's benefit, nor does she describe the mechanism by which the mother could intimate to medical staff that she wanted to keep her baby and prevent the use of the pillow to stop bonding or stilboestrol to prevent breast feeding. Whatever the mothers' wishes the natural birthing process was

permanently interfered with and left both mother and child vulnerable to life long grief and post traumatic stress disorder (Rickarby: 1998; Condon: 1986).

The Health Department Guidelines

Whether a pregnant woman had made up her mind or not about adoption her files were marked with a secret code: UB- or BFA, both meant mother unmarried, baby for adoption (Roberts: 1994, p.5). This code guided the medical staff months later in the way a mother would be treated in the maternity ward. Acknowledgement that unwed mothers were singled out for differential treatment was substantiated in an affidavit sworn by Pamela Thorne, nee Roberts, head social worker of Crown St. (1964-1976). Unwed mothers would:

1. Have no contact with the child at the birth; the baby would be immediately taken to the nursery;

2. During the birth have a pillow placed on her chest, obscuring the mothers' view of her infant at the birth. It was practice not to inform them that a pillow or sheet would be used for this purpose;

3. In the days after the birth the mother would not be permitted to see her infant (1994, p. 6);

4. Be injected with stilboestrol (a carcinogenic hormone to dry up her milk) immediately after the birth so she could not feed her infant and it was practice NOT to inform mothers that this would occur (1994: p. 8);

5. Be given barbiturates prior to, during and after the birth (1994: p. 5);

6. Mothers would be removed to an annex of Crown St: Lady Wakehurst, hours after the birth which meant they had no physical means of accessing their infants (1994: p. 6).

Differential Treatment

That unwed mothers were subjected to differential treatment as married mothers is not surprising as the social work and psychoanalytical literature of the time categorised her as 'unfit' 'immature' and too neurotic to parent her child (Young: 1947, pp. 27-34; Littner: 1956, pp. 21-33; Schapiro: 1956, 47; Clothier : 1941, p. 584). An unwed mother's was not considered capable of making any autonomous decision regarding her infant (McLelland: 1967, p.42; Hutchison: 1946, pp.. 4-7, 14; Roberts: 1968, p. 13). It was up to the social worker to make the decision for her and since it was considered to be in the child's best interest to be raised in a two parent family her and her infant's fate was sealed (Reid: 1957, pp. 1-13; Schapiro: 1956, p. 47 McLelland: 1967, p. 42; Block: 1946, pp. 163-169: Clothier: 1941, p. 581-583).

I interviewed a woman who delivered two babies at Crown Street. The first baby was born in 1965 whilst the participant was unwed. This baby she was able to keep with the support of her mother. The second baby was born in 1969 when the interviewee was married. This baby was the result of an affair and the participant and her husband chose to relinquish the infant. The contrast between the way the social work and medical staff treated her in these two instances is illuminating. Following is an extract from an extended interview I conducted with the participant.

1965 Crown St Women's Hospital

CC: Did she [the social worker] discuss any options or alternatives to adoption

AA: No

CC: Did she explain any financial benefits that were available

AA: No

AA: No, no discussions like that at all. She just wanted to stamp UB on my paper

CC: When the paper was marked with UB it also meant baby for adoption, so your telling me she only wanted adoption for your baby

AA: Yes.

AA: Well as I said she was the Almoner, but as I said I objected when she put unwanted baby because the baby was not unwanted.

CC: So your mother was supportive of you keeping the baby

AA: My mother was supportive of me … AA: This was before the birth that the SW came in, because I was re-admitted again with toxaemia so they kept me in the hospital until the baby was born, they told me I had to stay in hospital until the baby was born, because they didn't want me to endanger the baby … so I was in hospital that is when the social worker came in and I said to her I don't want to adopt my baby out and she said to me very well we will ASSUME you're keeping your baby and that was said very loudly and after she left the ward a couple of the women said to me, we had no idea, how rude, that was so awful, we had no idea you weren't married

CC: So the other married women in the ward were supportive

AA: YES YES

CC: And that was in 1965!

AA: Yes that was in 1965 - they were really nice, they were mortified I guess they could see I was embarrassed

AA: My mother was supportive of me

CC: So you had your mother on side

AA: Yes I had my mother on side

AA discusses her treatment around the birth of her baby

AA: He wasn't left in there with me, you know how they do. He wasn't left in the room, you know how it was partitioned off in those days with curtains. In Crown St you could have been in a long room and it was curtained off and their was other ladies giving birth in the next cubicle and I don't remember my baby being in the room with me, when they took him out to measure and I had to ask several times could I see my baby ... and they did bring him back in, and I do remember that because I wanted to see my baby ... my mother was outside … the hospital said they had rang my parents and told them I had gone into labour, the nurse came into me and said I've rang your parents and told them.

CC: When you were in the hospital prior to the birth your mother came in to visit

AA: My mother came in regularly

CC: Did you feel any stigma

AA: I did feel in a way – from the social worker definitely, yes, because as I said she was quite loud in what she said,

CC: So you felt comfortable with the other women

AA: Yes, I felt comfortable

AA: Yes, they came and asked me again, did I want to adopt, she came and said, was I sure I was going to take my baby because if I made that decision it was on my head, it was my decision if anything happened

CC: did she come into the ward and say that

AA: No, that was when I had to go to her office and sat there which again was someone in authority

CC: Why did you have to go to her office

AA: I don't know, I can't remember that, but I remember sitting there, and she was sitting there

CC: Was there an overall theme

AA: I was just a womb, there was more concern for the baby you were carrying, especially in the hospital, there was a lot of concern about the baby. I can remember this, because when I had the toxaemia and was in danger it wasn't to me it was to the baby – If I didn't do this, that would hurt the baby that would hurt the baby and the whole bit, so there was a big emphasis on the baby, my irresponsible behaviour – like one day there I can remember it vividly there was a Chinese church across the road and the ante-natal ward where we were was up here and there was this big wedding and I wasn't supposed to be out of bed at all, because of the toxaemia and I went racing across, as one does, to see the wedding and the doctor walked in and I was given the most thorough dressing down for endangering my baby's life by being out of that bed

CC: Well do you think he would have spoke like that to a married woman

AA: I was really left in no doubt that the behaviour I was exhibiting was very dangerous and harmful to my baby and you know I had no common sense I was devoid of common sense and god knows what else because I was out of that bed and if I persisted in doing that they were going to put me under total sedation. I was put on that for a couple of days before that because of the blood pressure and I would have to be put back into total sedation. No I don't think he would have spoke to me like that if I was married. I think that because you wouldn't talk like that to anybody in that respect I was 19 and it was like telling me off like that and he ordered me back to bed, he virtually ordered me.

CC: Did you feel any stigma from people in the general community

AA: No

CC: So were you aware of stigma from anyone

AA: Only that bloody social worker, yeah and that doctor yeah how they sought of put it on to me yeah

AA goes on to explain the very different treatment she received as a married woman who had decided on adoption. There was no coercion or duress and she was given her rights as set down in adoption manuals.

1969 Crown Street Women's Hospital

AA: This was an ex-nuptial birth, my husband was overseas and I had an affair…. we decided we were going to terminate the pregnancy and it didn't work, so then I knew I had to go through the pregnancy and my husband said he didn't want the baby

CC: So you both made this decision – so this time did you visit with the social worker

AA: Yes. I went to the hospital at Crown St to book in and asked to see the SW and I went and explained my circumstances to her and she was very supportive

CC: If you can contrast that meeting with the SW from when you as a single woman went and saw the SW – was there a difference?

AA: Yes

CC: Please explain that

AA: Well I was given a cup of tea, I was respectfully called Mrs and then by my first name: AA, the whole bit, it was quite a pleasant meeting, and she was very, very informative. It was explained to me about the adoption procedure

CC: So what your saying is the first time, when you were unwed you weren't explained anything?

AA: When I was unwed the approach was that a baby has the right to have a mother and a father and I was lectured on that, more than giving me any information I was lectured and a dressing down I guess – that I was a naughty child and I needed to have this instilled in me that children should have a mother AND a father and that kind of stuff – I was told that there was no support because in 1965 there really wasn't a single mother's pension and there wasn't any support for an unwed mother. That's what she told me that there wasn't any support for an unmarried mother so how would I support it and I said because I am living with my family ….,but when my mother said she would help that's when I changed and realised that I did have support.

CC: Were you explained how you had 30 days to change your mind and did they explain how would go about that

AA: Yes and I was given a booklet, not actually a booklet but a pamphlet on the steps that I could take if I wanted to revoke my consent -

CC: This is when you were still pregnant

AA: Yes, this was while I was still pregnant

CC: So you actually got a pamphlet listing the steps

AA: Yes, of what I could do, if I wanted to change my mind on the consent

CC: Did she explain anything about the birthing process – for instance did she ask you if you wanted to see the baby?

AA: No, I can't remember whether that was discussed or not, because I had already had a baby, yeah and I don't know whether that was discussed or not - I just assumed I would see the baby and there was no mention of not being able to see the baby

CC: You had several sessions with the SW?

AA: To make sure that I was still committed, that I was going to adopt out this baby

CC: In case you changed your mind?

AA: Yeah and to see how things were going with me and all that kind of stuff, I guess you had to have a happy mother to have a happy baby, healthy baby.

CC: So this was a very different experience?

AA: It was a very different process

CC: Can you go through the process once you were admitted to the hospital?

AA: Oh, very different, it was very Mrs. This and Mrs that

CC: So who treated you differently?

AA: Well yeah, nothing was too much trouble and all sorts of things like that and there was no social worker coming in there and asking you about keeping your baby or are you still going to adopt out your baby, I was not visited at all by the social worker whilst I was in the ward, she never visited me at all.

CC: So there was a difference

AA: There was a difference, as I said no social worker coming in, there was no doctor treating me like a naughty girl

AA: When she was born – I asked what it was and they said, it's a girl. I actually saw her as they were lifting her away – they then laid her on me. I nursed her

CC: They didn't do that the first time?

AA: No, that's why I can't remember seeing the first one only the second one. They put her next to me I looked at her and everything, you know the whole bit and all that kind of stuff and it was a girl and I had her for a while there, and then they came in and apologised and said we have to take her now. I said that's fine, take the baby, that didn't happen the first time, and I also remember before I left the hospital they let me have her again to kiss her goodbye. They bought her back into me and said would you like to see your daughter again for one last kiss. I said Yep, so they brought her in, to kiss her goodbye, and I was trying not to think of her as this as my daughter, and I remember my mother wanted to see the baby and so they arranged for my mother to come in and see the baby. My mother saw the social worker, she was allowed to see her, they asked my husband if he wanted to see her and he said no, because he said to me if he had of seen her he would have wanted to have kept her …. and I wanted to keep her, I really wanted to keep her, but I knew I couldn't it just wasn't the right thing to do for her and I knew that she would have had a bugger of a life. and I left the hospital without signing the papers

CC: Did you do that for a reason?

AA: Yes, because I was in such an emotional state they said to me would you like to sign the papers later

CC: So they could see you were distressed and they did not want you sign the papers while you were distressed?

AA: Yes, they did not want me to sign the papers whilst distressed and they said I could sign them later on and that I had ex amount of time [to revoke the consent]

CC: How much time did they tell you, you had?

AA: I think it was 30 days

CC: I think that was the revocation period

> AA: Yes, I don't remember basically they just said to take my time, eventually what they did they arranged for the social worker to come to my home and I signed the papers in my home with the support of my family there (cries).

The treatment AA received at Crown St. was per Child Welfare guidelines. She was not drugged, no pillow was used, she was given her baby at the birth, she and her family were given unfettered access to her child, and because she was in some distress about the adoption, she was told by the social worker her consent could not be taken (McLean: 1956; Participant AA: 2007). She left the hospital with the social worker still trying to convince her it would be best for the baby if she and her husband could keep her daughter. She was also given, whilst still pregnant, the steps necessary to revoke her consent if later she regretted her decision. During the course of my research I never came across one unwed mother who was ever given a pamphlet on how to revoke her consent. Most mothers were not even aware that they had to go to the Supreme Court to revoke and many went back to the hospital social worker whose standard response was: "Sorry dear your too late your baby has already been adopted" usually stated whilst the baby was still in the hospital (Rickarby: 2007 cited in Cole: 2008, p. 126).

Participant AJ who gave birth in at Crown St in 1970 states: "We were not given any instructions as to what to do or who to contact if we changed our minds" (Participant Survey: 18/12/07).

Participant HS who gave birth at Crown St in 1964 states:

> Yes. It went along the lines of, 'This is the Consent Form in which you give up all rights to your baby and you do realise that once you've signed you will never have any rights to claim him again? You have 30 days in which to change your mind, but in your situation, being unmarried and no visible means of support, it is very unlikely that a court will reverse your decision'.

A research participant who trained at Crown Street women's hospital stated:

> I will never get over the guilt I felt at having to railroad women into adoption. But that was our training….we were told we had to shame women into adoption.

CC: How was this achieved?

MM: Well, we were given a sort of script that we had to follow …. it was a list of questions that we were expected to ask the women when they came in for counselling … the questions were expected to make them feel they were being selfish if they kept their baby … I only trained at Crown St. as soon as my training finished I left. I did not want to be involved in that … that is not why I became a social worker.

CC: Did you explain to women their rights, the alternatives to adoption?

MM: No I was not really given that information to pass on …. it was a thinking really that seemed to permeate the social work department …. these women had done something wrong, they were having babies without being married …. the underlying belief was they were not fit to be mothers they were mentally incapacitated and it was better to take their babies and give them to good married couples.

Unwanted Mothers - Wanted Babies

The public presentation of the relationship between the unwed mother and her social worker and the way it was in reality was vastly different. Pamela Roberts presented herself to the world as an advocate of single mothers. In the Daily Telegraph (22/11/1967) she states: "Our job is to work with her; give sympathy and understanding and the pros and cons of keeping the child … We also need to consider the mother after the birth of the baby. Sometimes she needs more support than she did during pregnancy … A girl must decide herself whether she will keep her bay or sign adoption papers".

Roberts private papers though present a very different attitude. She equates unplanned pregnancy always with an unwanted baby. Roberts (1977, p. 1) states:

> The last 10 years or so, when I've been working in the obstetric field, it has served to strengthen my earlier firm conviction to be wanted by 2 loving and secure parents, is a child's greatest asset and start in life. I believe that 'wantedness"

> may have to be the most important factor in giving a baby the best long term chance in life …. we will never eliminate entirely the unplanned, out of wedlock first pregnancy … We are a long way from 'every child is wanted' and we have still the common situation of an unplanned conception and sadly still the unwanted child … but hopefully with skilled and sufficient help at that time we may be able to prevent further ex-nuptial and adolescent pregnancies (1977: p. 2).

Was taking the child a 'punishment' the mother received so she would never make the same 'mistake' again? Unfortunately for many mothers the experience was so traumatising that they never went on to have any further children, whether they married or not. Isabel Andrews states that for mothers who attended a support group in Perth the secondary infertility rate was between 40-60%, which she states is the same statistic quoted by Nancy Verrier, a U.S. researcher. Andrews quotes in the general community the percentage is between 13-20% whilst Deakin (1982) claims that the number of women who either can't or choose not to have another child after having their first taken is as high as 30% or 170 times more than the average.

Roberts was well aware of the trauma and grief experienced by mothers who had their children taken:

> [In 1967] 60% of the single mothers delivered surrendered their babies for adoption. This is always a most painful and difficult decision … Above all the mother has to slowly adjust to the loss of her child, before she can take up the strands of her young life again. With support and counselling some mothers could use this sad experience to mature … Others, I'm sure never adequately adjusted to the loss and perhaps were identified later with psychosomatic ailments, symptoms of their profound grief and sorrow at this traumatic even in the lives when young (1977, pp. 4-5). For those girls who surrender their babies for adoption there is evidence that they need to go through a period of 'mourning' for their child and may need help to readjust to life in the community again (1968, p. 12).

Irrespective of the trauma Roberts justifies her actions by being highly judgmental of young parents:

> Adolescence is usually a time of working out feelings of identity and the young person is often less in control of feelings of anger, frustration and intolerant. Which is scarcely a time when the young person can adequately meet the needs of another small dependent human being ... Sadly some of the children considered at risk of abuse are children of adolescent parents (1977: p. 3).

Aware that the support of the family was crucial Roberts notes:

> 70% of those who kept their babies returned home to their own parents (1977, p. 6).

Yet there was no program at Crown St to assist mothers in mourning over the loss of their infant. They were told to go home and forget they ever had a child. If a mother did return some weeks or months later her distress was dismissed: "Well everybody else has got over it, why haven't you?" Even though they were quite aware of the deep grief and intense emotions the mother would experience (Murray: 1973, p. 83; Lancaster: 1973, p. 64; Roberts: 1973, pp. 97-98; Roberts: 1977, Crown St Archives).

If the grandmother supported the mother in bringing the grandchild home, usually the only way the mother got to keep her child, Roberts' rationalised this support as evidence of further neurosis:

> If the grandmother was a woman who had reached the end of her child bearing years, but herself only felt fulfilled by caring for a baby she would strangely advance the view that "we don't give away our own flesh and blood" (Crown St Archives: 1977: p. 7).

In social work journals, Roberts was more frank in discussing her feelings about illegitimacy. She described unwed motherhood as a problem for the mother and her child (1968). She believed that for some mothers: "their problems will be such that they will need the skilled help of a psychiatrist and clinic within the obstetric hospital" (Roberts: 1968, p. 11).

> It must always be remembered that any reference to unmarried mothers and illegitimate children usually rings a strong emotional reaction in most people

> because these are things seen as a threat to the concept of the family as the unit of our society (Roberts: 1968, p. 13).
>
> The baby is born and, like all children, has a certain potential. Whether this potential is fully realized and the infant has a happy and secure childhood, resulting in a mature adult person, will depend largely on the processes that now goes on and *the placement* that is made" (italics added, Roberts: 1967, p. 14).

At a seminar in 1972 Roberts stated:

> It would be tempting to say that the answer should be that many single mothers would do well to consider surrendering their babies for adoption … it is very difficult to provide satisfactory substitute experience for children where there is not a father in the family … We have seen that in may ways to be born illegitimate is to be born disadvantaged.

The mistreatment of unwed mothers at Crown St did not start when Roberts took over the social worker department in 1964, from research both textual and informant it can be argued that it had gone on as long as the Hospital existed.

A Case Study:

Intro

The following in text references gives the full title of the files referred to, the page numbers refer to the numbered Index the author generated for ease of access, as the nursing notes etc were not numbered.. Therefore the in text references are not replicated in the Reference List for this article.

The following case study is an exemplar of the way in which unwed mothers were treated at Crown St up until the late 1970s. In the following study the researcher had access to both the mother and infant's files and was able to view the collusion between two public hospitals and the New South Wales Child Welfare Department to deprive the mother of her newborn. This case study gives a rare insight into the way the system took control of the unwed mother's newborn at the point of birth, when legally no decision could legally be made by the mother to adopt out her child until at least 5 days after the birth. The mother's records show an

absolute disregard of her and her child's rights to remain in a family unit and that the practices within the hospital were akin to an 'industry' to supply infertile couples with perfect infants. Once the mother's files were marked BFA: unwed mother baby for adoption, her and her infant's fate was sealed. The adoption industry was like being on a conveyor belt that once on was very hard to get off. So that even though adoption workers knew it was very hard to place a baby with adopters if he or she had medical problem the mother still lost her baby and the infant was left in a limbo without neither his or her real parents and often institutionalised.

First Contact

I was contacted by a woman: RT on October 13, 2008. She had been referred by the New South Wales Post Adoption Resource Centre (PARC). She was in a highly distressed state and claimed that three months earlier she had been contacted by her 'supposedly' dead son, who was furious as he believed she had abandoned him at birth because of a medical condition. Her son, was born in 1967, at Crown St. As shocking as RT's account was I was not unduly surprised because I had been aware of a similar event happening around the same time as RT's and still had newspaper clippings and a medical file of another mother evidencing a similar practice. I will detail the her account as it substantiates that of RT:

In February, 1967, at Crown St, a young mother bore a daughter with a hole in her heart. She was told in order to save her infant's life she had to pay for an operation or if she did not have the money she must relinquish her to save her life. This mother was in a stable de facto relationship. The mother left the hospital without being medically discharged to talk it over with her partner (Nursing Report Crown St; Bonheur: 1972). She was threatened with police action if she did not return to the hospital and sign adoption papers. Her medical notes state:

> "Discussed with Miss L [social worker] patient leaving hospital without social and medical clearance. Do not notify police – [patient] will see Miss L on Monday" (Nursing Report Crown St: 1967).

When the mother returned on the specified day she signed the adoption consent believing she had no other alternative – the parents felt it was a case of giving up their daughter to save her life.

When they found out they had been tricked the mother revoked her consent. The young couple never got their daughter back, even though they fought a very public legal battle for a number of years (Bonheur: 1972).

The following are the details of RT and P's case, supported by their medical and social work files.

P was born on May 11, 1967 at the Women's Hospital Crown St. (P's Birth Certificate) in Surry Hills New South Wales. The name of his mother on his original birth certificate is incorrect as both his mother's Christian names are misspelt. P's mother's name, is evidenced by RT's birth certificate. RT believes that the incorrect spelling on the birth certificate and the signature displayed on all the forms pertaining to the relinquishment of her son for adoption stemmed from the fact that the doctor that referred her to Crown St. misspelt her name on the letter of referral (Dr. K to Crown St: 1967)

RT only became aware of this fact when she requested her medical files, after she found out her son was alive and the referral letter was amongst her files. On all the forms that bear RT's name and/or signature her middle name is misspelt.

RT had never sighted any of these documents previously because she believed her son to be dead therefore did not even know they existed. She only became cognisant of them when her son contacted her July 1, 2008, and abused her for, as he stated: "You purposely misspelt your name so I could not find you" (RT's Impact Statement: 2009).

No decision to adopt out a baby was legally allowed to be made prior to the birth, yet its states on RT's medical files from the time she was admitted into the hospital, May 4, 1967 (Crown St. Treatment Record: 1967), 'UB-': unmarried, baby for adoption (Crown St Nursing Notes; Nursing Reports; Continuation Sheets: 1967).

RT was denied access to her son at the birth and she was heavily sedated with pethidine and 200 mg of sodium pentobarbitone (Nursing Report; Treatment Record: 1967). The sedation continued until she was discharged, this is evidenced on her hospital medical files and the Hospital Discharge Summary (Obstetric Service: 1967), even though her medical files have a notation that she "did not want sedation" (Nursing Report: 1967). Stilboestrol was also

administered immediately after the birth. This carcinogenic hormone was given to RT shortly after the birth to dry up her milk (Nursing Report: 1967, p. 89). No consent for the administering of these drugs was ever sought from RT or is evidenced in any of her files.

RT, though a single mother had every intention of keeping her son. Finally after repeated and increasingly ever louder demands for her son to be brought to her she was informed that he had been taken to Royal Alexandria Hospital for Children at Camperdown (RAHC) because he had a medical problem (RT's Impact Statement: 2009). P was referred to RACH, not by any particular individual, but by Crown St Hospital (Royal Alexandra Hospital for Children, Sydney: 1967, p. 9).

RT never gave consent for her son to be transferred only being informed of the event after refusing to be quiet. A letter was sent to the RAHC from Crown St explaining that P was the son of a single mother and was therefore to be adopted (Letter from Crown St. to RAHC: 1967). The letter is dated May 12, 1967. It is apparent from this correspondence that from the moment of P's birth, guardianship of P, was taken away from his mother. Not only was RT's consent for the removal of her son to the children's hospital not sought, neither was it for a number of medical procedures undertaken in the days after P's birth (RAHC Nursing Notes: 1967, pp. 13-21).

Nursing notes recorded at RAHC substantiate that P was admitted to RAHC on May 12, 1967, and that he was "a healthy looking little babe" (Nursing Notes RAHC: 1967, p. 13). Medical notes dated May 12, 1967, note that P is a "Fit baby in no distress" (RAHC: 1967, p. 12). RAHC Discharge Summary notes that P "was well immediately after birth, but examination revealed a medical problem that needed further exploration (RAHC Discharge Summary: 1967, p.60).

The removal of baby P without his mother's consent could hardly be considered a medical emergency, particularly when the exploratory operation did not take place until June 2, 1967 (RAHC Pre-Operative Check List: 1967, pp. 43-46). In fact blood was ordered for the operation on May 31, 1967 and under 'Degree of urgency', out of four categories the least urgent is ticked (RAHC Blood Transfusion Sheet: 1967, p. 42).

To become subject to the regulations outlined under the *Adoption of Children Act* (NSW) 1965, implemented in 1967, detailed criteria had to be met. Most importantly no decision to adopt could be made before at least 5 days (Manual of Adoption Practices: 1971, p 5). The mother had to state she wanted to relinquish her child. She was then to be explained of all alternatives to adoption including available financial benefits (McLean: 1956, pp 53-54; Progress: 1964, pp. 15-16). Benefits were available from 1923 – it was presumed that poverty should not be the reason a mother was forced to relinquish (McHutchison: 1985, pp. 6-7; Parliament of Tasmania: 1999, p. 8). Only after all alternatives to adoption had been explained including the psychological impact on the mother, and she ***insisted*** (Child Welfare in New South Wales: 1958, p. 30; Progress: 1964, p. 16) on adoption was the form: 'Consent to make arrangements for the adoption of a child' to be brought to her. The document was then supposedly witnessed by a person duly authorised to do so by the Child Welfare Department ((Manual of Adoption Practices in New South Wales: 1971, p. 7). If the mother was in any way unsure (McLean: 1956, p. 54) or seemed to be distressed no consent was to be taken (Child Welfare Report: 1957, p. 25).

None of the above criteria in RT's case was met, yet she was treated as if she had already signed a consent to relinquish her child prior to her son's birth.

When P is transferred to RAHC his nursery notes (Crown St. Nursery Notes: 1967) state that the social worker has been notified. There is no mention that his mother: RT, has been informed.

On P's RAHC's medical files, dated: May 17, 1967, a nurse makes a notation that medical staff did not have any consent for P to be given anaesthetic (RAHC Nursing Notes: 1967, p 22). The nurse records on the file that she contacts the resident social worker at RAHC, Miss B, and informs her of that fact. The nursing notes further state that Miss B would organise getting the necessary consent for P's medical procedures. On the morning of May 18, 1967, there is a further notation in the nursing notes that Miss B has informed staff that the relevant consent will be forthcoming in the afternoon. How Miss B could guarantee that consent for anaesthetic would be forthcoming at a particular time is perplexing. If RT, as P's guardian, had not already authorised consent to any medical procedures, then gaining such authority relied on RT signing the relevant relinquishment form or consent to adoption, that being sent to the Child Welfare Department and the Department. subsequently acting as P's guardian,

writing a letter to the RAHC authorising the giving of anaesthetic, blood transfusion and the operation.

On May 19, 1967 (RAHC Nursing Notes: 1967, p. 38), P's medical notes report that his mother came and fed him, it also records that permission for anaesthetic is now "at the front of P's papers". It does not state that RT signed any consent. If RT had signed relinquishment forms on May 18 all her rights to visit her son would have been extinguished and she would have been refused access. The fact that she visited her son either meant she was not fully explained the legal importance of signing the consent and/or she never signed any consent documents. Medical procedures were conducted on P after this date, but this particular document, the permission form for medical procedures, that is referred to in P's nursing notes is neither amongst RT's or P's files.

The only document amongst P's files that authorise any medical procedures was written by the Director of the Child Welfare Department on May 25, 1967 (Director of the Child Welfare Dept letter to the Medical Superintendent RAHC: 1967, p. 40). This letter results from a memo sent by a Child Welfare Officer: EM, to the Child Welfare Department Director, stating that she had been contacted by Miss B, and authority was needed for P's operation scheduled for May 26, 1967 (Report Form, from EM Adoptions Branch Child Welfare Dept to Director of the Dept of Child Welfare: 1967, p. 39). If a consent form had been signed on May 18, by RT then it is surprising that Miss B was still awaiting authorisation for medical treatment from the Department. Strangely there is a notation on the medical files on May 26, 1967: "Anaesthetic permission has arrived" (RAHC Nursing Notes: 1967, p. 41). So one wonders where the permission form is that was supposedly sighted as being 'at the front of the files', as no such permission is part of either P or RT's files. It is a mystery as to what form the nursing notes refer to on May 19, 1967 (p. 38), the day RT visits her son. In her impact statement RT makes no mention of being asked to sign any forms at RAHC. She was only allowed to see him briefly and permitted to bottle feed him.

RT states that whilst a patient at Lady Wakehurst she continued to demand to be allowed to visit her son but was told that she was not well enough to do so. RT's medical files state that she did not want to be sedated (Crown St Nursing Report, p. 82). Her medical files reveal that she was systematically and heavily drugged. She was given the usual drugs administered

to unwed mothers at Crown St: sodium amytal, chloral hydrate and sodium pentobarbitone (Crown St Treatment Record; Nursing Notes; Nursing Report Continuation Sheet: 1967: pp. 80-97).

RT states that whilst confined at Lady Wakehurst she was constantly told " My baby was getting sicker and that I needed to sign adoption papers so that he would get the medical attention and surgery that he required" (RT's Impact Statement: 2009, p. 1). RT claims she was then asked: "Are you intending on becoming a prostitute to support your son"?

Even though it states on the Child Welfare Act 1939-55, Reg 18, admission to State control document the reason RT was supposedly admitting her son to care was because she was indigent, she was still being bullied for thousands of dollars to fund her son's medical treatment. It is therefore not surprising that her medical files record on May 14, 1967, that she is "very miserable and wishing to die. Emotional++ " (Crown St. Nursing Report: 1967, p. 95).

On the morning of May 18, RT's medical files state that she is not 'socially cleared' (Crown St Nursing Report: 1967, p. 98). At 5 p.m. there is a note that she is 'socially cleared' and at 5.45 pm that she wants to leave the hospital. Socially cleared was the term used when a mother's consent to adoption had been obtained (Rickarby: 1998, p. 66). Prior to being socially cleared it was not usual for a mother to be discharged (Chisholm: 1999, p. 178). Why RT, a 16 year old, would want to leave the hospital on a cold May evening is unusual and as far as RT recollects she left the hospital much earlier in the day.

Relinquishment papers were supposedly signed by RT, May 18, 1967 (Child Welfare Act: 1939; Admission to State Control; Adoption of Children Act as amended Social and Medical History; Form 9 Request to make Arrangements for the Adoption of Child: General Consent Form 11; Statement of a parent admitting a child into State Care: 1967, pp. 28-37).

The form 'Adoption of Children Act, 1965, as amended Social and Medical History of a Child Surrendered for adoption' (p. 30) and Form 9 (p. 35) are both witnessed by the Child Welfare Officer: EM. The Admission to State Wardship under the 1939 (p. 28) Act and the Form 11 (p. 36) are not witnessed by anyone. Though the penmanship of the details inserted into the Admission to Wardship (p. 28) supposedly written by RT resemble that of the Child

Welfare Officer: EM. There is also supposed to be a Form 7: the legal document of consent (p. 149). Both Form 7 and 9 were supposed to be either "read by, or if she cannot, read to the mother". There is no Form 7 among the files. RT claims she never met the Child Welfare Officer: EM, there is no mention of EM in any of her documents I have sighted, so when these forms were supposedly read to or by RT is a mystery. EM's existence is so far only evidenced in P's files after she was contacted by the social worker Miss B requesting authority for the medical procedures to proceed and that is on May 26, 1967.

In the late 1960s the Welfare Officer was only informed that a mother wanted to relinquish her child after the birth (Roberts: 1994, p. 8). Before that the mother dealt with the hospital social worker, who according to Roberts, never took consents. The duty of the hospital social worker was to make it clear that after signing the consent the mother had her right to continue to see her child extinguished (Roberts: 1994, p. 3). Yet RT's files state May 14 (Crown St Nursing Report: 1967, p. 96) that she intends to visit with her son as soon as she is discharged from Crown St. This notation is important as according to Roberts the consent taking process relied on the mother being made aware that after she signed the adoption consent she would never see her baby again. If the mother asserted she did not understand the finality of signing a consent the adoption order could be discharged (Manual of Adoption Practices: 1971, p. 5). It is impossible then that RT was explained the extinguishment of her parental rights by the hospital social worker.

It was also the duty of the hospital social worker to collect all the information about the mother and father so that the baby could be 'matched' with suitable adoptive parents. "Before the baby's birth, the social worker would compile a background history. This would contain social and medical details of the putative father and the mother. The medical details would be passed to the doctor in the antenatal clinic (Child Welfare in NSW: 1958, p. 12). It is therefore surprising that EM supposedly filled out the form 'Adoption of Children Act, 1965, as amended Social and Medical History of a Child surrendered for adoption' (p. 30) with these background details, dated the same day as all the other forms.

As stated previously there is no mention of the Welfare Officer: EM amongst RT's medical files the only reference to RT being a patient of an adoption worker is the notation made that she is a patient of social worker Miss FB and a Miss A who took over from Miss FB. It is recorded on the Nursing Report (1967, p. 96) that Miss A rang and stated: "Miss RT may see

her baby at Camperdown Hospital after discharge. Miss A coming out on Thursday to see patient".

The regulations for consent taking were quite formal. The '1971 Manual of Adoption Practice' stipulates the consent taking process as per the regulations of the NSW Adoption of Children Act 1965. The Welfare Officer was supposed to have met the mother at least once prior to the consent taking and given her copies of the forms she was expected to sign (Manual of Adoption Practices in NSW: 1971, p. 7) that was Form 7 and 9. The Child Welfare officer had to sign an affidavit as to the fitness of the mother to consent to the adoption at the time, and her understanding of the documents she was signing (Roberts: 1994, p. 8). The witness to the mother's consent must ask if she understands what the paper she is signing means. There were explicit words that were to be used:

> You understand, don't you, that this paper your signing means that you are giving up your baby for always … and you will never see him or hear of him again? He will … become legally their child just as if he had been born to them and not to you (Manual of Adoption Practices: 1971, p. 8).

The mother was then supposed to sign the relevant Forms (7 & 9) and Form 11 if required. The witness had to initial all alterations on the forms. The witness was also warned that she must ensure that the mother understands "the effect of signing the consent" (1971: p. 9). The witness was expected to keep a notebook in which she should write, immediately after each interview a short note of the time and place of the interview and this evidence preserved for 12 years. The court could discharge the Adoption Order if the natural mother satisfied the court that she did not understand the full legal implication (not ever seeing her child again) of the consent (1971: p. 5).

The witness had to certify:

> (a) I explained to (the mother) the effect of giving a consent to the adoption of the child;
>
> (b) I afforded (her) ample opportunity to read the instrument of consent before (she) signed the said instrument; and

> (c) I was satisfied that (she) understood the effect of signing the instrument." (1971, p. 6).

It was also recommended that the consent taker should, some time beforehand, give the mother copies of the Forms she is to sign and explain to her their legal and psychological implications. There was to be a consent-taking interview the purpose of which was to ensure that the mother understood the meaning and also the finality and irrevocability of what she is signing:

> This interview is not the occasion for re-appraisal of the mother's decision or for history taking (these things should have been covered in earlier interviews (1971: p. 7). The mother should then be asked if she understands the wording and the meaning of what she proposes to sign (1971: p. 8).

The accuracy of the spelling of the mother's name on the forms was the duty of the consent taker and if necessary her birth certificate should be sighted (1971, p. 8).

On the form admitting P to wardship (1967, p. 28) his medical details are left blank and both RT's Christian names are misspelt and her signature is misspelt. On the Form 11 (p. 36) both RT's Christian names are misspelt, as is her signature and the document incorrectly states that P is still at Crown St on the date of signing, May 18, 1967. On the Form 9, the usual form lodged in the Supreme Court 'Request to Make Arrangements' (p. 35) there is an alteration in the date that is not initialled. Again both RT's Christian names are misspelt as is her signature. Since as stated above all details relating to the child were supposed to be gathered prior to the birth yet there is a Social and Medical History of a child surrendered for adoption (p. 30) also signed May 18, 1967. It incorrectly states that P was born 5 weeks prematurely (p. 31). He was born at full term (p. 91) and the Child Welfare Officer: EM, again the witness, speaks of RT in the past: "RT was an attractive and intelligent girl" (p. 33), and as stated previously there is no mention of RT ever having met her.

The operation did not go ahead until June 2, 1967 (RAHC Pre-Operative Check List; Operation Schedule; RAHC Pre-Operative Condition Form; Operation Procedure Form: 1967, pp. 43-46), but in the 'Application for Admission to Wardship Form' that the Dept of

Welfare filled out (24/07/1967) the operation is noted as being conducted on May 26 (p. 52). This error was replicated because when EM, the Child Welfare Officer, requests authority from the Child Welfare Dept she mistakenly notes the date of the operation as being scheduled for May 26, 1967 (p. 39). Additionally this document states that "the natural mother was aware of the child's medical condition when she signed the adoption consent". Since RT purportedly signed all the adoption forms on May 18, 1967, and the operation did not take place to June 2, 1967 she had no way of knowing what her son's medical condition was. Not even the hospital knew, that is why the operation was being carried out: to determine what was medically wrong with P. This document also misspells RT's Christian names. As stated earlier it was the duty of the child welfare officer taking the consent to ensure that the mother's names were correctly spelt.

There were benefits available for mothers specifically so poor women would not be forced to relinquish their infant because of financial difficulty. So it is concerning that on the Child Welfare Act 1939 Form (p. 28) RT's reason for admitting P to State wardship is

> That I cannot afford to support the child

One can only assume if this was the case then the Crown St social worker or the Child Welfare Officer failed in their duty of care to explain to RT what benefits there were available under Sec 27 of the Child Welfare Act or under the Dependant person's legislation.

Sometime during late May, RT was contacted by a welfare officer and informed her son had died. She was taunted by being accused of playing: "Russian roulette" with her son's life by refusing to sign relinquishment documents (RT's Impact Statement: 2009, p. 1). RT requested to be able to bury her son but she was informed: "You couldn't afford to save his life, so you can't afford to bury him. The state will pay for his burial" .

A short time after, around early June 1967, RT was contacted at her home in Wollongong by a man purporting to be from the Child Welfare Department. He informed her that she owed the Department. thousands of dollars for her son's medical treatment (RT's Impact Statement: 2009, p. 1). RT found it implausible the Department would be demanding money from her if her son in reality had died. RT was scheduled for a post-natal visit at Crown St. June 26, 1967 (Crown St. Obstetric Department: Post-Natal Examination: 1967, p. 100). So

whilst in Sydney she again went to RAHC. She asked about her son and was told only "he was gone" (RT's Impact Statement: 2009, p.2). P's medical records show that he was still at the RACH at this time, not being transferred to the John Williams Memorial Hospital until July 26, 1967 (RAHC Nursing Notes: 1967, p. 53).

It is not unusual for medical staff to refuse to give an unwed mother details about their children. I have interviewed women who were not even told of the sex of the child after the birth, even after repeatedly asking for information on the condition of their newborn. A fact also commented on in the Tasmanian Inquiry (1999, p. 7).

RT never married or had further children as she states: "I felt I had murdered my own son and did not deserve to marry and have further children" (Interview: 2008, Oct 13).

P languished in the John William Memorial Hospital (JWMH), an annex of the RACH, until April 1968 (JWMH: 1967: pp. 54-59). He was developmentally delayed when first taken home by his foster mother because of lack of stimulation whilst institutionalised (Child Welfare Report Form: 1968; Periodical Report on Ward: 1968; State Ward File: 1969; RAHC EEG Consultation Sheet: 1969; RAHC Report: 1969; RAHC: 1968 Letter to Treating doctor at Bankstown: 1969; RAHC Letter to Lindsay Day Outpatient Department: 1969, pp. 62-68).

P has suffered many psychological problems feeling at times suicidal thinking that his mother had abandoned him because of his medical problem (P's Impact Statement: 2009, pp. 2-3). The effects of deprivation on the social and psychological development of the child was well known by the Department and was specifically commented on in a 1957 Child Welfare Report:

> physical separation from the parent figure … has serious and sometimes permanent effects on the functional intelligence and on the general personality development of children so deprived as early as in the first months of life (Child Welfare Report: 1957, p. 25).

Being aware of this and not allowing P's mother to take him home as she wanted, is even more abhorrent when the Child Welfare Department knew that children with medical problems were hard to place (Child Welfare Manual: 1958, p. 13) and could indeed languish

in institutions months if not years waiting to be adopted. On November 13, 1967, P was medically diagnosed as 'fit for adoption' (RAHC Letter to the Director of Child Welfare Department: 1967, p. 57). But by the time foster parents were found in April 1968 (JWMH: 1968, p. 59) P had become socially and physically delayed as stated in the aforementioned files and letters. P's adoption was deferred until November 23, 1972 (P's Child Welfare Dept File: 1972, p. 72). P's delay was medically diagnosed as being related to his early deprivation of being kept in an institution (RAHC Letter to Lindsay Day Outpatient Department: 1969).

P contacted his mother on or around July 1, 2008. As both RT's Christian names were misspelt on P's original birth certificate, it took many years for him to find his mother (P's Impact Statement: 2009, pp. 5-7). This caused P further unnecessary distress and trauma.

RT at the time P contacted her was in therapy suffering from a deep depression caused by her grief and guilt over her belief that she was responsible for her son's death. P was very angry with his mother and initially did not believe she had been told that he had died. It was only after seeing a copy of his mother's birth certificate and realising her name was misspelt and on reading the Report (2000) of the Inquiry into Past Practices of Adoption did he believe his mother.

RT was attending a senior clinical psychologist, prior to P's contacting her. Her. psychologist accompanied RT to seek a professional consultation with Dr. Geoffrey Rickarby because of the complex nature of her mental health and Rickarby's expertise as a psychiatrist specialising in the area.

It is worth noting that it has been known for decades that keeping mothers and babies apart, even for a short time caused life long problems

> As hospitalization for maternity cases has increased during the last 25 years many mothers have felt the lack of opportunity to get acquainted with their babies during the lying-in period. They have subsequently admitted feeling panicky and helpless in dealing with the baby …after coming home…During the same period, some physicians who have had the opportunity to study the feeding problems and other behavioural disturbances of infants and young children, together with the

> neuropsychiatric disturbances of adults, have expressed the opinion that the separate care of maternity and new-born patients in the hospital … has offered a favourable medium for the growth of unnecessary conflict between mother and child (Jackson: 1948, p. 689).

Conclusion

"How did they go to work everyday" (Professor Paul Wilson: 2011)

Nearly ten thousand newborns were forcibly removed from their healthy, capable mothers in 1972. An aberration that as far as this author is aware, has never before happened in the history of womankind and hopefully will never be repeated.

It is unthinkable that thousands of Australia's most vulnerable citizens: mothers and infants were brutally separated at birth during the 20th century. Yet this is what happened. The ordinary person finds this implausible on first hearing. The authoritative account, or the one accepted by academics, many politicians and ordinary citizens was crafted by those in power: the politicians, doctors, adoption agents and the 'experts' who supposedly offered support and sanctuary to the unwed mother (McDonald & Marshall: 2001).

Unwed mothers have been speaking out against the barbaric practices that were perpetuated on them in institutions such as hospitals and unwed mother and baby homes for decades (Report 22: 2000). They have spoken out about their mistreatment at the hands of clergy, nuns, doctors, nurses, social workers and welfare officers. They have mounted media campaigns, spoken on radio, given evidence to the Law Reform Commission (1991) and three Inquiries. The New South Wales Legislative Council (1998-2000) that published its findings in a major Report: *Releasing the Past* (2000); The Parliament of Tasmanian Inquiry that published its Report in 1999 and the Senate Inquiry: *The Forgotten Australians*. The 1999 and 2000 Inquiries came about as a direct result of the activism of mothers, who had their infants taken, fighting to be heard. The author set up a group in 2008: *The Apology Alliance*, which is constituted of nearly all adoption support groups around Australia. The formation of this group and its activism led to an apology being given to mothers by the Western Australian Government on October 19, 2010. Following on from the apology with the support of the Greens a Senate Inquiry was called for and is now underway. Yet still the majority of Australians do not know about a white stolen generation, and many refuse to believe that it occurred.

The impetus for this article was that I wanted to make the unthinkable plausible and understood by the majority. It is known that ordinary people are capable of acts of inordinate cruelty. Those operating in the field of adoption routinely stole babies and then went blithely home to their families. Many social and medical workers saw the distress not only of the mothers, but of their infants (Report 17: 1998), but proceeded to brutally separate both, and write on medical files that on no occasion was the mother allowed to come in contact with her baby (Rawady: 1997). Professor Paul Wilson (2011) stated:

> How do you go to work every day where you hold yourself out to be there to assist very young, very vulnerable people and you betray them so extremely? You deliberately omit to inform them of the assistance available to them, you lie to them and tell them that adoptive parents are nice people when you know they unlikely to have such a characteristic because there is an endless stream of them arriving to pick up someone else's baby – no questions asked – and in a hurry to head home with not so much of an enquiry about what they could give in return. You omit to tell them that adoption means never seeing your baby again. So the mother does not have the knowledge to denounce it as absolutely unacceptable whilst still strong and still able to seek help elsewhere. You avoid saying anything which would alert them that danger is lurking. You keep mothers ignorant of the process that will descend on them – that their baby will be forcibly removed at birth. You will stamp their file without their knowledge knowing that this stamp will determine their and their baby's future and no matter what they do or say or how distressed, or how much they reach out for their newborn baby it will not be handed to them. You have branded them and they will be dammed. You will not suggest they seek help with other family members knowing full well that then there would be a chance that this could improve there position … You know that their baby will be taken as it draws its first breath as they must not see it in case they are made strong with overwhelming certainty where their future lay. You know they will be given powerful mind altering drugs to facilitate their compliance. You know that you control the most powerful weapons – ignorance before the birth and separation and chemically induced incarceration afterwards. You know that they will not be able to leave their detention until they sign a form which states they do not want their baby and they want some strangers selected by other strangers to come and pick it

> up – that they do not hold any interest in their own child and they do not want to see or be provided with any information on it for the entirety of their life on earth. Sometimes you see them when they are released and they return immediately to the hospital and insist on seeing their babies – they seem so changed – they cry endless tears – and you have been told that some scream out in the night. But still you go to work.

Crown St Hospitals took more babies for adoption than any other institution in Australia. Dr Rickarby stated it had a 'well oiled system'. This article has examined how well oiled that system really was. There is no way that Crown St could have got away with committing so many crimes against mothers and their babies if it had not been supported by the eugenic policies of the Federal and State Health Departments. The collusion between child welfare officers, medical and social work staff, medical superintendents, matrons and federal and health officials have all been exposed and discussed in this article. It is time that the federal and state government had the decency to apologise for what can only be called a very sad and brutal history of mothers and infants in this country.

Reference List

Adoptions in New South Wales (1964), *Progress*, 3(2)

Andrews, I. (2010). Secondary Infertility and Birth Mothers *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, 30(1), pp. 80-93

Australian Racial Hygiene Congress (1929), Report of a Conference held in Sydney Sept 15, 16 17 & 18th September

The Australian Catholic Social Welfare Commission. (1991). *Intercountry Adoption: Discussion Paper*. Prepared for the Australian Council of Social Welfare Ministers. August

Blacker, C. (1952). *Eugenics, Galton and After*, London: Duckworth

Bakwin, H. (1942). Loneliness in infants. *American Journal of Diseases of Children, 63,* pp. 30-40.

Beard, J. (2009). Dr. William Sargant (1907-1988) And the Emergence of Physical Treatments in Britain *Journal of Medical Biography* 17(1) pp. 23-29

Bostock, J. & Nye, L. (1936). *Whither Away,* Sydney: Angus & Robertson

Borromeo, M. (1967). The Natural Parent. *Australian Journal of Social Work, 20*(1), pp. 11-13.

Bonheur, L. (1972). 'Couple battle with State for their child' *Daily Telegraph*, Dec 12

Bernard, V. (1945). First Sight of the Child by Prospective Parents as a Crucial Phase of Adopting *American Journal of Orthopsychiatry* 15(*) pp. 230-237

Block, B. (1946) 'The unmarried mother: is she different?' *The Family*, 26(5), pp. 163–169

Blow, J. S. (1967, Feb 3). *Psychiatric Aspects of Adoption Procedures.* Paper presented at the Proceedings of a seminar: adoption services in New South Wales, Sydney.

Bowlby, J. (1951) Maternal Care and Mental Health: A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless Children: World Health Organization

Brechin, G. (1996) Conserving the Race: Natural Aristocracies, Eugenics, and the US Conservation Movement *Antipode* 28(3), pp. 229-245

Brooks L. M., & Brooks E. C. (1939). *Adventuring in Adoption*. Chapel Hill, USA: The University of North Carolina Press

Carey, J. (2007). *'Not only a White Race, but a Race of the Best Whites': The Women's Movement, White Australia and Eugenics between the Wars*
Paper presented at the 'Historicising Whiteness Conference'.

Cole, C. (2008). Releasing the Past: Mothers' Stories of their Stolen Babies, Sydney: Sasko Veljanov

Chapple, W. (1903). *The Fertility of the Unfit*. Melbourne: Whitcombe & Tombs Limited.

Cheater, C. (2009). My brown skin baby they take him away. In Ceridwen Spark & Denise Cuthbert. (Ed.), *Other People's Children*. Melbourne: Australian Scholarly Publishing.

Chiarella, M. (2003). *The Legal and Professional Status of Nursing*. Edinburgh: Elsevier Science.

Chick, S. (1994) *Searching for Charmian*. Sydney: Pan Macmillan

Chisholm, R. (1976). Rights of Children and Rights of Parents in the Proceedings of the First Australian Conference on adoption Sydney: Organising Committee for the

Conference, pp. 113-119

Chisholm, R. (2000). *Transcript of Evidence 25th October* (No. 21): In *Second Interim Report* Legislative Council Standing Committee on Social Issues.

Clausen, L. (1996, June 24). 'Adoptions Arranged by Deceit', *The Times*

Clothier, F. (1941). Problems of Illegitimacy as They Concern the Worker in the Field of Adoption. *Mental Hygiene, 25*(*), 576-590.

Condon, J. (1986). 'Psychological disability in women who relinquish a baby for adoption', *The Medical Journal of Australia*, pp. 144: 117-119.

Critchley, C. (2006, Dec 9). 'Crime of passion', *Herald Sun*.

Crook, P. (2002). American Eugenics and the Nazis: Recent Historiography, *The European Legacy, 7*(3), pp. 363-381.

Crown St Annual Report. (1982). Crown St Archives

Crown St Archives (1956). *Adoptions: Sterility Clinic* April 17

Crown St. Centenary Committee. (2007). *A Family Remembers: The Women's Hospital (Crown Street)*. Sydney: Centenary Committee

Dealey, W. (1914). The Eugenic-Euthenic Relation in Child welfare, *The American Journal of Sociology*, 19(6), pp 835-841

Debenham, G., Sargant, W. Hill, D. & Slater, E. (1941). *The Lancet*, Jan 25

Deykin, E., Ph.D. (1982) 'The post adoption experience of surrendering parents', *American Journal of Orthopsychiatry*

Elphick, R. (2000). *The Adoption Jigsaw: 1978-1998*. Perth: Elphick & Dees.

Eisen, P. (1978). The Report of the Community Welfare Advisory Committee on Adoption Matters. Community Welfare South Australia

Ellis, H. (1911). *The Problem of Race-Regeneration,* New York: Moffat, Yard & Company

Fife-Yeomans, J. (1993). Judge decries adoption trauma, *The Australian.* 1 October

Foley, M. (1983). 'Goodisson, Lillie Elizabeth (1860-1947), Australian Dictionary of Biography, 9, Melbourne: Melbourne University Press, http://adbonline.anu.edu.au/biogs/A090046b.htm

Fulloon 1988 Shaw, Edna Mary Ana Jane (1891-1974) Australian Dictionary of Biography 11, Melbourne: Melbourne University Press pp. 584-585 http://adbonline.anu.edu.au/biogs/A110599b.ht

Stephen Garton, (1994). 'Sound minds and healthy bodies: re-considering eugenics in Australia, 1914-1940', *Australian Historical Studies*, 103.

Gesell, A. (1923). *The Pre-School Child: From the Standpoint of Public Hygiene and Education*, New York: Houghton Mifflin Company

Gesell, A. (1926). 'Psychoclinical Guidance in Child Adoption' in *Foster-Home Care for Dependent Children.* U.S. Children's Bureau Publication, No. 136. Washington, DC: Government Printing Office.

Gillespie, P. (1991). *The Price of Health: Australian Government and Medical Politics 1910-1966*. Cambridge: Press Syndicate of the University of Cambridge.

Goddard, H. H. (1913). *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*.

Gosney, E. S., & Popenoe, P. (1930). *A Publication of The Human Betterment Foundation: Sterilization for Human Betterment: A Summary of results of 6,000 Operations in*

California, 1909-1929. New York: The Macmillan Company.

Gregory, G. (1972, Nov 3-4). *What our Community Offers* Paper presented at the The Child of the Singe Mother: Proceedings of a Seminar held on 3rd and 4th November, Melbourne.

Groves, E. (1925). Social Influences Affecting Home Life, *The American Journal of Sociology*, 31(2), Sept, pp. 27-240

Green Left (1996) *One Man's Nightmare Medicine for Profit* July 24, Accessed Jan 2011 http://www.greenleft.org.au/node/11425

Grotjahn, M. (1943). Pregnancy following the decision to adopt. *Psychoanalytical Quarterly, 12*, 297.

Harper, P. & Aitken, J. (1981). A *Child is not the 'cure' for infertility: Workshop on Infertility a report of the proceedings of a national workshop.* Melbourne University of Family Studies

Hambly, D. (1976). 'Balancing the Interests of the Child, Parents and Adopters: A Review of Australian Adoption Law' in the Proceedings of the First Australian Conference on adoption Sydney: Organising Committee for the Conference, pp. 75-100

Hermann (2001). Families Made by Science: Arnold Gesell and the Technologies of Modern Child Adoption, *Isis*, 92(4) Dec, pp. 684-715

Herman, E. (2004) Arnold Gesell (1880-1961). *The Adoption History Project* Accessed June 2008 http://pages.uoregon.edu/adoption/people/gesell.html

Hermeston, W. (1999). *Submission Standing Committee on Social Issues Report on Adoption Practices Second Interim Report Transcripts of Evidence 16 June 1999- 25 October 1999*

Hitler, A. (1925-1926). Mein Kemp translated by James Murphy 1939

Hillel, M., & Henry, C. (1976). *Of Pure Blood* (Translated from the French by Eric Mossbacher., Trans.). New York: McGraw-Hill Book Company.

Hermann 2002 The Paradoxical Rationalization of Modern Adoption *Journal of Social History* Winter pp.339—385

Hutchison, D. (1946) 'Re-examination of some aspects of case work practice in adoption' *Bulletin*, 25(9) , pp. 4–7, 14.

Kerr, R. (2000). *The Appeal of Blue Eyes: Adoption, Citizenship and Eugenics in Western Australia During the Interwar Years.* Paper presented at the On the Edge: Curtin's Fourth Annual Humanities Postgraduate Research Conference.

Kerr, R. (2005). *The State and Child Welfare in Western Australia 1907-1949.* Curtin University of Technology.

Kuhl, S. (1994). *The Nazi connection: Eugenics, American racism and German national socialism,* New York: Oxford University Press

Ladd-Taylor, M. (2001). Eugenics, Sterilisation and Modern marriage in the USA: The Strange Career of Paul Popenoe. *Gender & History, 13*(2), 298-327

Lawson, D. F. (1960). The R. H. Fetherston Memorial Lecture: The Anxieties of Pregnancy. *The Medical Journal of Australia II.* (5), pp. 161-166.

Lancaster, K. (1973). The Child Being Placed for Adoption in Proceedings of Seminar The Child of the Single Mother held 3rd & 4th Nov Victorian Council of Social Service

Lewis M. 'Unmarried Mothers', Australian Association of Welfare Workers National Conference 1965

Littner, N. (1956). 'The natural parents', In M. Schapiro (Ed.), *A study of adoption practice*. New York: Child Welfare League of America, Inc.

Lorne-Johnson, S. (2001). *Betrayed and Forsaken: The Official History of the The Infants' Home Ashfield Founded in 1874 as the Sydney Foundling Institution*. Sydney: The Infants Home Ashfield

Mather, V. (1978). 'The Rights of Relinquishing Parents' *Proceedings of Second Australian Conference on Adoption* in Editor Cliff Picton Melbourne: The Committee of the Second Australian Conference on Adoption

Marshall, A. (1984). *Review of Adoption Policy and Practice in New South Wales*. Sydney: Dept of Community Services

McDonald cited in *The Woman's Day*: 1986, April 21, p. 58

McLelland, M. (1967). Social Work and Adoption. In *Proceedings of a Seminar held on Friday, 3rd February, 1967* (pp. 39-51). Sydney: Dept. of Child Welfare and Social Welfare.

McLean D. (1956). 'Children in Need' *Manual for Adoption Workers* Commissioned by the NSW Deputy Premier, Hon R. J. Heffron

McHutchison, J. (1984-1985). Adoption in New South Wales: An Historical Perspective. University of New South Wales.

Memo from Medical Superintendent Social Worker (1949). Crown St. Archives, July 18

Murray, J. (1973). 'The Single Mother's View' in Proceedings of Seminar The Child of the Single Mother held 3rd & 4th Nov Melbourne: Victorian Council of Social Service

New South Wales Child Welfare Department (1957) Annual Report

Orr, D. W. (1941). 'Pregnancy following the decision to adopt', *Psychosomatic Medicine*

3(4), 441-446.

Participant HS (2007) in Cole, C. (2011) Unpublished Research Thesis

Parliament of New South Wales (1991). *Chelmsford Private Hospital Patient Compensation*, Dec 2, http://www.parliament.nsw.gov.au/prod/parlment/hansart.nsf/V3Key/LA19911202019

Pine, L. (1999). *Nazi Family Policy 1933-1945*. Oxford: Berg

Popenoe, P., & Johnson, R. H. (1920). *Applied Eugenics*. New York: The Macmillan Company.

Popenoe, P. (1929). 'The Foster Child', *The Scientific Monthly, 29*(3), pp. 243-248.

Popenoe, P. (1934). 'The German Sterilization Law', *Journal of Heredity, 25*, pp. 257-264.

Popenoe, P. (1945). *Modern Marriage: A handbook for Men*, New York: Macmillan Company

Reilly, P. R. (1991). *The Surgical Solution: A History of Involuntary Sterilisation in the United States*. Baltimore and London: The John Hopkins University Press

Reekie, G. (1997). History and the Bodies of the Illegitimately Pregnant Woman. *Australian Feminist Studies, 12*(25), pp. 77-89.

Reekie, G. (1998). *Measuring Immorality: Social Inquiry and the Problems of Illegitimacy*. UK: Cambridge Press.

Reid, J. H. (1957). 'Principles, values and assumptions underlying adoption practice', *Social Work*, 2(1).

Rickarby, G. (1998). Transcripts of Evidence: Wednesday, 2 September 1998. In *Interim*

Report on Inquiry into Adoption Practices: Transcripts of Evidence From 27 August to 19th October 1998 (17) (pp. 62-73): Parliament of New South Wales Legislative Council Standing Committee on Social Issues.

Rickarby. G. (1998) Written testimony Part 3 Parliament of New South Wales Legislative Council Standing Committee on Social Issues

Rigg, (1966), *The Australian*, March 4

Roberts cited in Kennet (1970). *Sunday Telegraph* Dec 12

Roberts, P. 'Statement of Pamela Thorne, nee Roberts, 30 September, 1994' in the matter of Judith Marie McHutchison v State of New South Wales no. 13428 of 1993

Roberts, P. (1973). The Gaps and How We Might Fill Them in Proceedings of Seminar The Child of the Single Mother held 3rd & 4th Nov Victorian Council of Social Service

Roberts, P. (1967). The Child. *Australian Journal of Social Work*

Roberts (1967) cited In the *Daily Telegraph* Nov 22

Roberts, P. (1968), 'The Hospital's responsibility to the unmarried mother and her child' *Hospital Administration* Dec

Roberts, P. (1977). *Private Papers* Crown St. Archives

Rogan, P. (1997) *Stolen White Babies*, Private Members' Statement, Legislative Assembly, 51st Parliament

Schapiro, M. (1956). *A study in adoption practice,* vol. 1, New York: Child Welfare League of America, Inc.

Shaw, B. (1910). Lecture to the Eugenics Education Society, Reported in *The Daily Express*, March 4

Shaw, B. (1933). On the Rocks (Preface) http://gutenberg.net.au/ebooks03/0300561.txt

Shaw, B. (1934). *Prefaces* London: Constable and Co

Staff Reporter. (1977). Adoption as 'a fertility charm' Dr. Krauss cited in *Daily Telegraph* Sept 3

Spitz, R. A. (1945). Hospitalism. In R. S. Eissler, (Ed.), *The psychoanalytic study of the child (Vol. I).* New York: International Universities Press.

Spitz, R. A. (1946). Hospitalism: A follow-up report. In R. S. Eissler, (Ed.), The psychoanalytic study of the child (Vol. II), New York: International Universities Press.

Sherry, C. (1991*). Violations of women's human rights: birth mothers and adoption* Unpublished paper The Law Reform' Commission Inquiry into the Adoption Information Act 1990

Sargant, W. & Slater, E. (1940). Acute War Neuroses *The Lancet* July 6

Sargant, W. (1942). Physical Treatment of War neuroses, British Medical Journal, 2, pp. 574-576

Social Work Department (1958) *Deferred Adoptions*, Crown St Archives

Staff Reporter (1996) 'More reports of adoption trickery' *The Australian*, pp. 5, 12

Staff Reporter. (1967). Playing God with a Child's Life. *Daily Mirror*, Oct 17

Standing Committee on Social Issues (2000). Report (21) on Adoption Practices Second Interim Report Transcripts of Evidence 16 June 1999 -25 October 1999 Legislative Council

Standing Committee on Social Issues (2000). *Final Report (22) Releasing the Past: Adoption Practices 1950-1998* New South Wales Legislative Council

Watts, R. (1994). ‘Beyond Nature and Nurture: eugenics in 20th century Australian History’, *Australian Journal of Political History*, 40

Woodworth, R. S. (1941). *Hereditary and Environment: A Critical Survey of Recently Published Material on Twins and Foster Children: A Report for the Committee on Social Adjustment*. New York: Social Science Research Council.

Wessel, M. A. (1960). ‘The paediatrician and adoption’, *New England Journal of Medicine,* vol. 262, 1960, pp. 441–450.

Wessel, M. A. (1963). ‘The unmarried mother: a social work–medical responsibility’, *Social Work,* 8(1), 1963.

Wehmeyer, M. (2003). Eugenics and sterilization in the heartland *Ment Retard*, 41(1), pp. 57-60

Wyndham, D. (1996). *Eugenics in Australia: Striving for National Fitness in Australia 1910s to 1930s.* University of Sydney, Sydney.

Verrier, N. (2008). *The Primal Wound: Understanding the Adopted Child* Baltimore: Gateway Press

Young, L. (1945). ‘Personality Patterns in Unmarried Mothers’, *The Family, 26*(8), pp. 296-303.

Young, L. (1947). The Unmarred mother's decision about her baby. *Journal of Social Casework, 28*(3), pp. 27-34.

Young, L. (1954). *Out of Wedlock*. New York: McGraw-Hill.

Yeomen, J. ‘On the corner of Yurong St they find it ha hard task, playing God *Daily Telegraph* Feb 13