In March 1888 Edward Dyason, a Bendigo mining agent, recorded with relief the safe arrival of his fourth child. 'Thank God it is over so well ... always dreaded confinement now safely over', he wrote on the day of the birth. Four days later he noted 'wife and baby first rate', and next day that his wife, Harriet, 'wants name for the baby'. A week later, when the child seemed certain to survive, he 'decided to call the baby Roger ... after Grandfather Dyason'. The baby was registered as Frederick Cecil Roger, and the family called him Cecil.

Dyason's fears for his wife's safety and their delay in naming the child arose from the real risk of the mother's death and the strong possibility that the child would be born dead or would fail to survive the first weeks of life. Three out of ten infant deaths occurred within a month of birth. Even if the baby survived the first months, the parents' worries were not over. Dr. Philip Musckett, Sydney physician and health reformer, estimated that in Sydney one in every three deaths was that of an infant under the age of twelve months. He based his assessment on the figures of Timothy Coghlan, who had shown that while the death rate for the whole population was 14 per 1000 the death rate for children under one was over 166 per 1000 births in Sydney and over 171 per 1000 in Melbourne. Cities were particularly unhealthy for babies; in the country the rate was only 100 deaths per 1000 births.

Muskett thought that the high death rate was caused by rapidly growing cities and the hot climate. In the cities overcrowding, lack of ventilation, poor hygiene and the 'gaseous and solid impurities with which the atmosphere is laden' combined to make an unhealthy environment. The dangers were most severe in the hot months; diseases of bronchitis and inflammation of the lungs were less often fatal to infants than diarrhoea and 'other afflictions of the digestive organs' during summer. The main killers of babies in Australia were infantile cholera, inflammatory diarrhoea, convulsions and infantile atrophy or marasmus.

Parents watched anxiously over their babies during the first weeks of life. In Adelaide Fred Coneybeer and his wife Maggie had welcomed the arrival of baby Olive in the summer of 1887, but when she was three weeks old she became seriously ill. Fred wrote, 'Baby had been bad all day it had been screaming fearful and twisting and cramping its body'. Later, in agony, the baby convulsed, screaming till she was black in the face. The doctor tried medicine and soap enemas. Everybody thought she was about to die.
Poor Maggie she seemed out of her mind nearly she cried her eyes out and althow I know if its Gods wish to take the little thing from us we cant stop it I could not ceep the tears back.

Next day the crisis passed and the baby gradually improved. Fred and Maggie felt ‘very queer’ from lack of sleep, but their spirits rose ‘a hundred degrees’. Not all parents were so lucky. The illness of babies was a common event, and most families with large numbers of children experienced the grief of a baby’s death.

Doctors might differ about the correct scientific procedures, but they agreed that certain traditional practices were wrong. They objected to the midwife’s habit of giving the newborn child castor oil, butter and sugar, or even brandy, and to her belief that it was good to delay putting the child to the mother’s breast. They disapproved of infants being tightly bound and advised against letting them sleep in their parents’ beds. They urged the mother to keep her baby’s room well-aired, and to breastfeed the child for nine to twelve months. If a mother could not or would not breastfeed, doctors recommended that a wet nurse should be employed if a family could afford it; preferably a ‘dark complexioned mother’, one chemist suggested, as ‘they made the best nurses’.

While Muskett could count on the goodwill of mothers who took the time to read his advice, many babies were born into a world far from the orderly and clean environment he presented as ideal. Statistics almost certainly underestimated both births and deaths of babies, and some deaths recorded as stillbirths or deaths from ‘accidental overlaying’ were in fact cases of infanticide. Coroner’s inquests indicated that these deaths from suffocation were frequent. In one such case involving a four-month-old baby in the Melbourne suburb of Carlton, the doctor reported that his death ‘must have been accidental as both parents were sober and respectable’. But others died in more suspicious circumstances. Newspapers often reported babies who had died from neglect or deliberate starvation as a result of the practice of baby farming. Unmarried mothers or women with too many children sent their babies out to other women’s care for a fee. Mothers who had to work used the services of neighbours or local women. Many babies who died because of careless treatment were buried as stillborn infants, for whom the law did not require registration or a proper cemetery burial.

Thinking, talking, writing
1 Make a list of all the causes of infant death mentioned in the extracts. Divide your list into ‘diseases’ and ‘causes other than disease’.

2 Edward Dyason wrote, regarding the arrival of his fourth child, 'Thank God it is over so well...'. Complete his diary entry, expressing all the fears he would have held for the survival of his wife and child.

3 How have the diseases you listed in Question 1 been wiped out?

4 Find out the infant death rate in Australia today. Compare your findings with the infant death rate in 1888, and suggest reasons for the differences.

5 Use your dictionary to find the meaning of each of the following words used in the extracts: atrophy, coroner, enema, gaseous, stillborn, infanticide, bronchitis, atrophy.