

'Oddly Hybrid': childbearing and childrearing practices in colonial Penang, 1850-1875

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ABSTRACT European society in the British colony of Penang was ethnically very mixed, which makes it interesting for a study of cultural interchange of child raising practices. Most women included in the European community were of Asian descent, from a variety of Asian backgrounds; women of European descent also came from a range of cultural backgrounds. In their child raising practices, they were involved in complex processes of cultural mixing – acculturation processes to which they contributed significantly. Although there was increasing medical intervention in child care during this period, practitioners in Penang achieved only a limited degree of influence over modes of child raising. The cultural agency of women in the colonial context is highlighted.

In analysing the cultural correlatives of imperialism Edward Said has emphasised that, partly as a result of colonial expansion, all cultures are heterogeneous and mixed rather than pure and monolithic. His recent work, *Culture and Imperialism*, can indeed be seen as an extended reflection on how “oddly hybrid historical and cultural experiences are”.^[1] Said's work shows that an awareness of ongoing processes of hybridisation can help to illuminate the historical and cultural significance of colonial events and experiences. It is in that light that this paper examines the child raising practices of women within the European community in the British colony of Penang.

To date, historical work on the colonial history of Malaysia in the period 1850-1875 has focused almost exclusively on the major political developments of the era: the transfer to administration by the British Colonial Office; and the beginnings of British intervention in the internal political affairs of the Malay states of the peninsula.^[2] The social history of Malaya under British rule, and especially the involvement of women, has

been a neglected field of research.[3] This has been due in part to the lack, or limitations, of source material; but more importantly, even when sources have been available, to the unwillingness of historians to take them into account.

The most useful source of evidence for the present study was the correspondence of Dr Francis King with his family in England – a collection housed in the India Office section of the British Library. King was originally employed in the Bengal medical service of the East India Company, but after a brief sojourn in Penang in 1856 filling in for a doctor on leave, he asked to be transferred to the island, where he remained from 1857 to 1865.[4] Dr King's official duties involved attending patients in the general hospital, the convict lines, lunatic asylum, poor house and prison, but he also built up a private practice among the European community of Penang. As he was well aware, this private practice depended largely on obstetrics. Like all historical sources, King's letters were written from a limited perspective – in this case that of an upper middle-class, white, male doctor. Nevertheless, the nature of his practice, together with his keen eye for human behaviour and social mores, make this correspondence a valuable source of material concerning childbearing and child rearing practices of the day. In the letters King tended to address obstetrical observations to his father, who was also a doctor, while social commentary and his observations on child raising customs were often addressed to his mother. Another especially rich source of local information was the newspaper, the Penang Argus and Mercantile Advertiser, files of which were available for the years 1867-1873. To supplement these main sources, several other accounts of life in Penang during the period, both in published and manuscript forms, were used. In combination the available sources proved sufficiently rich to enable conclusions to be drawn regarding the maternal work and cultural influence of women in colonial Penang.

This paper is a contribution to the social history of British rule in the Malay region during the mid-colonial period. In addition, it is intended that it might add to the rapidly growing number of ethnographic studies and ethno-histories of diverse human reproductive practices in a wide array of places and periods.[5] The central argument of the paper is that in their child raising practices, women in European society in Penang were involved in complex processes of cultural mixing occurring in a plural society – acculturation processes to which they contributed significantly. Carol McClain has made the point that because birth and child raising are seldom given recognition as integral components of culture, the contributions of women as makers of custom and initiators of social change are often overlooked.[6] Similarly, Bassin et al have recently provided a vision of motherhood in which, instead of being passively subject to biology and tradition, mothers' engagement in maternal work is seen as generative of

cultural change.[7] Likewise, this investigation highlights the cultural agency of women in the colonial context.

European Society in Penang: women and children

The very composition of the European community in colonial Penang was conducive to cultural intermixture. To be regarded as a member of the 'European' community in colonial Penang did not necessarily imply European descent; many of those included within European society had Asian forebears. European society in Penang was ethnically very mixed, including people of European, of Asian, and of mixed Eurasian ancestry.

Established as a trading centre and strategic base by the English East India Company, Penang had never been intended as a British colony of settlement made up of British families. The shortage of European women meant that from the beginning intermarriage and de facto relationships were frequent between male colonisers and Asian women. In addition, many of the colonists sought Eurasian partners from nearby Melaka where, since the Portuguese conquest in 1511, there had been intermarriage of Malay and Chinese women with Portuguese, Dutch and then British men.

If recognised by their fathers, children of mixed parentage were embraced within the European community in Penang. Asian men could never be included in European society, but Asian (or Eurasian) women could gain access by means of marriage. Marriage or a lasting relationship with a man accepted within the European community automatically gave a woman, regardless of her ethnic origins, de facto European status. Attitudes towards members of European society with Asian ancestry were flexible and never well defined, although as a general rule their mixed parentage put them at a social disadvantage.

The social mix was still more complex because of the wide range of ethnic backgrounds encompassed by the general categories 'Asian' and 'European'. Among the European cultures and nationalities represented in Penang, for instance, were the English, Scottish and Irish, as well as Portuguese, French, Dutch, Armenian, German, Swiss and Danish.[8] It is indeed the diverse ethnic composition of European society in Penang which makes it especially interesting as a case study of cultural interchange of child care practices.

It is not possible to be precise about the number of women included in the European community during this period. According to the census of 1871 (by which time census-taking procedures had become reasonably reliable), the female European population of Penang was 144.[9] Of course, this figure included female children as well as adults. The overwhelming majority of women included in the European community were of mixed Asian and European parentage, and some were Asians.[10]

It needs to be emphasised that this study considers only the upbringing of those children acknowledged by a parent of European descent and therefore embraced within European society. There were many other children of European parentage left to eke out their lives on the fringes of the community. With unusual candour the Penang Argus in 1868 discussed the plight of such children. Some were genuinely orphans, but many were “the illegitimate and deserted offspring of well-to-do Europeans and Eurasians who have left the colony without having made any provision for the support of their undoubted children”.^[11] Charitable support by the Catholic church was the only refuge or assistance offered to these children.

Childbirth

As a result of the ethnic diversity of Penang, a wide range of customs was associated with childbirth itself. In this paper it is possible to include only a limited number of examples of this diversity.

Among the European community there was an assumption that some form of medical assistance would be sought during childbirth. The type of assistance depended mainly on two sets of considerations: the wealth of the family and the ethnic background of the mother. The more wealthy called in a doctor for the birth in addition to seeking regular ante- and post-natal medical attention; the less well-off tended to call upon one of the retired apothecaries – all male Eurasians – who advertised their services as general practitioners or surgeon-accoucheurs, and whose fees were lower.^[12] As a rule women of Asian descent turned less readily to European doctors, and some expressed distrust of European medicine as such.^[13] The type of medical assistance sought by a particular woman was influenced by the interaction of these two factors.

At childbirth women of Asian descent tended to follow Asian customs setting out appropriate practices and rites. Mrs Smart, for instance, the wife of a British sea captain, was of mixed Asian and European descent, educated in England. When giving birth she followed Malay custom. She delivered her baby in her mother’s house, with close female relatives in attendance, including her mother who acted in the role of midwife. Her mother, Mrs Lewis, was the wife of the Resident Councillor, the chief British official in Penang, and had been born in Melaka of Dutch and Asian parentage. In Malay birth practices the midwife fulfilled both supportive and ritual functions.^[14] After the birth Mrs Lewis carefully buried the placenta with much ceremony in order to conciliate evil spirits and bring good fortune to the baby.^[15] Within Malay systems of belief, like those of early modern Europe, the placenta was regarded as having a kinship tie to the newborn baby, indeed a sibling relationship. Appropriate disposal of the placenta was considered essential in order that the placenta-sibling would not bear the baby a grudge and bring harm to its early life.^[16]

Customs associated with childbirth were also influenced by the variety of cultural backgrounds and diverse nationalities among the immigrant population from Europe. From the early days of European settlement, Penang was noted for the large percentage of Scots among the colonisers. After the birth of her child, Mrs Burns, the wife of the minister of the Presbyterian church, followed Scottish custom which prohibited her being seen in public before the child was christened. She remained cloistered from social contact, going out driving in the evenings, in the tropical heat, with every window of her carriage scrupulously closed.[17] This was a custom associated with the European tradition that a woman required 'churching' to purify her of the contaminating effects of childbirth, a belief which persisted in Britain through the nineteenth century. A religious ceremony usually took place 4-6 weeks after the birth and was necessary before a woman was accepted again within society.[18] In this case customary practice among the various Asian communities in the Malay region coincided remarkably with European practice. Malays, Chinese and Indians all prescribed 30-44 days of seclusion for women after childbirth, followed by ritual cleansing.[19]

Into the variegated cultural mix European doctors introduced 'scientific' notions and practices derived from an up-to-date medical education in Britain. A notable example is that Dr King performed circumcision on the male babies he helped to deliver [20] - a fact which puts in doubt Ronald Hyam's assertion in *Empire and Sexuality* that circumcision was adopted by the British only in the 1890s.[21] It seems that the process of transfer of obstetrical technique was not all one way. In 1861 Dr King reported enthusiastically to his father, who was also a medical practitioner, that to ease a delivery he had successfully used a technique of applying pressure to the uterus during birth pains. The woman on whom he tested the method was a Portuguese Eurasian.[22] Since this was a technique commonly used in Malay midwifery [23], but not part of the usual repertoire of European obstetrics [24], it is probable that King adopted it from Malay practice.

Dependent for their livelihood on the good opinion of women in the European community, the European doctors of Penang showed a remarkable openness to and tolerance of the diversity of customs associated with childbirth. From the point of view of the doctors, medical attendance during pregnancy and childbirth was basic to the professional imperative of building a practice. They were shrewdly aware of the importance of the relationship established with families, through the women, at this time. "Obstetrics smoothed the way for the rise of the family doctor", as one historian of medicine, Roy Porter, emphasises.[25] Thus, Dr King wrote to his father, as one professional to another: "get a woman's good word for your behaviour at that time, and the family is securely bound to you".[26] As a young, unmarried man, King was concerned at first about whether women would accept his attendance during childbirth or in other gynaecological

matters [27], but he was soon being called upon regularly, even by the French nuns of the Catholic convent.[28] His rival, Dr Anderson, went out of his way to ingratiate himself with the matrons of Penang and their offspring.[29] Dependence on female patients for their incomes, together with competition from a wide range of alternative practitioners, made it impossible for the European doctors of Penang to impose on women prevailing medical views regarding childbirth or child raising.

Whatever customs a woman followed, whatever her ethnic background, childbirth was attended by great risks. Although maternal and infant mortality in the European community was low compared to those among other social groups, childbirth was still a serious risk, as it remained in Europe and in European colonies of settlement at this time.[30] For women, the hazards included the possibility of haemorrhages and infections, including so-called 'puerperal fever', hazards exacerbated by poor standards of hygiene before the implementation of antiseptic procedures in the 1880s. There was also the danger of continuing gynaecological problems as a result of inadequate medical knowledge or obstetric technique.

Complications in childbirth were not unusual. The most serious case which Dr King reported was that of Mrs Pearson, a woman of mixed Asian and European descent. Small and thin, she was 28 years old at the birth of her first child. Her very large baby was stillborn; after 3 days of difficult labour, the mother only just survived. No instruments such as forceps were available in Penang to ease the delivery.[31] King was worried that he would have to deliver another woman's baby "peacemeal" (sic), as one of her previous children had been.[32] Even among the élite of Penang society, women faced a significant risk of death, a risk compounded by frequent pregnancies. In 1868 Annie de Mello, the first wife of the owner of the Penang Argus newspaper, died at the age of 18 as a consequence of childbirth. Her widower was remarried the following year to Henrietta Mary Mocke, who bore three children in the following 3 years, dying shortly after the birth of the third.[33]

In his work on family relationships in early modern Europe, Lawrence Stone has argued that high infant mortality led to emotional distance, indifference and even neglect on the part of parents.[34] Yet among British colonists in the mid-nineteenth century frequent pregnancy, large family size and high infant mortality do not seem to have dulled parents' experiences of loss and grief. Mrs Knus, the Swiss wife of a German businessman in Penang, was inconsolable at the loss of her first child from smallpox: "the trial nearly drove her out of her senses".[35] The depth of grief at the death of an infant or child is well attested in the memoirs of British colonists in the region. Sophia Raffles and her husband Thomas Stamford Raffles, for instance, mourned deeply after the deaths of all but one of their children.[36]

Child Rearing

Child care in Penang involved a diverse melange of practices reflecting mothers' varied European backgrounds in addition to strong Asian influences. Nurses and governesses, both Asian and European, also had a profound impact on child rearing within the European community.[37] In the Sandilands household, for instance, Asian nurses had charge of childcare. When baby caught a cold, they soaked its head with castor oil twice a day to draw the cold up and out through the top of the head.[38] King's letters contain many other examples of the adoption of Asian practices within European families.

In the Chasseriau family methods of childcare drew on French models, including the tight swaddling of infants which was widespread in France through the nineteenth century.[39] Under the supervision of Madame Chasseriau and Emma, her French nursemaid, little Emile, unlike his famous namesake, was closely bound in swaddling clothes as if against a French winter.[40] The result, as for the Malay babies whose mothers followed a similar practice [41], was profuse sweating followed by recurrent colds. Opposed to such trammels on growing boys' "liberty", J.J. Rousseau would have been equally adamant against the bathing regime adopted by mother and nurse.[42] Emile was not bathed for months and his head was never washed, with resultant skin problems. After Dr King managed, with difficulty, to persuade the women to start washing the baby with soap from head to foot, they still thought the practice so unusual that they told everyone about it.[43] To place this in context, it should be noted that at this time women in France usually bathed only once a month [44], while babies were often not washed for months.[45]

Some women went so far as to explicitly proselytise particular child rearing techniques. Mrs Burns, the Scottish clergyman's wife, followed, and persuaded other mothers to adopt, the practice of washing and scouring the baby's mouth every morning, which she considered essential to remove the scum left by milk.[46] She also warned mothers that their babies would be rendered idiotic if their nails were cut before 12 months of age, a prohibition markedly at variance with the Asian custom of a ceremonial first nail trim and haircut at one month.[47]

In Penang the feeding of babies was considered to be fraught with difficulty, partly because of the tropical climate. The prevailing medical view was that after a few years' residence in the tropics, women of European descent generally had problems with lactation beyond a few weeks after the birth.[48] Asian wet-nurses were sometimes brought in if the mother had difficulty with feeding. In order to dry up their remaining milk, mothers then turned to Malay practices. They rubbed and bandaged their breasts with

leaves of the paun plant soaked in ginger oil, a method “known to all native females in the East”. [49]

Even if there were no problems with breastfeeding, doctors at this time discouraged prolonged nursing, advocating a mixed regime instead. Dr King usually recommended that mothers begin spoonfeeding as early as 3 months after the birth, allowing babies to wean themselves gradually. [50] The general trend of medical advice to mothers in the European community in Penang in the third quarter of the nineteenth century was to discourage breastfeeding, or at least exclusive reliance on breastfeeding, and to foster the use of artificial methods of feeding.

Nor was bottle-feeding of infants without attendant hazards, however. Cow’s milk was used to feed babies, but there were serious problems of adulteration and pollution before the introduction of pasteurisation in the late 1880s. [51] Even here diverse customs were in evidence. It is interesting to note that when Malay nurses were responsible for feeding, they always added a piece of ginger to the milk in order to balance food considered ‘cold’ with those considered ‘hot’ within the traditional Malay system of humoral pathology [52], and/or to avoid colic. [53]

Several proprietary food preparations for infants were also available in Penang from the beginning of the 1870s. Technology for condensing milk by extracting the water became available in about 1871. [54] Sweetened condensed milk, advertised as ‘Pure Milk’ preserved by the addition of ‘refined sugar only’ and guaranteed to keep in the hottest climates, was imported from Ireland. [55] This was fed to infants in diluted form, to the detriment of their health as a result of sucrose malabsorption, among other factors. [56] Infant food preparations were also available, such as that manufactured by Savory and Moore, which was recommended by a London physician as resembling “Mother’s Milk as closely as possible”. Advertisements included diverse claims intended to bolster the credibility of such products. Savory and Moore’s infant food was said to have earned the patronage of the royal nurseries for the nourishment of the infant prince, and in addition had the advantage of requiring no boiling or straining. [57] The availability of these products in Penang in the 1870s means that Lenore Manderson’s statements [58] that condensed milk became available in Singapore in the 1880s and that infant food preparations were marketed from 1896, require revision. Potential dangers to health associated with the use of such baby foods, apart from contamination of the products themselves, included the lack of an unpolluted water supply, and the lack of hygienic heating and storage facilities.

Yet the clear tendency of doctors’ advice was to curtail breastfeeding and to encourage the use of such manufactured infant foods. Without doubt profit-making considerations on the part of medical practitioners as well as baby food companies contributed to the trend. Dr Scott, who supplied a wide range of medicines in addition to his consulting work, also retailed

feeding bottles at high prices.[59] In Britain the popularity of bottle-feeding increased markedly from the 1850s, when new bottle designs and india-rubber teats were introduced, a change accompanied by detrimental effects on infant health.[60] This metropolitan trend together with the related items of European material culture flowed on rapidly to colonial Penang.

Although most women in the European community had servants to help with the rearing of children, certain responsibilities for child raising continued to rest with mothers. For instance, European women were reluctant to allow Asian nurses to control the feeding of infants because of their reputed tendency to add unexpected ingredients or to give high carbohydrate foods such as rice, flour, potato, banana, suet and honey to the very young.[61] In the absence of an English nurse, therefore, European women retained the chore of children's food preparation. Their own methods, however, were not beyond medical reproach. Dr King commented sarcastically that the mothers "really seem to think that the 'ne plus extra' of food for infants, is sugar and water, and castor oil".[62]

At crucial points in the child's development, also, mothers were to the fore. One such critical period was teething. This painful developmental milestone was recognised as a time of stress for mothers, on top of other domestic miseries. One advertisement ran:

Teething and Godfrey's Cordial; Mrs. Johnstone's world renowned American soothing syrup, all these may bother a poor woman to administer, but when the breadwinner comes home from office, and the cook has either bolted or got drunk, or worse than all, spoiled the curry, the piled-up agony caused thereby is too great for many a mortal woman to bear.[63]

To help mothers and infants cope with the torments of teething, a variety of proprietary remedies were advertised. T.H. Edwards, a retired apothecary who ran a general practice and supplied drugs under the business name of the Medical Hall, advertised reassuringly that he always had in stock a "soothing syrup for dentition".[64] The itinerant surgeon-dentist, Dr de Perindorge, produced what was touted as an infallible remedy for the green diarrhoea from which children were supposed to suffer when cutting teeth.[65] Advertised in the European press, these products were to be purchased and administered by mothers.

Furthermore, although many of the more menial tasks of child care could be handed over to servants, mothers took charge of, and in the end were held responsible for, the socialisation of children, especially the delicate matter of raising girls. When Mrs Scott's 13 year-old daughter objected to a male partner putting his arm around her waist while dancing, Dr King considered that it showed a deficiency in her upbringing and blamed her mother for it.[66] King was more impressed by the results of Mrs Maxwell's efforts in raising her daughter, Louisa. By the age of 17 all her

manners were extremely polished, her ways of standing, walking, curtsying and so on all the result of deliberate effort. "I am sure that every motion she makes before visitors is the result of the most careful education, and that nothing about her is natural", King enthused.[67] Mrs Maxwell had apparently succeeded in transmitting the technique of femininity and was commended for it. By the same token, when the Rev. James Mackay became worried by the threat to Louisa's morals and religious piety from reading the Saturday Review, it was to her mother that he addressed his concerns. Mrs Maxwell replied defensively in terms of her diligence in supervising her daughter's exposure to literary influences:

Whenever she has heard any articles which I thought displayed too light treatment of serious subjects in the Saturday Review, I have pointed out in full my views of them.[68]

It is clear that mothers took responsibility, and were held accountable, for critical aspects of children's development. The labour of servants enabled women in colonial society to focus attention on the emotional and intellectual development of children – an effort regarded as essential to counter the degrading influences of the local environment. The availability of servants did not curtail women's responsibilities for child raising, although it did allow them to avoid some of the more arduous chores.

It was common for élite families in Penang to employ European governesses and nurses to help look after their children. Chinese nurses (amahs) and Indian and Malay nurses (ayahs) were also employed.[69] It was not uncommon for both European and Asian nurses to be employed in the same household, with a division of labour allocating the more menial tasks to the Asian servants. In the less elevated sections of European society, Asian nurses tended to predominate because of their lower wages, though this pattern was not uniform.

Among the élite, Sir Benson Maxwell, who as Recorder of Penang was the highest ranking legal official, employed as governess of his children an English widow, Mrs Hornigold.[70] Mrs Scott, a Scotswoman with marked social pretensions, returned to Penang in 1861 after 18 months in Britain with her six daughters aged between 3 and 13. While at 'home' she had secured the services of an English governess, about 40 years of age.[71] Thus, Miss Clewer joined an ethnically mixed household in Penang, for the children's father was of Asian descent. Dr King sarcastically attributed the taste with which the girls were dressed for church to the influence of the English governess, as opposed to the Scottish mother. The prominent Chasseriau family was headed by Leopold Es Chasseriau, a French-Mauritian sugar and tapioca planter with property in both Europe and the Straits Settlements. The household included his French wife, two children, Emile and Leopold Jnr, and an unmarried French woman of about 30 years, Emma, who acted as nurse to the children as well as lady's companion.[72] To her regret, Emma had been enticed by the wages offered to accompany

the family to Penang, where her lot was one of constant hard work and loneliness.[73] In the Scottish family of Sandilands, a wealthy merchant, on the other hand, only Asian nurses were employed.[74]

The employment conditions and social position of European nurses and governesses were full of difficulty and ambiguity, as indeed were those of women in comparable situations in Britain in the same period.[75] Class distinctions prevented their full social acceptance or inclusion in family life, although as Europeans they shared in the prestige of the ruling caste vis-à-vis the colonised. Class differences were observed and social distance maintained.[76] Mrs Hornigold was mocked for her Cockney habits of speech and her malapropisms.[77] Miss Clewer was subjected to repeated social snubs by her mistress and her young female charges. She was instructed that when she took the Scott girls out for a walk in the evening she was to walk behind, not with them. She never ate with the parents and was not allowed to sit in the drawing room if guests were present. Miss Clewer had signed a contract agreeing that if she left Penang before serving for 4 years she would pay her own passage home; if she married in that time she would pay a fine, a provision reflecting the high demand for white women as wives.[78] The young French woman in the Chasseriau household was worked very hard taking care of the children as well as their parents, and was seldom allowed out to attend social functions: "on the trot, all day, and disturbed by Emile, of whom she has the sole charge at night, she is nearly used up".[79] "Mademoiselles [sic] eyes are always red with crying, and I suspect that whatever she may be spared by monsieur, is made up to her by madame", King noted sympathetically.[80]

Most children raised in Penang had frequent contact with Asian servants, most intimately with nurses. Among the European community this was generally regarded as a source of danger, threatening the proper socialisation of the children, and especially placing them in moral jeopardy.[81] These fears were exacerbated by the widely held view that Malay child rearing practices were overly indulgent and lax.[82] European parents thus tacitly acknowledged the powerful influence of environment on children's development – an interesting point of view considering the great emphasis on notions of racial inheritance and Social Darwinism in the latter half of the nineteenth century. Such issues of nature, nurture and evolution were to be the main preoccupations of the embryonic science of child psychology in the late nineteenth century.[83] There is no evidence that the possibility of European children being culturally enriched by contact with various ethnic groups was mooted in colonial Penang.

Attitudes to Asian cultural influence can be gauged by considering the prevailing approaches to children's acquisition of language. Because of their relations with Asian household servants, most children in the European community could speak in languages other than English. However, it was regarded as a sign of an exceptionally correct upbringing if children spoke

only English.[84] This outcome could be achieved by the exclusive employment of British nurses and governesses, and carried considerable social cachet. In Eurasian households, which made up the majority of the European community, a different pattern often emerged. Children spoke Malay as their first language, which was usually also the native tongue of their mother. When older, they were taught English as a foreign language. This system was believed to be easier than “to get them to unlearn the broken lingo they acquire from native servants who pretend to speak English”.[85] To achieve this result, some Eurasian families avoided employing servants who spoke any English. The feature common to both patterns of language learning was the social importance attached to the acquisition of good English.

On the island of Penang the debilitating physical and cultural effects attributed to the Asian environment could be evaded by resorting to Penang Hill, the Straits version of the Indian hill stations, noted for coolness and salubrity and modelled to resemble an English landscape. Matrons of the European community often sought relief with their families in this “little belvedere of empire”[86], ostensibly for the benefit of the children’s health.[87] But ‘The Hill’ afforded only limited and temporary refuge. Within the European community in Penang it was considered highly desirable for children to be removed from Asian influences entirely during the impressionable years of adolescence.

At a certain age, usually about 10-12, children were often sent to England or Scotland to complete their schooling. Elisabeth Earl, for instance, daughter of Clara and George Earl, the magistrate of Province Wellesley, rejoined her family at the age of 16 after 6 years finishing her schooling in England on the Isle of Wight.[88] This pattern was more common for boys than for girls, since a European education was regarded as essential in order for boys to make their way in the world. In the family of the Recorder, the Maxwells, the boys were kept in England at school, while the four girls remained in Penang.[89] Of the six children of Mrs Man, wife of a Resident Councillor of Penang, five were at school in England, while one 5 year-old daughter stayed in Penang.[90] Sending children to Europe for education involved considerable trouble and expense for parents. Because they were usually free of employment commitments and because the children were regarded primarily as their responsibility, mothers often accompanied children on the voyage to Europe. This could mean long separations between husbands and wives; how this was experienced depended on the nature of the relationship. Some women took the opportunity to extend their stay in Britain in order to enjoy the milder climate and more profuse cultural and social facilities. Elizabeth Brown, for instance, who was generally acknowledged as the first lady of Penang society, managed to prolong her visits to Britain upwards of 2 years.

Conclusion

This paper has examined the experiences of childbearing and child rearing of women in the European community of Penang around the midpoint of British colonisation. Although officially a British imperial enclave, most of the women included in so-called European society in Penang were of mixed European and Asian ancestry, and some were Asian. Even when the mothers were of European descent, child care was often entrusted to Asian nurses and female household servants who thereby contributed to child rearing practices. A range of European nationalities was also included in colonial society in Penang, especially Portuguese, French and Dutch women as well as British. Furthermore, the composition of the medical profession in Penang was also more diverse than in British society at this time, ranging from university-educated English doctors to locally-trained Eurasian medical practitioners and apothecaries, with frequent resort also being made to Asian healers. These factors resulted in an extremely diverse range of child care practices, representative of a complex mixed culture. It has been emphasised that at the heart of the processes of cultural intermixing was the activity, the maternal work, of the women themselves. Makers of custom and agents of social change, colonial women were engaged in processes of acculturation, in the formation of cultural variants 'oddly hybrid'.

Notes

- [1] E.W. Said (1993) *Culture and Imperialism*, p. 15 (London: Chatto & Windus).
- [2] See, for example, W.D. McIntyre (1976) *Malaya from the 1850s to the 1870s, and its historians, 1950-1970: from strategy to sociology*, in C.D. Cowan & O W. Wolters (Eds) *Southeast Asian History and Historiography*, pp. 262-284 (Ithaca: Cornell University Press). In 1786 Francis Light acquired Penang for the English East India Company, which developed it as a strategic and commercial base for British shipping between the Indian Ocean and China. In 1826 Penang was incorporated with Singapore and Melaka into a British administrative unit called the Straits Settlements, which was governed from India until 1867.
- [3] The only available social history deals with a later period than the present study: J.G. Butcher (1979) *The British in Malaya 1880-1941: the social history of a European community in colonial South-East Asia* (Kuala Lumpur: Oxford University Press). Even in recent histories, European women receive no more than cursory treatment. For example, in N. Tarling (Ed.) (1992) *The Cambridge History of Southeast Asia, 2: The Nineteenth and Twentieth Centuries* (Cambridge: Cambridge University Press), European women are mentioned on three pages out of 645 pages of text.

- [4] For a brief, general discussion of King's experiences in Penang, see E.A. Ross (1980) Victorian medicine in Penang, Malaysia in *History*, 23, pp. 84-90.
- [5] For example, for a compilation of such studies as well as a theoretical analysis of trends in the literature, see M.A. Kay (Ed.) (1982) *Anthropology of Human Birth* (Philadelphia: Davis), especially C. McClain, Toward a comparative framework for the study of childbirth: a review of the literature, pp. 25-59. See also A. Oakley (1977) Cross-cultural practices, in T. Chard & M. Richards (Eds) *Benefits and Hazards of the New Obstetrics*, pp. 18-33 (London: Spastics International Medical Publications); E. Ross (1995) New thoughts on 'the oldest vocation': mothers and motherhood in recent feminist scholarship, *Signs*, 20, pp. 397-413.
- [6] C. McClain, 'Toward a comparative framework for the study of childbirth', p. 40.
- [7] D. Bassin, M. Honey & M.M. Kaplan (1994) Introduction, in D. Bassin, M. Honey & M.M. Kaplan (Eds) *Representations of Motherhood*, p. 10 (New Haven: Yale University Press).
- [8] Penang Argus and Mercantile Advertiser (hereafter Penang Argus), 26 August 1871.
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- [49] King to his father, 20 December 1860.
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- [55] For example, *Penang Argus*, 1 April 1871.
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- [63] Penang Argus, 22 April 1869.
- [64] For example, Penang Argus, 6 January 1870.
- [65] Penang Argus, 4 November 1872. Also advertised was a whole gamut of proprietary medicines, many of which contained opium, to be taken by women during all phases of their reproductive span – for menstrual irregularities, dysmenorrhoea, pregnancy, menopause and 'hysteria' among other complaints, e.g. Penang Argus, 3 October 1867, 27 February 1869, 24 June 1871, 19 September 1872.
- [66] King to his mother, 24 December 1861.
- [67] King to his mother, 12 May 1863.
- [68] Diary of Rev. James Mackay 1860-1865, f. 47-48, 21 November 1860, Rhodes House Library, Oxford, Mss.Ind.Ocn.s.40.
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- [70] Diary of Rev. Mackay, f. 51, 28 November 1860.
- [71] King to his mother, 25 June 1861.
- [72] King to his mother, 10 June 1861.
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[87] Harris, *The Complete Journal of Townsend Harris*, p. 57.

[88] Alt, *Some memories*, p. 33. Province Wellesley was a British territory on the Malayan mainland opposite Penang island.

[89] King to his mother, 1 October 1859.

[90] King to his mother, 27 December 1860.

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