In the Netherlands, as in other West European countries, an overall increase in concern about the quality of children’s lives became manifest at the end of the nineteenth century. In the Dutch case it may have been inspired by the final take-off of industrialisation during the 1890s and the ensuing economic growth and social modernisation. Political and cultural integration into the nation of the rapidly growing urban middle classes and the new industrial working class proceeded along the lines of religion rather than class, in a process of so-called ‘pillarization’. One of the effects of this was the relatively strong influence of the churches and their organisations in the social and cultural domain, especially on family life.¹

As to the poor, the new interest in children’s welfare expressed itself in laws restricting child labour, in pleas for compulsory education, and in a lively discussion about the best way of protecting neglected or abused children without the risk of punishing them instead of their drunken, absent or aggressive parents. In spite of the opposition of the recently organised denominational parties, who persisted in defending the father’s authority against state intervention in the family, liberals succeeded in 1901 in having a series of laws passed which provided the conditions for a ‘century of the child’. Compulsory schooling for children from six to twelve years of age was introduced and a legal basis was given to court custody of children whose physical and mental health was threatened at home. A rapidly growing number of privately organised re-education institutions took charge of society’s responsibility for these victims of adults who could not stand up to the test of responsible citizenship.²

In the same year, the first infant welfare centre (consultatiebureau) was set up on a private initiative in a formula which immediately proved popular because medical advice was combined with free milk supplies for mothers who could not breast-feed their babies adequately on their own milk. By closely monitoring growth and
feeding practices, these bureaus became the spearhead of the successful battle against infant deaths. Mothercraft courses and pamphlets on childcare supplemented the bureaus’ work. From the late-1920s the bureaus also distributed cheap copies of small booklets on raising toddlers and schoolchildren, which promoted a slightly adapted version of the middle-class ideal of child rearing. For paediatricians these efforts to promote well informed or indeed ‘scientific motherhood’ added to the carving out of a new specialist field among medical practitioners, as Hilary Marland has pointed out elsewhere.

Increasingly, other physicians shifted their attention away from normal family life and the prevention of unhealthy conditions of childcare to diagnosing, categorising, and treating physically or mentally handicapped children. This new specialisation developed in close relation to special education, another expression of society’s increased sensitivity to the quality of children’s treatment and environment.

Although middle-class mothers also visited the consultatiebureaus, they did not figure particularly as targets of state or privately organised control and intervention as regards infants’ health. However, they continued to be the audience of an older and less engaging means of influencing people’s way of handling children: family guidance literature. Late nineteenth-century child-rearing books were addressed to middle-class readers as responsible citizens, capable of raising their children in the correct way without personal professional intervention. Whereas the patronage of working-class mothers focused particularly on promoting children’s physical health, upper- and middle-class upbringing was not conceived of as high risk in this respect. Middle-class parents were expected to consult popular medical guides if necessary, or to be educated enough to know when to send for a doctor or visit a paediatrician. This, of course, does not deny that the very availability of a growing number of parents’ manuals, itself an expression of the increased aspirations of professional groups, was interacting with middle-class ambitions to be the model citizens of society in yet another respect. Scientific motherhood or the expressions of the idea that parents, particularly mothers, needed experts’ knowledge and advice in order to raise a child properly continued to include the physical aspects of childcare. At the turn of the century, however, Dutch physicians figured less prominently than their Anglo-Saxon counterparts.

The ascribed self-regulating capacity of the middle classes as regards children’s physical health combined with the relatively strong position of clerics in the domain of family values to stimulate a shift