



Taylorist Breastfeeding in Rationalist Clinics: Constructing Industrial Motherhood in Fascist Italy

Author(s): Diana Garvin

Source: *Critical Inquiry*, Vol. 41, No. 3 (Spring 2015), pp. 655-674

Published by: [The University of Chicago Press](#)

Stable URL: <http://www.jstor.org/stable/10.1086/680196>

Accessed: 14/07/2015 10:45

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



The University of Chicago Press is collaborating with JSTOR to digitize, preserve and extend access to *Critical Inquiry*.

<http://www.jstor.org>

Taylorist Breastfeeding in Rationalist Clinics: Constructing Industrial Motherhood in Fascist Italy

Diana Garvin

Taylorist breastfeeding constitutes a distinctly Italian phenomenon. The ideal rationalist clinics staged in the propaganda film *Alle madri d'Italia* (To the Mothers of Italy) serve to naturalize a factory-like vision of women's healthcare by casting breastfeeding and childbirth as forms of mass production belonging to the state. At this nexus of medical and design history, state imperatives combined pieces of preexisting gender roles from mass media, the Catholic Church, and medical literature to create a new model for industrial motherhood. In doing so, however, the regime implicitly endorsed women's labor in the public sphere, which had the ultimate effect of undermining its own promotion of socially conservative gender roles.

Production (1934–1935) and distribution (1935–1936) of the forty-one-minute film *Alle madri d'Italia* and related propaganda demonstrate the regime's explicit pedagogical intent in creating this documentary and point to the effect the built environment had on female bodies. Produced by the Istituto Nazionale Luce and directed by Pietro Francisci,¹ this silent film was commissioned for the tenth anniversary of the Opera Nazionale Maternità e Infanzia (ONMI) organization to instruct women how to hygienically breastfeed and care for their young children. More cin-

Unless otherwise noted, all translations are my own.

1. During the Fascist period, Francisci directed a number of short films and documentaries before turning to more commercially viable initiatives such as *Attila* (1954) and *Le fatiche di Ercole* (1958).

Critical Inquiry 41 (Spring 2015)

© 2015 by The University of Chicago. 0093-1896/15/4103-0004\$10.00. All rights reserved.

ematic textbook than film, this cultural production nudged expectant mothers to use the state's nascent healthcare system. In accord with the pedagogical importance that the regime accorded to this film and its themes, ONMI began to publicize *Alle madri d'Italia* one full year in advance of the inaugural screening in Forlì. Proximity to Predappio, Benito Mussolini's birthplace, ensured ample regime funding for Forlì and other Romagna towns. From April 1935 to September 1936, ONMI's monthly periodical *Maternità ed Infanzia* published a number of articles on the film's staging, production, screening, and reception in national and international presses. Broad newspaper coverage points to the ubiquity of *Alle madri d'Italia* film screenings in Italian cities in the mid-1930s. Further, the attendance of Mussolini's second wife, Rachele Mussolini, at *Alle madri d'Italia*'s screening at the Cinema Teatro Esperia for the opening of the Casa della Madre e del Bambino di Forlì points to the film's importance to the regime.²

The first article devoted to *Alle madri d'Italia* took its name from a provisional title for the film. "Quando la culla è vuota" (When the Cradle Is Empty) appeared in *Maternità ed Infanzia* in April 1935 and presaged three key elements of the film. First, the film defined improved national moral hygiene as a goal of Taylorist breastfeeding. As the article stated, this film aimed to be "etico-sociale" (socioethical), as well as "tecnico-medico" (medical-technical). Such phrasing suggests that medical techniques buttress the film's sociopolitical goals. Second, a disdain for the viewing public, expressed in terms that fuse the biological and the intellectual, emerges in a discussion of the film's production challenges. The film's producers struggle to "rendere l'argomento intelligibile alla parte profana del pubblico e [per] non turbare la suscettibilità tanto facile" (render the argument intelligible to laymen so as to not perturb their delicate sensibilities).³ This phrasing casts the public as emotional rather than logical, easily influenced by argument. Finally, the extensive discussion of where and how the audience ought to view the film to properly absorb its messages foreshadows a major theme of the film's content: how a rationalist built envi-

2. See A. Cappelli Vegni, "La casa della madre e del bambino di Forlì," *Maternità ed Infanzia* 11 (Apr. 1936): 5.

3. Paolo Gaifami, "Quando la culla è vuota," *Maternità ed Infanzia* 10 (Apr. 1935): 3.

DIANA GARVIN is a PhD candidate in Italian studies at Cornell University. She has published translations of Antonio Negri and Roberto Esposito. Her recent essay "Autarchic by Design: Aesthetics and Politics of Kitchenware" won the Oxford Cherwell Prize.

ronment renders the female mind and body more compliant to regime control. In characterizing this private practice as public work, however, the regime also directly contradicted its claim that women belonged in the home. Further, ONMI relied on an unpaid female labor force drawn from Fascist women's groups to run the clinics. In calling for female clients' and staff's public participation in clinics, the regime worked against its goal of fostering social conservatism in women of childbearing age. The contradiction in this film suggests that the regime's push into citizens' private lives had the unintentional side effect of creating new opportunities for women's labor in the public sphere.

Was *Alle madri d'Italia* propagandistic or documentary? Both. ONMI used real clinics and clients in the film to lend authenticity to state narratives of omniscience and control. The film was shot in recently constructed rationalist clinics and private homes and used practicing doctors and nurses and current clients instead of professional actors (fig. 1). Because ONMI clinics housed screening rooms (fig. 2) where this film was shown, the viewing public (fig. 3) would have experienced the peculiar mimesis of watching a clinic while sitting in a clinic. The rationalist design and regimented use of the model clinics in the film must have appeared to be a cinematic fantasy rather than a realistic documentary to the female audience. As clients, these women would have been familiar with the chaotic daily operations and jumbled architectural design that characterized the majority of clinics. By emphasizing ideal clinics to the exclusion of typical clinics, this film unintentionally focused the audience's attention on the regime's failure to create a unified system for maternal healthcare. To ONMI's female clients, these screenings likely enumerated the discrepancies between the regime's idealized vision of maternal healthcare and its messy reality.

The majority of protagonists and the film's intended audience fit the same demographic: poor, unmarried women. Similarly, ONMI volunteers not only ran screenings of *Alle madri d'Italia* but were also featured in the film's content. The descriptively titled March 1936 article "Pellicole specializzate per l'educazione e la profilassi" (Specialized Films for Education and Prophylaxis) called for free fifteen-minute projections of the film at schools, Opera Nazionale Dopolavoro (OND) centers, meeting rooms at large businesses, community centers, and mobile cinemas. This article demands that these screening rooms be hygienic and the viewings brief so that the audience members can properly assimilate the film's messages. The film is intentionally episodic in structure, so that it can be "dosed" like medicine, the better to "penetrate the mind and spirit of men." A "teacher"

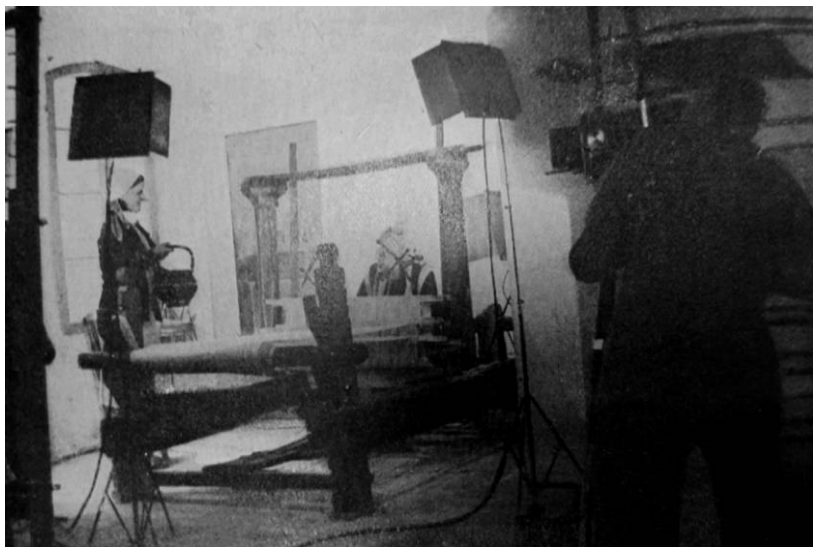


FIGURE 1. Photograph of *Alle madri d'Italia* film set, 1936, accompanying caption reads “Mentre si gira una scena del film ideato dall’O.N.M.I. ‘Alle madri d’Italia.’ Com’è noto questo film è stato completamente ripreso nelle case degli assistiti dall’Opera e con il concorso degli stessi” (While shooting a scene of the film realized by ONMI. As noted, this film was filmed in the homes of those assisted by ONMI and with their involvement) (*Maternità ed Infanzia* 10 [Sept. 1935]: 16).

would read this silent film’s “brief and clear captions,” and then discuss the “lessons” after the showing.⁴ But who facilitated these didactic events?

The teacher would likely have been a middle- or upper-class woman interested in both secular and religious social welfare projects. The regime’s volunteer force of ONMI workers came from groups traditionally associated with the care of mothers and infants, particularly Catholic charity organizations. These groups predated and then coexisted and occasionally merged with ONMI initiatives at the town level of organization. Local nuns and priests not only staffed many ONMI clinics but also, in many cases, personally raised funds for their construction.⁵

Audience members also received an educational booklet, *La tutela della maternità e dell’infanzia in Italia*, filled with movie stills, so that they could

4. Maria Costa, “Pellicole specializzate per l’educazione e la profilassi,” *Maternità ed Infanzia* 11 (Mar. 1936): 8.

5. For letter exchanges between Sebastiani and local religious figures regarding ONMI clinic construction and refurbishment from 1934–1936, see folder (*busta*) 9.4, file (*fascicolo*) 4587, Presidenza del Consiglio dei Ministri (PCM), Archivio Centrale dello Stato (ACS).



FIGURE 2. Photograph of film projector in an ONMI screening room, 1927, located in Asilo Macchi di Cellere, S. Saba (*Maternità ed Infanzia* 2 [Feb. 1927]: 50).

further study the film at home.⁶ This gift suggests the belief that repeated exposure to the film's images would promote reception of its dictates. The booklet casts the pedagogical work of the film as a quasi-biological process of absorption, precipitated by the rationalist built environment. Such framing suggests two underlying presumptions: first, that the audience could soak up instruction through gradual osmosis; and, second, that specific architectural styles would enhance this process.

Viewing instructions for the film suggest that ONMI viewed their audience in bodily terms. Biological concerns in the screening supported pedagogical aspirations for the content.

La breve durata della proiezione è richiesta anche dalla preoccupazione igienica di nuocere a coloro che sono abituati ai larghi respiri possibili a quanti vivono e lavorano all'aria aperta, nonché alla particolare fatica alla quale si verrebbe a sottoporre l'organo visivo di chi non è abituato allo sforzo di concentrazione nell'oscurità di una sala. [The brief duration of the projection is requested also due to the hygienic concern of harming those who are used to the deep breaths

6. See Pietro Corsi, *La tutela della maternità e dell'infanzia in Italia* (Rome, 1936). In the late 1930s, the publishing society "Novissima" issued an expanded 127-page version of this booklet for public sale. Novissima eliminated the majority of ONMI's film stills from this new text.



FIGURE 3. Photograph of ONMI film screening. Accompanying caption reads “Conversazioni di propaganda di igiene pre e post natale alle maestranze femminili di stabilimenti industriali” (Propaganda-based conversations of pre- and post-natal hygiene with female workers in industry) (*Origine e sviluppi dell’Opera Nazionale per la Protezione della Maternità e dell’Infanzia*, 1936, p. 87).

possible for those who live and work in fresh air, to say nothing of the particular exertion to which one must put the visual organ if one is not used to the effort of concentration in a darkened room.]⁷

This phrasing suggests a belief that the audience member’s body filters the film through to her mind. The closed, darkened screening room, though necessary for the film’s projection, could potentially harm the body and disrupt the successful transmission and absorption of the film’s messages. By contrast, the film’s content explains how the hygienic properties of the circulation of air currents and ample sunlight freshen ONMI centers and promote their clientele’s well-being.

Concerns fusing hygiene, architecture, and morality play out in *Alle madri d’Italia* via the gendered treatment of a professional dichotomy: the midwife and the doctor. The film’s approach to these two figures provides a lens through which to examine the construction of the rhetoric of hygiene and how it came to be imbued with moralistic tones. In the clinic, the doctor oversaw the all-important process of birth, but, in the home, the midwife reigned. In the promotion of clinics serving huge numbers of patients, one first notes the regime’s gender bias towards male doctors and against female midwives. While gender concerns form part of the move towards the clinic, the regime’s wish for surveillance of maternal bodies

7. Costa, “Pellicole specializzate per l’educazione e la profilassi,” p. 9.

plays an even more significant role. Moving health care into a public, industrial space enhanced medical monitoring. It also promoted pronatalism by eliminating the possibility of abortion; historically, midwives held the dual role obstetrician and abortionist, as implied in the period's alternate term for the midwife: the *fattor d'angeli* (angel maker). For these reasons, the regime worked to pull male doctors into its orbit even as it pushed female midwives away. Professional legitimacy in this medical field became synonymous for the regime's stamp of approval. The primary effect of this move was to distinguish state-affiliated midwives from independent practitioners of the profession.

In *Alle madri d'Italia*, the spaces occupied by the midwife and the doctor point to a potentially problematic association for the regime: the national imaginary held that the country, the realm of tradition, was more fertile than the city, the realm of modernity and science. Historically high birth-rates in the countryside complicated ONMI's assertions that their clinics were needed in these spaces to improve fecundity. And, indeed, government demographers noted that the Italian countryside boasted a far higher birthrate than the city before ONMI policies went into effect. How then to address the paradox of the fertile countryside and its need for regime intervention? *Alle madri d'Italia* establishes the future mother's choice as one of moral hygiene: she can either submit herself to the regime's medical surveillance of ONMI-affiliated doctors and *visitatrice* to ensure proper care for her body and her child, or she may choose to gamble on the dubious, unhygienic practices of the local midwife. The film frames selecting the proper medic as a reflection of the mother's character. This moment of choice could be considered the rare case in which the regime treats the mother as an active agent. As such, it underscores the fact that women maintained relatively more agency in home-based health care than they did in the public clinics.

Industrial motherhood emerges from the film's conflation of manufacturing and maternity under the aegis of gendered bodily labor. Motifs of surveillance and order fuse the textile factory and the factory nursery, establishing twinned areas of production and control. In an early sequence that highlights ONMI's role in creating nurseries for factories, we see a group of women working in rigid rows. The camera angle shoots downwards so that the audience viewpoint is conflated with that of the factory boss. Fabric-based debris is utterly absent from this hygienic space of production; no fabrics mound the factory floor, no dust motes dot the air. The rhythmic choreography of human hands and mechanical gears signals industrious production. As such, the factory allows for two types of production by female workers: cloth and bodies.

The women somberly rise as one; in a swift shift of emotional tone, the next shot depicts them blissfully breastfeeding their infants in the nursery. The sudden sentimentality suggests that breastfeeding brings these women greater happiness than their work in the textile factory. This shift cues the idea that the traditional female work of childcare provides complete emotional fulfillment. It also underscores the regime's contradictory support of certain types of female labor in the public sphere, like textile work, rice harvesting, and Taylorist breastfeeding, and its denigration of female labor in manufacturing plants and refineries. The cut from the factory to the nursery further undermines state claims that women belong solely in the home by showcasing how easily these women combined factory work and childcare—with the state's help, no less. As a *levatrice* looks on with approval, a smiling woman breastfeeds her infant, her face bathed in sunlight. Her body becomes pure productive capacity, doubly monitored by the regime's representative and the camera.

Alle madri d'Italia presents the timed breastfeeding schedule, known as the *orario*, as a means to regulate the frequency and duration of breastfeeding in clinics and homes, promoting rationalist maternal practices across both the public and the private spheres of life. The section "Come si allatta il bambino" (How One Breastfeeds the Infant) conveys the complete domination of rationalization over instinct through time management. Five close-ups show a clock reading 2:50 p.m., a crying infant, a second cut to the clock, the mother gazing up towards the clock, and a third cut to the clock. The mother tucks the infant into a nest of blankets and marches away. In a somewhat unconvincing proposition, intertitles suggest that infants' cries often mean that a pin is poking them. In other words, the *orario* is always correct; infant hunger that does not conform to this schedule, established by the doctor, is wrong. As such, the mother keeps the doctor's schedule by using the clock as a tool for a medical purpose. Intertitles further warn, "la madre saggia attende che giunga l'ora fissata se non vuole arrecare un danno al suo bambino" (the wise mother waits until the established hour has been reached if she doesn't want to bring harm to her infant). A fourth image of a clock, positioned directly behind the word "ora," visually reinforces the importance of the *orario* (fig. 4). This technique transforms the clock into a medical tool to regularize the flow of breast milk from maternal to infant bodies.

This technique works in tandem with another quantifying practice, the *doppia pesata* (double weighing) (fig. 5). In the next film segment, a doctor weighs an infant before handing it to the mother for breastfeeding. He waits, then weighs the infant again. A mathematic formula then subtracts the first weight from the second to demonstrate how to determine the

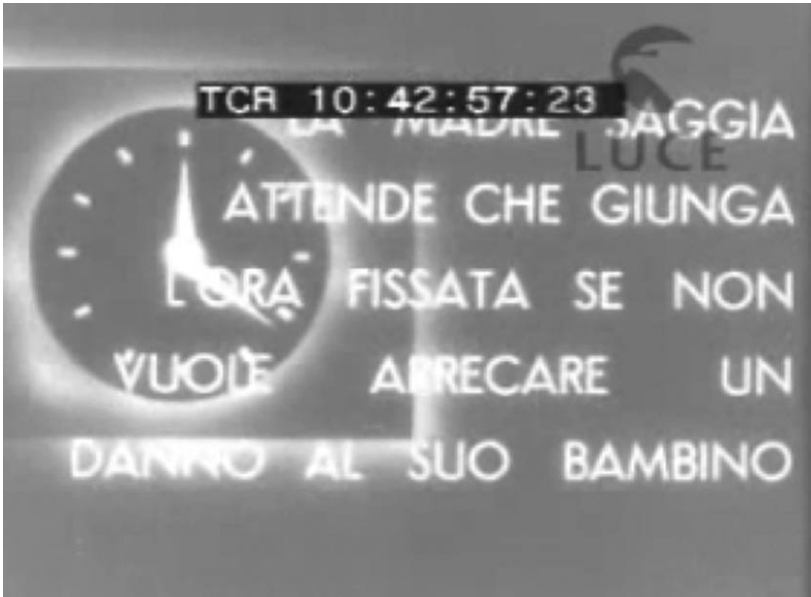


FIGURE 4. Film still of *Alle madri d'Italia*, 1935, clocks as tools (Archivio Luce).

exact grams of breast milk the infant consumed. Medicine, measurement, and math, rather than maternal knowledge or infant hunger, govern this act. The *orario* and the *doppia pesata* evoke the rationale of Taylorism and an aesthetic that Christina Cogdell characterizes as “‘smooth flow,’ a pursuit that conjoined notions of the efficiency of bodies and products with the eugenic idea known as ‘national efficiency.’”⁸ Taylorist breastfeeding emerges from this biological characterization of efficiency, with which the regime could quantify mothers’ bodily energy, function, and output.

Clocks and scales quantitatively monitored breastfeeding in the clinic. But how could ONMI track and improve the quality of breast milk? *Alle madri d'Italia* outlined the descending hierarchy of nutritional value for various milks: mother’s breast milk, wet nurse’s breast milk, cow milk, other animal milks, and artificial milk. Mother’s milk was celebrated for its capacity to bond parent and child. As the clip “Come si allatta il bambino” (How One Feeds the Baby) exults, “Il latte della mamma rappresenta la migliore garanzia di vita e di sviluppo del bambino” (Mother’s milk represents the best guarantee for the infant’s life and development). However,

8. Christina Cogdell, “Smooth Flow: Biological Efficiency and Streamline Design,” *Popular Eugenics: National Efficiency and American Mass Culture in the 1930s*, ed. Susan Currell and Cogdell (Athens, Ohio, 2006), p. 220.

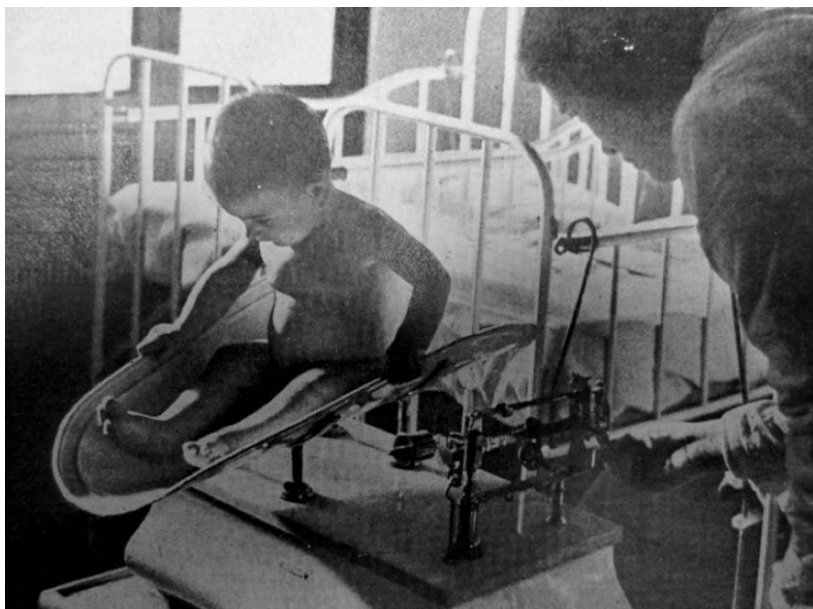


FIGURE 5. Photograph of a double-weighing, 1936, located within the clinic of a Casa della Madre e del Bambino, unspecified city, caption reads, “La doppia pesata di un bambino in un consultorio dell’O.N.M.I.” (The double-weighing of a baby in an ONMI Clinic) (*La tutela della maternità e dell’infanzia in Italia*). This stock photo appears in numerous ONMI publications, including Paolo Gaifami, “Quando la culla è vuota,” *Maternità ed Infanzia* 10 (Apr. 1935): 5.

the regime believed that even highly nourishing human breast milk could be improved through nutritional science.

To improve mothers’ milk, *Alle madri d’Italia* dictated the foods that ONMI clients should and should not eat. Nutrition and economy ruled over taste, as the clinics provided meals for lactating mothers, not for their welfare, but to improve the nourishing capacity of their breast milk for their infants. Because ONMI clients often did not have enough money to eat at home, clinic refectories could enforce these menus. But for those who could afford to choose, propaganda evoked the consequences of insubordination to regime dictates. A menacing image of a snake coiled around a tree illustrates the intertitles, “Non devi mangiare troppo. Questa fa male a sé e al bambino che attende” (You shouldn’t eat too much. This is bad for you and the infant to come). The image of the snake recalls Eve’s fall and elevates the mother’s disobedience and gluttony to the level of a mortal sin. Clearly, such injunctions used Catholic imagery to make a virtue out of the daily deprivations faced by the majority of ONMI’s clientele and also provided a nutritional justification for the meager options

available at the clinic refectories. As with the injunction to avoid meats, liquors, and tobacco, the promotion of fruits and vegetables meshes with regime concerns. Widespread adoption of autarchic eating promoted the domestic economy and thus connects individual bodies to the national body through prescribed food consumption. Taylorist breastfeeding can thus be viewed in the context of state-endorsed autarchic food production by women, such as home gardening and chicken raising. Produced by Italians for Italians, mothers' breast milk constituted the ultimate autarchic food.

The second section of "Come si allatta il bambino" concerns the hygienic preparation of various animal milk and artificial milk. The film defines artificial milk as a last resort; as the intertitles insist, "Solo quando non sia assolutamente possibile l'allattamento materno o a balia se provvede a quello artificiale *nella forma e nelle dosi stabilite dal medico secondo l'età*" (Only when breastfeeding by the mother or wet nurse is absolutely impossible can one provide artificial milk *in the form and doses established by the doctor according to age*). The sterilization process detailed here for the cow's milk, as well as the measurement and mixing involved in the preparation of powdered milk, involves many steps, each with their own specialized tools. No tool appears to be used more than once, a hygienically motivated decision that leaves a pile of dirty implements in the wake of this process. In contrast to the clock, an object common to the home, these tools are highly specialized. Among the implements, we see metal funnels, oversize thermometers, and sophisticated glassware recalling a pharmacist's laboratory. Such technological specialization indicates that these tools served no purpose beyond aiding the complex operations of childcare shown in the film to a mother well acquainted with proper tools used in the proper way—a use that mechanized the daily business of motherhood.

ONMI was not the first Italian organization to address maternal welfare as a social problem; the Catholic Church, regional government, and philanthropic societies historically addressed this issue, working in both the public and private sphere to finance, construct, and staff clinics. Of these, the Catholic Church presented the most consistent public face of maternal aid and continued to do so both during and after the Fascist period. However, one cannot speak of a strict equivalence between the Catholic Church and the Fascist regime in terms of their understanding of women's role in society. Whereas ONMI policies promoted pronatalism both with and without nuclear family structures, Catholic charities continued to stress the importance of the nuclear family unit. Paradoxically, the state's myopic fixation on increasing Italy's population promoted a more expansive

definition of legitimate family than the church had traditionally supported. So whereas the church used the connection between mother and child to highlight the importance of family ties in sparking religious feeling in the next generation of Italian Catholics, the state pointed to the charge of this link to suggest that family interests constituted legitimate grounds for government intervention. This line of reasoning further suggests that if numerous families compose the state, then the state can justify interference in the domestic sphere by recasting the private realm as constitutive of the public. But the church and the state did share a focus on and promotion of the privileged bond between mother and infant, often employing iconography of the Madonna and Child in both religious and lay publications promoting breastfeeding. This effort constitutes a gendered manifestation of what Emilio Gentile referred to as the “sacralization of politics.”⁹ In this case, because breastfeeding assumes a potent religious symbolism, the mother’s choice of whether or not to engage in state-sponsored Taylorist breastfeeding in rationalist clinics takes on a heightened moral charge.

An Architectural Solution for a Demographic Problem

What did the regime’s ideal clinic look like?¹⁰ Rationalist architecture characterized the majority of the ONMI’s newly built clinics: regular, geometric lines, extensive use of autarchic materials such as local marble and reinforced concrete, and swooping curves predominated (fig. 6). In a true union of form and function, autarchic ONMI clinics housed maternal bodies engaged in domestic reproduction. The design of these new buildings encouraged the smooth flow of labor in terms of both work and childbirth. Not so much clinics as factories, the aesthetics of these structures served to regulate the production of healthy children with the time-bound predictability of a manufacturing plant. In this sense, these new ONMI clinics were representative of the preponderance of other new buildings commissioned by the regime during the 1930s, including post offices, railway stations, stadiums, and Fascist town headquarters. State-affiliated architects, like Gio Ponti and Angiolo Mazzoni, often treated buildings like bodies. These leading architects along with other designers tried to rationalize circulation to promote efficiency and often referred to the health of a building. Ponti, Mazzoni, and lesser-known architects created structures

9. See Emilio Gentile, *The Sacralization of Politics in Fascist Italy*, trans. Keith Botsford (Cambridge, Mass., 1996).

10. Although a hodgepodge of architectural styles characterized the majority of ONMI clinics in the 1930s, regime propaganda focused on their modest collection of newly built rationalist structures to the exclusion of the more pervasive refurbished buildings.



FIGURE 6. Photograph of Casa della Madre e del Bambino, Sabaudia, 1936 (*La tutela della Maternità e dell'infanzia in Italia*, p. 6).

that used streamlined reception areas and wide hallways to encourage people to walk through the building in prescribed ways. These buildings quickly processed people by depositing them in their proper locations, much in the way that people digest food. This analogy of the building as body helps to account for the concern for hygiene that permeates ONMI's proposals for clinic designs and explanations of their use.

The rhetoric of moral hygiene that pervades descriptions of ideal clinics in ONMI propaganda also emerges in leading architectural publications. In *Domus* and *Abitare*, references to moral hygiene often appear in a causal structure; possessing a clean body becomes a prerequisite for being an upstanding member of Fascist society. Hygiene emerges in these structures as a concern for bringing light and air into the living space to capture their salubrious effects as disinfecting agents. These two natural elements warded off the germs that could slow, disrupt, or cease the smooth temporal flows of breastfeeding and infant development with a bout of sickness or infant death. The ideal clinic provided a germ-free environment as a precondition for the regularized production of breast milk. These built environments showcased a streamlined, assembly-line organization of bodily female labor (childbirth, breastfeeding, food preparation for mothers and infants). However, the design and proposed use of these model clinics did not represent ONMI clinic architecture and function as a whole.

The regime's suggestion that all clinics shared stylistic and functional uniformity belied fragmented approaches to funding, design, construction, and operation. National, government-run competitions selected famous architects or architectural groups to design prominent clinics, and town government coalitions made selections at the regional level. Typically, prefects and the local gentry picked a local architect on the basis of his commitment to constructing buildings in the community. In Trieste, for example, the city prefect selected native Triestine architect Umberto Nordio to construct the city's ONMI clinic based on his previous work on the city's Stazione Marittima, Casa Zelco, and Casa della Ras.¹¹ Although ONMI propaganda continually featured images of rationalist clinics, it occluded information regarding architects' biographies and the details of clinic construction. To judge from film clips and photos disseminated by the regime, these structures appear to have spontaneously sprung into being, fully formed. Naming the living architect who designed each building would have called attention to the often provincial, fragmentary nature of construction, contradicting the regime's attempt to cast these structures as impressive mainstays of nationalized, modern medicine. Further, by focusing intently on the intended use of these buildings rather than their construction, regime propaganda naturalized their rapid proliferation across Italy during the 1930s. Focusing on the existence rather than the recent creation of such structures obscured the magnitude of this change. This tactic shifted the onus of negotiating the anonymity and public nature of industrial medicine from ONMI to the client. In essence, ONMI delegates the work of adapting to the new spaces associated with modern medicine to individuals, allowing the clinic to function with increased efficiency in service of regime goals.

Maternità ed Infanzia demonstrates how ONMI translated this abstract aim into daily practices. The periodical discusses room function and activity flow in "L'organizzazione della casa" (The Organization of the House), a subsection of an article inaugurating Forlì's new ONMI clinic.¹² Textual elaboration of the floor plan provides a window into the interior workings of ONMI clinics to the extent that this heralded example of built environment generalizes to similar model structures constructed in the mid- to late 1930s (fig. 7).

Out of twenty-one ground floor rooms, nine housed activities relating directly to food. Kitchens, pantries, dispensaries, breastfeeding rooms (*di-*

11. See Giuseppe Pagano, "Architetti a Trieste," *Casabella* 8 (Apr. 1935): 16–23.

12. See A. Cappelli Vegni, "La Casa della Madre e del Bambino di Forlì," *Maternità ed Infanzia* 11 (Apr. 1936): 5; hereafter abbreviated "C."

the flow of maternal bodies in this building was connected with, and resulted in, the flow of breast milk. This prescriptive floor plan precludes both aimless wandering and individual decision making regarding movement. A Rationalist approach to labor emerges in the prescribed motion of maternal bodies through the rationalist clinic; regimentation of travel is designed to produce maximum efficiency in this factory-like space.

Description of room purpose also suggests the rationalist approach to feeding. The article discusses the nursery (*asilo-nido*), mothers' refectory, pediatric and obstetric clinics, milk dispensary, and social service office (*ufficio di assistenza*) at length (see "C," p. 6). Rooms are differentiated based on the type of milk consumed therein. Infants raised on a combination of animal milk and artificial milk, collectively known as mixed-milk (*allattamento misto*), occupied the nursery next to the quarantine area for sick mothers and infants. Because ONMI privileged human breast milk above all other kinds of milk, this layout seems to punish mothers who were unable to breastfeed by placing them in the undesirable area closest to ill clients. This placement also suggests that women who could not breastfeed were sick themselves.

In an expressly Taylorist design, this room included a rolling cart that permitted ONMI personnel to transport infants from room to room in the manner of factory goods. This cart similarly suggests the predominance of hygienic considerations in room function; ONMI personnel did not permit mothers to enter this space. Instead, clients passed their infants to caretakers (*vigliatrici*) through "due sportelli a vetri appositamente costruiti" (two glass counters expressly created for this purpose) ("C," p. 8). Personnel then removed the infants' clothes and dressed them in blue uniforms (*divise*) bearing the ONMI insignia. These moves equated the inability to breastfeed with the larger inability to care for one's children. Separating infants from their mothers and then renaming them with ONMI's stamp casts the state, not the mother, as the parent. By contrast, breastfed infants remained with their mothers in the breastfeeding rooms and wore their own clothing. Lined up in organized rows, mothers were to breastfeed their infants collectively. This plan suggests the assumption that infants could and would breastfeed on demand. The total absence of furniture beyond low benches (*panchine*) indicates that mothers were to concentrate exclusively on the work of breastfeeding.

Clinic operations cast eating and feeding as prescriptive practices requiring intense medical monitoring. In the nursery's kitchen, cooks pre-

pared different meals for infants at five weaning stages.¹⁴ Concern for infant nutrition prevailed in the kitchen for the mothers' refectory as well. Here, cooks adjusted the general menu according to doctors' prescriptions to thicken or thin individual mothers' breast milk. The health commission (*Commissione sanitaria*) posted dietary tables in both the kitchen and the director's office. In a telling division of work, the building's female authority (*la dirigente*) oversaw quasi-maternal activities of daily upkeep: infant check-in, clothing change, cleanliness, and feeding. By contrast, a male doctor watched over "l'igiene dei locali" (the hygiene of the premises) and provided "prescrizioni individuali" (individual prescriptions) to mothers regarding the appropriate amount of breast milk to feed their infants ("C," p. 9). This gendered division between cleanliness and hygiene points to the scientific, medical, and modern associations of the latter trait. Drawing this hierarchical distinction between cleanliness and hygiene suggests the lower, material status of the former and the higher, abstract status of the latter. Hygiene emerged as an element to be rigidly controlled by medics in spaces where infants consumed milk of any sort.

Regulated use of the milk dispensary illustrates how hygiene connected to medical surveillance (fig. 8). Each week, the clinic doctor provided a summary table of medical prescriptions for each infant's formula (see "C," p. 9). A health assistant (*assistente sanitaria*) conducted daily inspections of the dispensary. In this lablike space, the specialized female cook (*cuoca specializzata*) mixed powders and sterilized glass. As the use of the dispensary demonstrates, milk reigned as a privileged food to be carefully dosed by medical authorities. In the clinic, doctors used measurement tools, such as clocks, scales, and charts, to scrutinize the maternal body and the body of the infant during breastfeeding. The regime could thus potentially control: (1) who breastfed—ideally, the mothers themselves rather than wetnurses; (2) the qualities and quantities of food and breastmilk consumed—dietary tables governed the mothers, with the express purpose of changing the consistency of their milk, while the *orari* and *doppia pesata* ruled the infants; and (3) when, where, and how feeding and eating took place.

Constructing Industrial Motherhood

Taylorist breastfeeding persists today; unaware of the practice's origins in Fascism's promotion of state healthcare, many Italian women continue to follow doctor-recommended *orari* in their homes and purchase scales

14. Because ONMI employed female cooks, all kitchens included cradles to ensure that employees as well as clientele regularly breastfed.



FIGURE 8. Photograph of milk sterilization room, 1927, located within a Casa della Madre e del Bambino, unspecified Southern city (*Maternità ed Infanzia* 2 [Jan. 1927]: 25).

for the *doppia pesata*. The persistence of these procedures suggests the partial success of ONMI's initiatives during the 1930s. In contemporary Italy, breastfeeding remains a regimented, medicalized activity. The majority of maternal health care now takes place under doctors' supervision in clinics rather than in the home. By contrast, the regime's original goal for denaturalizing maternal care, to use rationalist clinics to monitor and improve mothers' bodily efficiency and enhance the future body politic, proved untenable. Despite the glowing portrayals of ideal clinics in propaganda like *Alle madri d'Italia*, the regime failed to draw mothers into these specialized spaces of control. Women's healthcare largely remained a home-based enterprise until the 1950s. Further, although propaganda suggests a preponderance of rationalist clinic constructions during the 1930s, these buildings constituted a mere fraction of the clinics available, the majority of which operated on a local level with no nationally consistent aesthetic or operational style.

Yet, more broadly, Taylorist breastfeeding and rationalist clinics contributed to a new model of thinking about women's roles and gendered work in Italian society. With these two inventions, the Fascist regime expanded the traditional definition of the factory to include women's biological labor. In *Alle madri d'Italia*, the ideal clinic's form and function demonstrates that the regime conceived of industrial production in the broadest possible terms: women's bodily work of (re)production consti-

tuted a form of labor analogous to forms of factory work like textile production and automotive manufacturing. Characterizing breastfeeding as a form of industry permitted the regime to redefine early childcare as subject to state regulation and oversight. This move also created a novel way of thinking about womanhood that defied the period's dichotomization of women into the categories of the modern, frigid *donna crisi* (crisis woman) and the florid, fecund *massaia* (country woman). Industrial motherhood evoked ordered fertility on a mass scale, resulting in the accelerated production of more and better Italian children. This new gender model exemplified the constellation of motives and contradictions inherent in the regime's recruitment of women into industrial production and its concurrent espousal of traditional gender roles.

This is not to say that concern for pronatalism and eugenics applied exclusively to Italy or to Fascism. The fact that numerous countries (France, Italy, and Germany among them) inaugurated their first Mother's Day during this period suggests the trope's ascension. Period magazines often applied near-identical nomenclature to emphasize the mother-child relationship, as evidenced by publications such as *La Mère et l'Enfant*, *Maternità ed Infanzia*, and *Mutter und Kind*. The context of French and German pronatalism however, also reveals the uniqueness of the Italian iteration. The *Alliance nationale contre la dépopulation* (National Alliance Against Depopulation) imposed repressive measures against abortion and contraception in France in the early 1930s but also provided family welfare packages that included financial allowances and improved housing. In contrast to the strong ideological, legislative, and financial connections between the Italian Fascist government and ONMI, the alliance held a politically neutral stance. Both liberal and conservative political groups in France supported the majority of the alliance's initiatives. German pronatalism, promoted by the *Deutsches Frauenwerk* (The German Women's Bureau), emphasized racial policy to a greater extent than did Italian pronatalism. Racial emphasis also differed between the two countries: while the Italian *stirpe* and German *Volk* evoke race and nationalistic ethics and culture, *Volk* stresses race whereas *stirpe* accents the latter elements. Mention of *razza* (race) only began to proliferate in Italian propaganda after the Ethiopian invasion.¹⁵ Variant meanings of race also help to explain the fact that in Germany pronatalism twinned with sterilization; minimizing the reproduction of "undesirable" racial and social groups promoted eugenic aims.

15. This distinction partially clarifies the nebulous boundaries of racial conceptions, but it does not exculpate harmful acts committed in the name of *stirpe*.

In Italy, propaganda encouraged potential mothers to participate in Taylorist breastfeeding by redefining the proper location and overseer of maternal health care. To naturalize industrialized healthcare, ONMI incorporated the rhetoric of moral hygiene, conflating germs with evil. This characterization valorized the doctor as a model of medical authority, ultimately displacing the midwife as the guide to maternal healthcare. Such a move is consistent with Fascist policies promoting party-affiliated professionals over independent practitioners. This privileging evokes broader cultural changes taking place in the Italian medical profession as medical care moved from the home to the clinic and incorporated new tools and protocol. Doctors' dictates extended the state's presence into the privacy of the patient's own home via prescriptive breastfeeding schedules and complex hygienic practices for bathing infants, monitoring wet nurses, and preparing artificial milk. The total effect of such moves was to change the relationship between healer and patient from a personal into a professionalized one, in which the doctor held far greater authority over his patient than in the past. Health care began to operate on a mass scale, using approaches to the maternal body that are almost industrial in nature. In this vision of medicine, the doctor functioned as an omniscient factory boss and the mother as a compliant worker engaged in the constant and hygienic production of breast milk and thus of healthy future citizens for Italy. Ultimately the regime, despite its claims, did not oppose women's labor in the public sphere *per se*; rather, it objected to women's participation in prestigious and/or wage-earning work. Enlarging the idea of industrial production to include Taylorist breastfeeding points to a more specific aim: the regime sought control over women's labor in terms of location, methods, and (lack of) payment. As such, ONMI clinics evince the cohesiveness of the regime's actions in seizing control of gendered labor and the fallacy of its oft-stated desire to relegate women to the domestic sphere.