6 ‘Ordering’ Infants

Jakob Rüff’s *De conceptu et generatione hominis* (1554) contains a woodcut depicting a lying-in scene. The mother lies prostrate in bed, taking a bowl of pottage or caudle from a woman (a nurse, midwife or just one of the women attending the birth). Nearby, another woman holds the newborn and takes it out of or places it in a bathtub. In the foreground, a little girl holds a doll in her hand and rocks a cradle that is waiting to receive her new sibling. In the background, two women talk (Figure 6.1). This woodcut owes much stylistically to paintings of the birth of Christ. Although images of the nativity, perhaps owing to a post-Reformation move away from the Virgin Mary, did not appear regularly in English childbearing guides, the scene was a familiar one. Here, the other actors that helped to create and sustain middling and elite families that we often know so little about come into focus. And yet, whilst this laborious, intensive and repetitive work to ease infants into the world was set out in painful detail in childbearing guides, who these women were, what they felt and the toll that this care took on their social and bodily lives was largely uninteresting to artists and writers of the period alike. Family paperwork reveals that a great many women were brought into the household during this period after birth to care for infants, although yet again, specific details of the care they carried out is often left out of these accounts that preferred to believe it was mothers that would carry out the majority of this work.

Chapter 5 pointed to the ways that newly delivered mothers might not be ready to celebrate their recovery a month after childbirth. This was made all the more complicated by the care that newborns required. Childbearing guides of the period set out a regimen for babies similar in style and structure to adult texts of the same nature. In this period, after birth, the six non-naturals – air, exercise, sleeping, nourishment, excretion and the passions – were central in coaxing the baby from its watery life in the womb to the cradle and beyond. This was often called ‘ordering’ the infant, owing to the ways in which this care was expected to regulate and control babies’ bodies. As Sandra Cavallo and Tessa Storey have noted, ‘worrying about the air, fussing about a healthy way to get a good night’s sleep, and judiciously regulating one’s passions were prerequisites of the day-to-day management of the body’ for those hoping to

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Figure 6.1 Jakob Rüff, *De conceptu et generatione hominis, et iis quae circa haec potissimum consyderantur libri sex* (Zurich: 1554). Wellcome Collection.

avoid disease in early modern Europe.[1] Newborns were no different. They had to cry, change colour, their navel cord had to be cut and their bodies searched for impediment. They were bathed, rubbed, moulded and clothed. They were rocked to sleep and, finally, they were fed. This process continued for months and years, albeit often by nurses and servants rather than family members, in a way that shows that birth and childbearing was an experience that conditioned and determined domestic life long after delivery.

[1] Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 270. See also: Sandra Cavallo and Tessa Storey, eds., *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England* (Manchester: Manchester University Press, 2017).

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It is often unclear, both in medical books and in family accounts, however, who did what care. Mothers, as we have read, were often incapacitated for days, weeks and months after delivery. Whilst childbearing guides and manuals on infant health provided extensive guidance on what was good for young children, there are few accounts of the mundane details of how people actually cared for newborns in family paperwork. Did families follow this advice? Could families follow this advice? Chapter 5 noted that families often lost interest in the details of generation once a child was born. This influenced the ways family members wrote, or did not write, about the work of ordering infants too. Although historians have argued that the time after birth was one of celebration, if childbearing guides are to be believed, this was a period of incredible industriousness. We know that babies were 'watched' to see if they thrived, but this chapter finds that looking and observing was only the beginning of the work involved after birth.[2] Examining family paperwork and employment records helps to uncover who these women were that dominate Rüff's postpartum scene.

In doing so, this chapter builds on the work of other historians who have proposed that the days, weeks and months after birth were not necessarily happy, restful and harmonious but potentially fractious, especially when new individuals were brought into the physical and emotional boundaries of the household to undertake care for mothers and babies. Historians of witchcraft, for example, have shown that many accusations happened in this period, and this may have been because employing nurses, midwives and others to undertake childcare, medical work and housework led to practical and emotional disruption. In this difficult time, it was easy to blame a servant or other newcomer for unfavourable outcomes like the illness or death of the mother, child or even animals. Relinquishing control over domestic duties could be a particularly powerful breeding ground for mistrust and suspicion.[3] For Lyndal Roper, witches became a 'kind of evil mother who harmed instead of nourishing her child' in new mothers' paranoid fantasies.[4] The elite families that created the paperwork examined in detail in this chapter were rarely involved

[2] Laura Gowing notes, for example, that the 'focus of the social ritual which surrounded new mothers shifted from pain and fear to thanksgiving and celebration'. During this time, the newborn was 'watched to see if it thrived'. Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003), 172.

[3] Diane Purkiss, 'Women's Stories of Witchcraft in Early Modern England: The House, the Body, the Child', *Gender & History* 7, no. 3 (1995): 408–432.

[4] Lyndal Roper, 'Witchcraft and Fantasy in Early Modern Germany', in *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe* (London: Routledge, 1994), 207. Philippa Carter argues that the gendered pattern of witchcraft accusation and conviction is better explained by gendered patterns of work, leading to gendered distribution of risk in 'Work, Gender and Witchcraft in Early Modern England', *Gender & History* 37, no. 1 (2025): 91–108.

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in witchcraft accusations (in making them or being blamed). Nor were they as common in England as elsewhere in Europe in the period. However, these findings point to the ambivalence that families felt about hiring help during a period of emotional and bodily vulnerability, and to the difficult and delicate work of restoring the health of newly delivered women and coaxing their newborns into the world. A theme of this book has been the ways in which certain aspects of procreation were meant to appear easy and effortless and to proceed in expected and normative ways that were understandable. For these elite families, the necessity of hiring midwives, nurses and wet nurses often conflicted with prevailing religious and medical prescriptions that mothers ought to take on this bodywork themselves. Maternal breastfeeding was often represented as the ultimate act of sacrificial motherhood. As discussed in Chapter 4, these individuals – their names, specific work and identities – were often only of note in family paperwork when there was a problem. It makes sense then that the practical details of who took on this care and how it was administered was often left out of family paperwork. Acknowledging this labour for what it was compromised the narrative that a family's fruitfulness had sprung from its own providential standing or from domestic orderliness. At the heart of this was an often-unquestioned belief that those lower down the social scale would prioritise the children of elite families often at the expense of their own.

The First Cry

Owing to their time in the womb in what the Scottish physician James McMath called 'the Slime of its Waters, or the Milky Liquor it swims in', newborn babies were excessively hot and wet.[5] So writers were concerned that infants had to shed this moisture as soon as possible and they focused on making sure the baby could excrete through tears, sweat and defecation. The baby's first cry was of the utmost importance. Crying was instrumental in securing survival but also could be useful to those in earshot to get a quick idea of the newborn's health. According to Welsh medical writer, John Jones, crying after birth communicated to others that the delivery had happened and the baby was alive. He noted that if the infant 'weep a little' at birth, 'then (as sayeth Avicen) it shal not be unwholesome, nor to many fathers irksome, but rather joyfull news', hinting at a shared and acknowledged soundscape of birth, difficult for historians to capture, but that might have been important in monitoring and

[5] James McMath, *The Expert Mid-wife a Treatise of the Diseases of Women with Child, and in Child-bed* (Edinburgh: 1694), 316.

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understanding delivery for husbands, friends, family members and servants listening for groans, moans and cries.[6]

It was good news if the child's cries were 'loud and clear', the London physician John Pechey explained, because that signified that the baby had 'plenty of Spirits, and a strong breast'. If the cry was low or soft, 'it is a sign that the vital strength is small, and the Spirits few, and the Muscles of the Breast weak'.[7] Midwives were encouraged to stick their fingers into the throat and nose of babies to make sure they were clear of obstruction. Daniel Sennert, the German physician and alchemist, and Jane Sharp both noted that vigorous crying indicated the breast was strong.[8] Crying was understood by medical authors as a form of excretion. Timothy Bright in his 1586 *A Treatise of Melancholie*, for example, defined tears as the 'excrementitious humidity of the brayne, not contained in the vaynes'.[9] The compression of the brain forced moisture through the passages of the head and out of the tear ducts. In adults, blocked tear ducts were commonly treated with bloodletting, a medical treatment that assisted the expulsion of bad humours.[10] Crying emerges as an important way that babies shed the fluid or 'filth' they were surrounded in in pregnancy from their lungs, throats and noses, and fulfilled a crucial non-natural function of excreting.[11] This was particularly urgent in newborns because their brains were perceived as especially moist and had 'many excrements which Nature cannot send out its proper passages'.[12]

Another reason that crying was linked with vitality and viability in medical writers' eyes was because it showed that the baby had emotions that could be expressed. The English translation of Jacques Guillemeau's *Child-birth*

[6] John Jones, *The Arte and Science of preseruing Bodie and Soule in al Health, Wisedome, and Catholike Religion Phisically, Philosophically, and Diuinely deuised* (London: 1579), 32.

[7] John Pechey, *A General Treatise of the Diseases of Infants and Children Collected from the Best Practical Authors by John Pechey* (London: 1697), 2.

[8] Daniel Sennert, *Practical Physick the Fourth Book Three Parts* (London: 1664), 229. Jane Sharp, contains exactly the same passage verbatim in Jane Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, ed. Elaine Hobby, Women Writers in English 1350–1850 (Oxford: Oxford University Press, 1999), 272.

[9] Timothy Bright, *A Treatise of Melancholie Containing the Causes thereof, & reasons of the Strange Effects it Worketh in Our Minds and Bodies* (London: 1586), 144.

[10] Johann Gottfried von Herder notably had blocked tear ducts that were treated by bloodletting. See: Frank W. Stahnish, 'The Tertium Comparationis of the Elementa Physiologiae: Johann Gottfriend von Herder's Conception of "Tears" as Mediators between the Sublime and the Actual Bodily Physiology', in *Blood, Sweat and Tears: The Changing Concepts of Physiology from Antiquity into Early Modern Europe*, ed. Manfred Hortsmanhoff, Helen King and Claus Zittel, Intersections: Interdisciplinary Studies in Early Modern Culture 25 (Leiden: Brill, 2012), 595–625.

[11] Marion A. Wells, '"Full of Rapture": Maternal Vocality and Melancholy in Webster's Duchess of Malfi', in *Blood, Sweat, and Tears*, 685–713.

[12] Nicholas Culpeper, *A Directory for Midwives, or, A Guide for Women* (London: 1662), 246–247.

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described how babies cried out of 'necessity' and 'his owne feeling' and to 'shew, in what need he stands in helpe' forcing or 'wring[ing] from him cries and moanes'.[13] Babies cried to communicate a specific need that ought to be met, rather than out of preoccupation or boredom. A 'Prudent Mother or Nurse' would 'endeavour to find out what is the cause [of the crying] that being removed, the Child may be at quiet' – presumably a neglectful one would ignore or dismiss such motions.[14] Robert Barret recommended comforting children by ensuring it was 'clean and dry' and removing anything that was frightening or grieving it.[15] In such instructions, good mothering is represented as begetting good (and importantly settled) babies. Rather than acknowledging the expertise of mothers, nurses or midwives in knowing why a baby was crying and rectifying it, medical writers make a settled baby the bare minimum of good motherhood. Early modern English medical texts equated effort – running through different acts of care tirelessly to still the child – with positive procreative outcomes, all the while effacing the specificity of this care and the individuals that had to take it on. It was women, but often those not related, the midwife, nurse, wet nurse or servants that did this work.

Families often expressed great relief when newborns cried enthusiastically. A letter from Anne, Countess of Arundel, to her daughter, Mary Talbot in 1689, described how her three-day-old grandson was a 'most ernest crier', a promising portent despite the fact that he had refused to breastfeed.[16] In Sarah Stone's printed observations of her midwifery practice, crying was represented as being one of the earliest signs of infant survival and health. She described how sometimes man-midwives were so hasty in trying to extract infants that had become stuck in delivery that they failed to recognise the baby was still alive. The infants were 'debrained' only to be born 'crying, with their Brains working out of their head', a disturbing image that, for Stone, reinforced these male pretenders' lack of obstetrical intuition and tragic loss of life.[17] In cheap print about bad mothers, crying was similarly a literary trope that drove home the innocence, vulnerability and viability of babies as victims of infanticide. In the 1670 pamphlet *The Cruel Mother*, Mary Cook murdered her own infant.

[13] Jacques Guillemeau, *Child-birth or, The Happy Deliverie of Women Wherein is set downe the government of Women* (London: 1612), 1.
[14] Pechey, *A General Treatise of the Diseases of Infants and Children*, 7.
[15] Robert Barret, *A Companion for Midwives, Child-bearing Women, and Nurses Directing them how to Perform their Respective Offices: Together with an Essay, Endeavouring to Shew the Influence of Moral Abuses upon the Health of Children* (London: 1699), 81.
[16] Anne, countess of Arundel, to Mary Talbot, 21 August 1689, Lambeth Palace Library, London, MS 3205, fol. 143.
[17] Sarah Stone, *A Complete Practice of Midwifery. Consisting of Upwards of Forty Cases or Observations in that valuable Art, selected from many Others, in the Course of a very Extensive Practice*, Obs. XIII, (London: 1737), 39.

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As she lifted it from the cradle, it gave a 'shrieke' and tried to see 'from whom the fatal bloody stroke came' before she cut its throat.[18] The 1610 pamphlet *The Bloudy Mother* detailed how Jane Hattersley tried to make away with her secret illegitimate child under her apron when her baby started crying to 'tell his preseruers' Good-man King and his wife, 'that she told a wicked and villainous untruth' and thereby saving its own life.[19]

Although in these examples crying was an obvious signal to others that the baby was healthy, medical texts warned that excessive or protracted crying could indicate that the baby was ailing. This was because the effort of sobbing was thought to be able to warp and distort the wax-like bones of newborns. Barret, the English physician and author of the 1669 *A Companion for Midwives* addressed nurses directly and noted that 'above all' other concerns, she should 'be very careful not to suffer the Child to cry too much' because the navel-string might fall off too soon.[20] Crying could also cause rupture. The author of *Paidon Nosemata* (1664) identified the 'External Causes' of 'Rupture and Broken Belly' as 'vehement motion, extraordinary Crying, holding of the Breath' along with 'abundance of Wind, and a Strong Endevour of disburthening the Belly'. [21]

Notably, rupture as brought on by crying in babies frequently appears in domestic recipe books as a condition requiring remedy. The book of Elizabeth Okeover compiled between c. 1675 an 1725 listed five remedies for convulsive fits, three for troubled or fretful young children and two for rupture in the belly.[22] The Jerningham family book, compiled in the late seventeenth century, contained a remedy for 'Burstness or any Rupture' that promised to cure a 'broken belled [bellied] child' with a plaster and drink that was made with 'the Common beere hee drinks'.[23] Added to this, parents of infants frequently sought the assistance of astrologer-physicians Simon Forman and Richard Napier for excessive crying, convulsions, being 'burst' or having ruptures. William Mallins sought Napier's advice in 1600 for his seventeen-week-old

[18] *The Cruel Mother; being a true relation of the bloody murther committed by M. Cook, upon her dearly beloved child* (London: 1670), sig. A3r.

[19] T. B., *The Bloudy Mother, Or, The Most Inhumane Murthers, Committed by Jane Hattersley vpon divers infants, the issue of her owne bodie & the priuate burying of them in an orchard with her arraignment and execution* (1610), sig. A3v.

[20] Barret, *A Companion for Midwives*, 80–81.

[21] J. S., *Paidon Nosemata. Or, Childrens Diseases, Both Outward and Inward. From the time of their Birth to Fourteen Years of Age. With their Natures, Causes, Signs, Presages and Cures* (London: 1664), 31.

[22] Elizabeth Okeover and others receipt book, WL, MS3712. Convulsive fits: 119, 203, 210, 212, 213; troubled or fretful children: 142, 142, 157; rupture in the belly: 91, 198. This recipe book has been discussed in more detail: Richard Aspin, 'Illustrations from the Wellcome Library: Who Was Elizabeth Okeover?', *Medical History* 44, no. 4 (2000): 531–540.

[23] 'Jerningham family recipe book, late seventeenth-century', Staffordshire Record Office, Stafford, D641/3/H/3/1, fol. 42.

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son, Thomas, who 'skremes skriketh & cryeth [tha]t they cannot still him'.[24] Charity Caldam consulted Forman in 1597, three months after the birth of her child, because it cried too much.[25] Six-month-old William Perry was taken to Napier in 1600 because he 'shriketh & starteth'.[26] Thomas Brownsoll, nineteen weeks old, from Bedford similarly 'cryes and grones'. His parents suspected he had been 'beworded' or bewitched.[27] Mary King brought her 23-week-old to Napier in 1625 because of convulsions and because he was black in the face.[28] Eleven-week-old Harry Shefherd was taken to Napier in 1601 because he was 'burst in the bowels'.[29] While Anne, countess of Arundel, had initially interpreted the newborn's crying as a promising sign of his wellbeing, she wrote again to Mary a month after the baby was born explaining 'I hoped at the first he would haue left it' or ceased crying so much by now. Instead, as 'he growth', the crying fits were getting longer. He began to 'look black' and once or twice in the throes of these 'extreme fitts', the infant's 'Navell hath bled'.[30] The child's 'extremety of crying' disturbed his grandmother so much that she vowed she would not 'willingly be in the house again wher a poore child shall be so long deferred from christening in such a case'.[31] Alice Thornton's two-year-old daughter Naly fell into a fit of convulsions in 1655 just after Alice had given birth to Naly's younger sister, Elizabeth. When she cried, she was described as turning 'blackish in her face'.[32] As with many aspects of regimen and the maintenance of health in early modern English medical texts, there was a delicate balance to be met between the non-naturals. By crying too much, babies were both over exerting and over excreting.

A good substitute for excretion could be found in the administering of gentle purges. The 1656 edition of *The Compleat Midwifes Practice* suggested offering newborns wine because it 'cuts the flegm which the Child has in its throat' and the 'spirit of the Wine rising up to the head, comforts and strengthens it'. This could prevent epilepsy in infancy too.[33] The recipe book of Lady Sandys, wife of Sir Edwin, the Jacobean statesman and treasurer of the Virginia Company 1619–1620, contained a programme of care 'whilst the childe is anoynted'. Boiled aniseed, raisins, liverwort and hartstongue, strained, could be given to the baby in the morning and afternoon at 4 pm and again at night sweetened with brown sugar. The 'child then being purged' ought to have its blood let from the ears, be left to fast and then only given small amounts of sustenance. 'All these directions must be constantly used for

[24] CASE13003, CB. [25] CASE2837, CB. [26] CASE 13031, CB. [27] CASE15176, CB.
[28] CASE59664, CB. [29] CASE19275, CB.
[30] Anne, countess of Arundel, to Mary Talbot, 11 September 1608, Lambeth Palace Library, London, MS 3205, fol. 145.
[31] *Ibid*. [32] Alice Thornton, BL, Add MS 88897/1, 138.
[33] T. C., I. D., M. S. and T. B., *The Compleat Midwifes Practice, In the most weighty and high Concernments of the Birth of Man* (London: 1656), 98.

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2 or 3 months, if any Good by expected.' Bloodletting from the ears ought to be continued till 'it be 11 or 12 days ould and not after'. The recipe was 'Probatum est' or 'It has been proven.'[34] Honey or sugar in water was a common concoction given to newborns, a practice that persisted into the eighteenth century; Stone recorded in her *Observations* that she gave an infant 'warm water and sugar'.[35]

What remains unclear in the advice about getting babies to cry and purging them in childbearing guides was who might do this care. Barret imagined immediately after birth that it would be a 'good Mother' who would hold the baby in her lap and keep it warm 'whilst the Midwife is busied in taking care of the Woman'. Then the midwife would turn her attention to tending to 'the Child'.[36] Sharp assumed it would be the midwife who would immediately 'handle' the baby and therefore ensure the baby's throat was clear. She ought to 'Take notice of all the parts of it and see all be right' immediately after birth. This was crucial for directing the baby's regimen as impediments or weaknesses could be remedied if understood. But in this same section, when discussing the child at seven months, she generically addresses the person who will wash the baby twice a week as 'you'. When it is seven, someone should simply 'give' the child 'nourishing meats and an indifferent plentiful diet to make it grow'. Not once did she intrude into the regiment to specify who might do what, nor does she clarify who 'you' might be.[37] Sometimes, as we have heard in previous chapters, childbearing guides were written explicitly for mothers. But it is never clear that this care could not be done vicariously by others directed by the mother and mistress of the house. Rüff's lying-in scene with the newly delivered woman lying-in bed observing the activity around her becomes especially relevant if we imagine a newly delivered woman watching, assessing and instructing others to carry out the tasks of holding, turning, searching, washing, clothing and feeding the baby. The relative invisibility of this care fits with the broader story of this book that women's procreative labour was taken for granted and subsumed within expectations of everyday domestic maintenance even if it was often extraordinarily demanding or taxing.

Turning, Cutting and Searching

The next stage set out by medical authors after crying was observing that the newborn changed colour. Newly delivered, babies were expected to be greyish

[34] 'Lady Sandys her receipts', Firestone Library, University of Princeton, RTC01, no. 208, fol. 14r–v.
[35] Stone, *A Complete Practice of Midwifery*, Obs. XVI, 52.
[36] Barret, *A Companion for Midwives*, 13.
[37] Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, 271–274.

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or white, but as soon as they cried, they ought to turn pink, the authors of childbearing guides stressed. This showed that the baby was making a transition to life outside the womb. Changing colour was perceived as portentous not just for its health but also future character. 'Children that look white and pale when they are born, are weak and sickly, and seldome live long', Sharp noted. If, however, the infant was 'a reddish colour all over the body, when it is first born, and this colour *change by degrees* to a Rose colour, there is no doubt of the child but it may do well'.[38] As with the interest in bodily signs during pregnancy, this regimen suggested that families could find clues in the way the baby responded or behaved in the earliest minutes and hours of life that would reveal whether or not it would live not just a healthy and long life, but a generally good one. Like big bellies or the movements of unborn children, this was yet another detail that could be knitted into the narratives that families told about themselves and their fruitfulness. Those in the birthing room, and possibly outside, could see the transformation from womb to cradle happening in front of their eyes. Pechey stated one must 'mind what is the colour of the new-born Infant' – ideally it would be 'reddish all over the body, for that by degrees turns daily florid' (ruddy or rosy).[39] It was this gradual shift that was an important indicator of future health and wellbeing. If a baby was precociously florid, it was the same as if it had been white; it would not live long, or would mature to be 'of an ill temperament, Cold, Dull'.[40] Medical writers effortlessly intertwined instructions that seemingly had specificity to the newborn period and immediate survival with broader and intangible assessments of the baby's, and by extension family's, future.

Watching the baby's skin tone dovetailed with the general instruction that those present at the birth ought to be attentive to 'searching' the infant's body. '[S]earch whether any thing be amiss in any part that it may be rectified as much as may be', Pechey instructed.[41] At the centre of this advice was both a desire to note and plan for bodily impediment and encourage excretion from certain orifices (the mouth, fundament and genitals) and close others (the navel cord) to regulate the flow of humours. Someone should bend and extend the child's legs to look at the way they moved. One of the problems that might be revealed by searching, was whether the baby was tongue-tied, and writers suggested remedying this immediately if it was discovered. If it was not done soon enough, it might hinder speech Sharp warned.[42] Not all parents clearly followed this

[38] *Ibid*., 271–272. Author's emphasis.
[39] Pechey, *A General Treatise of the Diseases of Infants and Children*, 1. [40] *Ibid*., 1.
[41] *Ibid*., 2. [42] Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, 275.

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schedule. John Woodford, son of the Northamptonshire lawyer, Robert, had his tongue cut by 'Mrs davison' a full two months after birth.[43]

After the baby's body had been searched thoroughly, medical writers insisted that the 'navel string' should be cut. Many texts warned about the dangers of pushing corrupted blood from the cord back into the baby's body. François Mauriceau noted 'tis a very bad custome some Midwives have, before they make the Knot, they drive all the blood out of the String into the Infants Belly, believing that by this means they fetch it to it self, and strengthen it when it is weak'. Once cooled, this blood 'quickly loses its spirits, and is half coagulated in the infants', and pushing it back would 'cause very great Accidents'.[44] Parents, nurses, midwives or servants should also look at the baby's 'fundament' or anus, to ensure the child could excrete properly. If it was found to be absent or obstructed, writers similarly recommended the baby be operated on. The East Riding gentlewoman Lady Margaret Hoby, who attended to her neighbours' ailments and births, was persuaded to operate on a newborn in 1601 who was born without a fundament to try and locate one. Tragically, it did not survive the intervention.[45]

The shape of newborns' heads might also reveal much about their future lives. John Jones provided a two-page guide on how to interpret the facial features and dimensions of the infant. Studying the head might reveal whether the child had 'dwarfism', 'pigmeis' or 'giantism'. Jones described how one's hands might be placed across the breastbone and head; between the breast and top of the legs and from the legs to the toes, measuring to pinpoint abnormalities. In summary, the 'lengthe of euerye one of iuste proportion is the bredth his armes stretched abroade between the two formost fingers endes'.[46] Jones argued through such measurements 'you may knowe the heauenlye Idea of best nature, shape, and temperature', for there was a connection between the 'forme of the body' and the mind, drawing on the much older tradition of physiognomy.[47] Jones criticised 'curious and daintie dames' who used devices

[43] Robert Woodford, 11 October 1637, *The Diary of Robert Woodford, 1637–1641*, ed. John Fielding (Cambridge: Cambridge University Press, 2012), 124.

[44] François Mauriceau, *The Accomplisht Midwife, Treating of The Diseases of Women with Child, and in Child-bed* (London: 1673), 355.

[45] Margaret Hoby, *Diary of Lady Margaret Hoby 1599–1605*, ed. Dorothy Meads (London: Routledge, 1930), 184. For a discussion of Margaret Hoby's medical activities, see: Effie Botonaki, 'Dissecting Bodies and Selves in the Early Modern Period', in *Flesh Made Text Flesh: Cultural and Theoretical Returns to the Body*, ed. Zoe Detsi-Diamanti, Katerina Kitsi-Mitakou and Effie Yiannopoulou (New York: Lang Publishing, 2007), 75–86; Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge & Kegan Paul, 1987), 219–220.

[46] Jones, *The Arte and Science*, 31–34.

[47] *Ibid*., 31–34; Silvia de Renzi, 'Resemblance, Paternity, and Imagination in Early Modern Courts', in *Heredity Produced: At the Crossroads of Biology, Politics, and Culture, 1500–1870* (Cambridge, MA: MIT Press, 2007), 61–82; Gabriella Zuccolin, 'The Speculum

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to shape their 'babes bodies' away from their 'rounde and handsome' nature to be more 'slender'. Whilst he is unbothered about praising the activities of the women who carefully measured infant's heads and bodies (they are simply 'you') he is quick to condemn fashionable mothers who seek to manipulate their baby's bodies. Having a child was a 'healthy, seemely, and comelye' body was clearly something that elite women hoped for as it reflected on their parents' moral character and credit. But to obtain this through unnatural means was represented as distinctly ungodly. The message in childbearing guides seems contradictory in that mothers ought to do anything to ensure the health and wellbeing of their infants on the one hand but not do anything that might contravene divine will. This is similar to the way in which childbearing guides often warned midwives and parents against trying to ensure their sons had large penises by cutting the navel cord far from the body. This kind of intervention was morally wrong. Medical writers consistently made this move – naming and shaming a particular kind of mother, nurse or midwife for poor practice, while effacing the individual delivering what was perceived to be 'good' care.

The appearance and health of the infant body was also central to ascertaining the moral character of unmarried women accused of murdering their own children, albeit in very different ways. In such cases, it helped women prove their innocence if the body of their infant was small and unhealthy. Whether or not an infant was 'full term' was important in infanticide trials as it helped to work out whether it was possible that the woman in question had not killed it but suffered from a miscarriage or stillbirth. Medical evidence became increasingly important in legal settings in the eighteenth century, particularly in the Northern Circuit courts in England, but in the seventeenth century, infant bodies were not formal a source of evidence. Courts often, however, noted this information alongside other kinds of testimony about whether women had acknowledged their pregnancies or given birth alone.[48] When an unnamed woman was tried at the Old Bailey for 'making away her Bastard-childe', she was acquitted because 'upon hearing the Evidence, and examination both of the Midwife and Coroner, it appeared tobe [sic] onely a Miscarriage'. The midwife judged 'that she had not gone above sixteen weeks, and had never been quick, the abortive Infant being not above eight inches long, and no symptoms of Wounds or Bruises' could be found.[49] A similar case was

Phisionomie by Michele Savonarola', in *Universality of Reason, Plurality of Philosophies* (16–22 September 2007, Palermo, Italy), available through Open Research Online, https://oro.open.ac.uk/, last accessed 27/03/2025.

[48] Mark Jackson, 'Suspicious Infant Deaths: The Statute of 1624 and Medical Evidence at Coroners' Inquests', in *Legal Medicine in History*, ed. Michael Clark and Catherine Crawford (Cambridge: Cambridge University Press, 1994), 64–89.

[49] Killing; infanticide, 13 December 1676, The Proceedings of the Old Bailey, www.oldbaileyonline.org/record/t16761213-1?text=t16761213-1, last accessed 27/3/2025.

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described in the 1651 lengthy and detailed pamphlet Newes from the Dead about Anne Greene, a twenty-two-year-old Oxfordshire woman accused of killing her newborn. Greene was tried and hanged for the crime before being revived by physicians in Oxford a day after her attempted execution. The author, Richard Watkins, noted that the baby was 'very unperfect, being not above a span in length, and the sexe hardly to be distinguished: so that rather seemed a lump of flesh, then a well and duly formed Infant', making it likely it had never lived.[50] It did not have any hair on its head either and the midwife testified that she 'did not believe that ever it had life'. Despite the midwives' testimony, she was found guilty of infanticide. The body of the infant, which was described as 'nothing but [a] lump of the same matter [menstrual blood] coagulated', was used in conjunction with Anne's own testimony (her claim that she had resumed menstruating a month before the child 'fell from her unawares')[51] to adjudicate her case.

Although the experiences of women like Anne Greene and the married women who bought and read childbearing guides could not be more different in many ways, they were both made to feel as if their baby's body was living proof of their own moral character when something was amiss. Medical texts and court cases shared an understanding of what a healthy infant would look like. It would be big, have lots of hair, lack deformity and would be 'duly formed'. It is unclear from these guides who searched babies. Medical authors were not in the practice of rewarding and valuing the medical work that women took on in procreation.

Bathing

As the lying-in scene in Rüff's book suggests, bathing babies immediately after birth was an important part of the work of 'ordering' infants. Bathing was

[50] Richard Watkins, *Newes from the Dead. Or A True and Exact Narration of the miraculous deliverance of Anne Greene* (Oxford, 1651), 6–7. This case has been discussed numerous times in scholarship. Anne Greene was hanged for infanticide but miraculously she survived and was granted pardon. Bent Juel-Jenses, 'News from the Dead: The Remarkable Story of Anne Greene', *Oxford Medical School Gazette* 14 (1962): 135–140; Scott Mandelbrote, 'William Petty and Anne Greene: Medical and Political Reform in Commonwealth Oxford', in *The Practice of Reform in Health, Medicine and Science, 1500–2000*, ed. Margaret Pelling and Scott Mandelbrote (Aldershot: Ashgate, 2005), 125–151; J. Trevor Hughes, 'Miraculous Deliverance of Anne Greene: An Oxford Case of Resuscitation in the Seventeenth Century', *British Medical Journal* 285 (1982): 556. There have also been two novels: Douglas Angus, *The Green and Burning* (London: Robert Hale, 1958) and Iain Pears, *An Instance of the Fingerpost* (London: Jonathan Cape, 1997).

[51] Laura Gowing has argued that the discourse of painless and quick births was an important strategy by unmarried women who were accused of committing infanticide to argue that their infant had not been fully formed or a stillbirth, Laura Gowing, 'Secret Births and Infanticide in Seventeenth-Century England', *Past & Present* 156 (1997): 87–115.

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a tool that could be used to remedy 'such indispositions which he [the infant] sometimes brings into the world', Guillemeau described.[52] These were presumably the same impediments that had been identified while searching. Jones described how washing newborns in warm water would help them 'unto growsomenesse, largenesse, and talnesse'. The ideal mixture was made of one part 'new' cow milk and ten parts lukewarm water.[53] Other writers like Sharp, Nicholas Culpeper and Sennert advised washing the infant in warm wine to heat the body to help concoction and excretion.[54] Pechey demanded that newborn children 'be washed every day' and from the third to the seventh month twice a week. Once it was weaned, this was much less frequent.[55] He condemned the older practice of sprinkling babies with salt to make their skin 'more dense and solid' because this caused itching and other problems. Wine was a more appropriate substitute.[56] The water *had* to be warm, not cold. Jones recorded the tragic mistake of some priests that had plunged newborns too vigorously to the 'bottome of the font'. They did not know 'that all sodayne mutations be most daungerous'. He explained that 'if the naturall heate within, shoulde be ovwercome of the outward colde, the living creature must needes perishe, when as of the immoderate use of Elements death ensueth'.[57] Pechey too warned against the dangers of bathing infants in cold water. The 'barbarous people' of Germany dipped the 'warm Infant from the Womb in the next Brook' to make it 'more strong and lusty' so as to 'design' it for conflict. '[N]one but strong Children would survive such a dipping.'[58] Once again, medical writers drew distinctions between medical interventions that were seen as ungodly either through vanity or contravening divine will, and those that were simply part of good motherhood and household management.

In regimens for adults, bathing was a substitute for exercise that was prominent in adult regimens to help digestion. Babies ought not move too much lest their bones warp and bend. This was the key reason they were swaddled, as we shall learn in the next section. The 'frictions' of bathing, Pechey explained, 'help Concoction, and the distribution of nourishment' in newborns.[59] Likewise, the 1662 edition of *Directory for Midwives* explained that 'a cold and dry distemper of the guts from birth' caused a 'slimy flegm that wraps the dung', this is remedied by washing the child 'often'.[60] Alongside the purge that was administered after birth to 'carry off the stomach an bowels' of the 'filth Collected in the Womb', bathing was associated with keeping the

[52] Mauriceau, *The Accomplisht Midwife*, 353.
[53] Jones, *The Arte and Science*, 32.
[54] Culpeper, *Directory for Midwives* (1662), 229; Sennert, *Practical Physick*, 229; Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, 372.
[55] Pechey, *A General Treatise of the Diseases of Infants and Children*, 9.
[56] *Ibid*., 3.
[57] Jones, *The Arte and Science*, 36.
[58] Pechey, *A General Treatise of the Diseases of Infants and Children*, 4.
[59] *Ibid*. 5.
[60] Culpeper, *A Directory for Midwives* (1662), 152.

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body 'open' and preventing cositiveness. Being 'bound' or constipated was bad for everyone, including adults, but it was particularly dangerous for infants. Bathing was a common 'cure' for this. Pechey prescribed it for children who were suffering from looseness, constipation, worms, the protrusion of the navel, 'falling of the Fundament', stones in the bladder, retention of urine, incontinence, chafing of the hips and wasting.[61] Babies were washed far more frequently than adults owing to their moisture. Generally, adults bathed yearly or every several months, except where it was prescribed as a cure for illness. Bathing was also prescribed as a cure for adults to remedy excessive heat or moisture.[62] How often people washed and bathed in early modern England is hard to calculate, but it was closer to yearly than weekly or monthly, except where it was prescribed as a cure for illness.[63]

In addition to frequent baths, infants also needed to be 'shifted' often, meaning they were unswaddled, the clouts that served as a kind of nappy removed and changed, and the 'piss and dung' cleaned, before being dressed again. Guillemeau described how 'the nurse or some other' ought to make sure there were no draughts and 'sit neere the fire, laying out her legges at length, hauing a soft pillow in her lap'. She should have 'something about her' to keep the wind from the infant, and when 'thus accommodated, she shall vnswatch and shift him drie'.[64] For Guillemeau, this should be done once in the morning, once at midday and once in the evening, with a further change recommended at midnight. If the infant was 'verie foule, she may wash him with a little water and wine luke warm' using a sponge or linen cloth.[65] Pechey's outline of the common illnesses that afflicted infants described how 'chafing in the Hips' was normally the result of the 'clouts' not being changed often enough. A powder of 'Litharge of Silver, Seeds and Leaves of Roses, burnt Allum and Frankincense' might relieve some of the symptoms.[66]

[61] Pechey, *A General Treatise of the Diseases of Infants and Children*, 112, 114, 127, 133, 138, 141, 144, 146, 147–148, 159.

[62] Fabiola I. W. M. van Dam, 'Permeable Boundaries: Bodies, Bathing and Fluxes: 1135–1333', in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, ed. Patricia A. Baker, Han Nijdam and Karine van't Land (Leiden: Brill, 2007), 117–149.

[63] Lawrence Stone notes that 'Men and women [in this period] rarely, if ever, washed their bodies, and they lived in the constant sight and smell of human faeces and human urine'; Lawrence Stone, *The Family, Sex and Marriage in England 1500–1800* (London: Weidenfeld & Nicolson, 1977), 159. Keith Thomas suggests bathing was more regular than Stone allowed in Keith Thomas, 'Cleanliness and Godliness in Early Modern England', in *Religion, Culture and Society in Early Modern Britain: Essays in Honour of Patrick Collinson*, ed. Anthony Fletcher and Peter Roberts (Cambridge: Cambridge University Press, 1994), 56–83. For bathing and health, see: Cavallo and Storey, *Conserving Health in Early Modern Culture*, 240; van Dam, 'Permeable Boundaries'. Tessa Storey and Sandra Cavallo point to the ways bathing became more fashionable as a health practice over the seventeenth century, Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 240.

[64] Guillemeau, *Child-birth*, 23. [65] *Ibid*., 23. [66] Sennert, *Practical Physick,* 267.

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This cycle of removing clouts, cleaning and drying the baby, and then reswaddling was frequent and laborious. Barret noted that 'cleanly' and assiduous nurses would do this three, four or more times a day. He specified that these good nurses would use clean 'Rags' each time, wiping the ears and armpits.[67] Sharp stressed that it was important that 'Piss and Dung' be removed promptly as it could 'put the child to great pain'.[68] The clouts, cloths and linens new babies required must have added an additional strain on the servants whose job was to wash clothes. It was also left unclear in childbearing guides when this regimen of shifting and cleaning could end. At some point, it was expected that infants would be able to 'hold' their excrement. If they never learnt how, it was either 'ill Custom', a bad habit that would cease of its own accord, or the result of a stone or humoral imbalance. If the latter, Pechey recommended giving the nurse or woman feeding the infant a hot and dry diet of meat, sage, fennel and marjoram. The baby should be bathed with oak leaves and sulphur to help dry it out further.[69] Childbearing guides suggest that the infant's needs could be easily discovered if nurses, mothers and others just simply paid attention, and that by subtle manipulation of bath ingredients and routine, could be easily remedied. Some baths heated whilst others cooled. Knowing which one to employ when was a kind of knowledge that those looking after babies were expected to have intuitively. And yet this attention – like the attentiveness that women were meant to pay to their bodies during pregnancy – was time consuming, indeed potentially all-consuming labour. Here lies a cultural tension between the medical skill and knowledge required to restore mothers and usher infants into the world and keep them healthy, and the representation of this bodywork as unskilled and menial in medical print.

Swaddling

After bathing, wiping and rubbing the infant, writers proposed that the mother, midwife or nurse should swaddle the infant. These two rituals of bathing and binding were intertwined: one encouraged excretion and the other supported and stemmed the flow of humours. This meant putting the baby in a shirt, cap (called a biggin), clouts, a blanket and rolls of plain fabric wrapped round and round the body until it was bound tightly. Wealthier families often invested in lace or embroidered bands to decorate the outer swaddle. This was done 'lest it should move its hands and feet too freely, and thereby distort the bones, which are yet flexible'. Swaddling also might rectify ills in the newborn's body by supporting and reshaping it.[70] Although many early modern medical writers

[67] Barret, *A Companion for Midwives*, 80
[68] Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, 374.
[69] Pechey, *A General Treatise of the Diseases of Infants and Children*, 21. [70] *Ibid*., 6.

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warned that binding too tightly could be dangerous, none discouraged the practice absolutely. Sometimes if the child seemed frustrated by the bands, writers suggested making 'little sleeues' for the baby to allow it to move its arms.[71]

It was not just the infants' arms, legs and torso that were liable to bend and warp without proper support, but its head too. Babies' heads, medical writers argued, should always be covered although they were often unsure about how supportive or firm this should be. In Jones' 1579 treatise, he told mothers and nurses after bathing the infant to 'slicke vp the forehead or forfronte of the tower and ampier of Reason and Sapience', and then 'ouerclasping your hands' in front and behind the head, reshape it.[72] Barret cautiously suggested after bathing putting a 'Compress' under the 'Biggin', or bonnet, 'to keep the Brain warm' and support the 'Mould of the Head'.[73] Compress in the seventeenth century meant both a pad of material to warm and soothe and an action that involved squeezing and forming an object.[74] Guillemeau instructed if 'deformity' was present, it could be mended 'by bringing the said head vnto the forme of a boule [bowl], a little pressed and made flat on both sides'. The aim was that neither the 'forepart, nor hinderpart of the head, stand too farre out, not yet be too flat' and should be performed with 'head-cloths'.[75] At the same time, many of these authors expressed anxieties about being too heavy-handed with moulding. We recall Jones' anxieties about parents using 'instruments and trickes of their own trifeling' to shape their babies' bodies.[76] Others like Felix Wurtz in his 1656 treatise *The Children's Book* fretted that even placing the child's head in a cradle where it 'may be framed round' could harm the baby's dreams, thoughts and memories.[77] The French Royal midwife, Louise Bourgeois, alluded to the controversy of head shaping in 1609, noting 'it is a bad habit to clench the infants' head as is binding which gives them the long head one can observe in Paris infants'.[78] Writers drew subtle distinctions between care that was necessary and that which was perceived as meddling and vain. Once again, Jones makes a confusing distinction between acceptable intervention – shaping the baby's head with one's own hands – and unacceptable and ungodly care using instruments. This latter act caused 'obstructions and infirmities', 'stinking breathes, copper faces, redde noses, riueled skinne,

[71] *Ibid*., 6; Guillemeau, *Child-birth,* 23.
[72] Helkiah Crooke, *Mikrokosmographia a description of the body of man* (London, 1615), 32.
[73] Barret, *A Companion for Midwives*, 80. [74] OED. [75] Guillemeau, *Child-birth*, 11.
[76] Jones, *The Arte and Science*, 34.
[77] Cited in: John Ruhräh, *Pediatrics of the Past: An Anthology Compiled and Edited by John Ruhräh with a Foreword by Fielding H. Garrison* (New York: P. B. Hoeber, 1925), 203.
[78] Louis Bourgeois, *Observations Diverses sur la Sterilité, Perte de Fruits, Feocondité, Accouchments, et Maladies de Femmes, et Enfants Nouveaux-naiz, suivi de Instructions a ma fille* (Paris: 1609), 96, cited in Michael Obladen, 'In God's Image? The Tradition of Infant Head Shaping', *Journal of Child Neurology*, 27, no. 5 (2012): 677.

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tawnie coloure, and lesse fruitfulnesse'.[79] Although the differences between the bathing, clothing and moulding practices medical writers advocated were often subtle, they were represented as meaningful. Choosing the wrong regime might reflect poor motherhood.

In histories of the family, swaddling has taken on something of an emblematic status of the cruelty and inflexibility of parenting practices in the past. At best, it has been represented as reducing 'necessary' contact between parents and children, and at worst, a consciously cruel way of avoiding responsibility by immobilising newborns. Lawrence Stone provocatively stated that swaddling 'prevent[ed] the mother or nurse from cuddling, hugging and caressing the child', and that it enabled mothers to hook their infants on doorways to keep them out of the way, although there is no direct evidence of parents actually doing this.[80] Valerie Fildes, influenced by the work of John Bowlby and other proponents of attachment theory, argued that early modern parents were 'apparently indifferent' because they failed to hold and breastfeed infants.[81] Linda Pollock and others have challenged the theory that early modern parenting was devoid of affection, and yet the assumption that swaddling hampered parental engagement and touch is still part of this argument.[82]

In fact, swaddling was perceived as crucial in meeting the bodily and affective needs of newborns in early modern England. It was thought to serve to support the growth of the body, and settled babies so that they could sleep properly and did not become too distressed. It was therefore another part of the extensive regimen of newborn care that women took on in the days, weeks and months after birth. In many ways, the practices of swaddling although settling the infant, made more work for caregivers rather than less as the rhythmic binding and unbinding was time consuming. Parents made a substantial financial investment in swaddling bands and infant clothes.[83]

The material investment in blankets, swaddling bands and clouts during pregnancy that was discussed in Chapter 3 was realised in the after birth period. Babies were clothed in new and borrowed items in a way that materially and emotionally situated them in their new family and its social network. Purchasing blankets, swaddling bands or clouts while pregnant could even be

[79] Jones, *The Arte and Science*, 34.
[80] Stone, *The Family, Sex and Marriage in England 1500–1800*, 65, 115.
[81] Valerie Fildes, 'The History of Infant Feeding 1500–1800' (PhD thesis, University of Surrey, 1982), 72.
[82] Linda A. Pollock, *Forgotten Children: Parent–Child Relations from 1500 to 1900* (Cambridge: Cambridge University Press, 1983). For the persistence of this idea, especially in public history, see: Nicholas Tucker, 'Boon or Burden? Baby Love in History: Did Past Ages Care for, or Curse the Cradle and Its Occupant? Nicholas Tucker Sifts the Evidence', *History Today* 43, no. 9 (1993): 28–35.
[83] Heather Toomer, 'Seventeenth-Century Baby Clothes? The Problems of Identification', *Costume* 55, no. 1 (2021): 24–48.

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Figure 6.2 Baby brass of Clopton D’Ewes, son of Sir Simonds D’Ewes who died in 1631. St Peter and St Paul Church, Lavenham, Suffolk. Author’s photograph.

exonerating evidence by unmarried mothers in court cases where they had been accused of committing infanticide.[84] Swaddling was so symbolically linked to parental love that this material investment in the newborn’s future and wellbeing was deemed sufficient proof that the woman had hoped to keep the child. A baby in swaddling bands was a kind of visual shorthand for innocence and vulnerability in the period, yet another indication that the medical work of ordering infants was part of the same process by which babies were defined in relation to their family. Baby brasses like the one of Clopton D’Ewes (Figure 6.2) can be seen on the walls and floors of churches all over England commemorating family losses. Whilst some historians have argued that these little bundles signified that these children had died before they were baptised, Sophie Oosterwijk suggests that they were part of a broader liturgical and cultural tradition of representing the duties of parenthood and the pain of premature death.[85] The effigy of Clopton, an ‘innocent soul’ memorialised his

[84] Gowing, ‘Secret Births and Infanticide in Seventeenth-Century England’, 99.
[85] Sophie Oosterwijk, ‘Chrysoms, Shrouds and Infants on English Tomb Monuments: A Question of Terminology?’, *Church Monuments* 15 (2000): 44–64.

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short life, the medical failures that led to his death and that he had left 'the most sad and disconsolate father that could possible be'.

Although the practice of swaddling was culturally linked to understandings of maternal affect, medical authorities were predictably less concerned who actually did the swaddling as long as it was done in a way that they thought was loving. Jones assumed it would be the mother who should take great pleasure in conceiving, carrying, delivering, holding and swaddling the child 'dayly on hir louing lappe, and to giue it sucke with hir own most tender breastes'. If one had to hire a wet nurse, it was important she was 'curteous, louing and kinde to hir suckling'.[86] A page later in his instructions on how to swaddle a baby, he simply talks about placing the baby on 'your lappe'. 'You' should 'plac[e] euery lime [limb] and joynt right for as yet it will be' that were 'pliant as waxe', before binding the infant in swaddling cloths, revealing the myopic focus of physicians on infant welfare.[87] Given, as we shall come to understand, a great many families were hiring help of some kind during this period, it seems highly unlikely that it was always mothers that were swaddling babies, particularly during the weeks after birth. Infant welfare and wellbeing were prioritised in the narratives families told about themselves, with little bother for the complicated bodily and emotional experience that taking on this childcare might have for servants, midwives and nurses.

Swaddling went out of favour in the eighteenth century and was increasingly perceived as curtailing rather than promoting bone growth. Thus, the English translation of Peter Moulin's *Directions for the Education of a Young Prince till Seven Years of Age* (1673) contrasted the upbringing of a prince with that of a poor boy. The prince was 'wrapt up in warm Cloaths, with great care, compass'd in Skreens and Hangings' and a nurse gave him suck, 'skilful Women were hired to 'swaddle, rock, and carry him'. The poor child was 'wrapt, not according to his need' but with what his mother could afford.[88] The poor boy lived into adulthood, whereas the prince was constantly sick and overly sensitive to changes in weather and routine. The latter (who was swaddled more sparingly and loosely) lived into adulthood, while the prince was sickly. The religious author John Bunyan lamented how swaddling bands and clouts were like 'little winding sheets', in the way they hampered infant health.[89] In 1748, when William Cadogan, governor of

[86] Jones, *The Arte and Science*, 30. [87] *Ibid*., 31.

[88] Peter Moulin, *Directions for the Education of a Young Prince till Seven Years of Age* (London: 1673), 203.

[89] John Bryan, *Harvest-home being the summe of certain sermons upon Job 5. 26: one whereof was preached at the funeral of Mr. Ob. Musson, an aged Godly minister of the Gospel in the Royally licensed rooms in Coventry: the other since continued upon the subject* (London, 1674), 7.

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the London Foundling Hospital, established in 1739, in Bloomsbury, wrote *An Essay Upon Nursing*, he railed against swaddling. Too long 'this Business [of childcare]' had been 'left to the Management of Women, who cannot be supposed to have proper Knowledge to fit them for such a Task'. Women got their knowledge from 'Examples and transmitted Customs of their Great Grand-mothers'. This care was, in Cadogan's opinion, at best superstitious and parochial, and at worst murderous. The mother who 'has only a few rags to cover her child loosely, and little more than her own breast to feed it, sees it healthy and strong' while the 'puny insect' of a rich family languished under a 'load of finery' and 'dies a victim to the mistaken care and tenderness of his fond Mother'.[90] Cadogan justified this new care as part of a new genre of expert medical advice that 'finally' placed infant welfare above other concerns.[91] Perhaps he was more overtly pronatalist than other childbearing authors. However, this infant-centric concern was not new, and in fact was one of the key motivators behind the continuity of swaddling in the earlier period. In 1762, Jean-Jacques Rousseau also instructed parents not to 'confine' infants in 'tight wrappings' after birth; 'No cap, no bandages, nor swaddling clothes'.[92] Like Moulin and Cadogan's anecdotal evidence of the lustiness of the babies of poor women, Rousseau gestured to the long-standing trope in medical texts that non-European women gave birth more easily and raised their children effortlessly. The 'ancient Peruvians' supposedly clothed their infants loosely, meaning they were more independent than European toddlers at a mere two months old.[93] Referencing Buffon, he noted that the practice of swaddling was now 'obselete' in England. Some sixty years after Cadogan's text, the Scottish physician William Buchan professed in 1804 how much the *Essay on Nursing* had informed his own practice, and labelled swaddling bands as the 'cruel tortures', suggesting that actually the practice continued in homes far beyond the eighteenth century.[94] These new recommendations perpetuated the idea that the care an infant received was somehow symbolic of its parents' moral character and worth embedded in earlier works, whilst similarly affording little space to the difficulty of carrying out the activities needed to supposedly make babies healthy.

[90] William Cadogan, *An Essay upon Nursing and the Management of Children, From their Birth to Three Years of Age* (London, 1748), 7.
[91] Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005).
[92] Jean-Jacques Rousseau, *Emile, or On Education (1763)* (Garden City, NY: Dover Publications, 2013), 31.
[93] *Ibid.*, 31.
[94] William Buchan, *Advice to Mothers, on the subject of their own health, and on the means of promoting the health, strength, and beauty, of their offspring* (Edinburgh, 1804), 08.

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Sleeping

After this regimen of crying, cutting the cord, searching, washing and clothing, and before feeding, babies had to sleep. 'A Child new born sleeps more than he wakes, because his brain is very moist, and he used to sleep in the womb', Culpeper explained.[95] Physicians opined in medical print and regimens that good restorative sleep was central to the maintenance of health and was central in soothing the passions of the soul. Medical writers became increasingly interested in sleep in the late and early eighteenth century as both a key part of regimen, but disturbed sleep as a symptom of bodily, emotional and religious malaise.[96] Sleeping for babies was even more important than for adults because it helped to concoct and digest their excessive moisture. Babies were free to sleep with abandon in their first days and weeks. Mauriceau explained 'There needs no certain limited time for his rest, for he may sleep at any time night or day'.[97] Guillemeau suggested that babies could sleep whenever they wanted, even whilst suckling, until they were two years old.[98] Crucially, sleeping kept the baby quiet and content, which was a key concern in managing health. Joan Ellyott echoed these words when she wrote to her sister Anne D'Ewes in Suffolk in the first half of the seventeenth century. She noted it was imperative that Anne's son should not 'be kept from sleepe or suck which I know has bin the way of very good docters in this case but let it have a full breast of new milke at command and all the quiet and content'.[99]

Only a soothed newborn would sleep and Guillemeau proposed there were three key tools the person caring for the baby, whether mother or nurse, had in their arsenal to procure this rest: 'giuing them the breast', 'rocking' and 'singing to them'.[100] Some nurses, Barret complained, were 'huffing and bounding about, and do not mind the poor Child'. A good nurse would 'sing with a soft voice to lull it to sleep, rocking gently all the while'.[101] Jones sung the praises of 'lullies' [lullabies] that would bring 'disquieted' children to 'reste'. It had the additional benefit of soothing and calming the nurse's emotions – 'light affections [that] may happen to annoy' the nurse could be uttered, alleviating her own distress.[102] People caring for the baby might also encourage it to look at pleasant things or carry them 'abroad', a phrase

[95] Culpeper, *Directory for Midwives* (1662), 243.
[96] Sasha Handley, *Sleep in Early Modern England* (New Haven, CT: Yale University Press, 2016).
[97] François Mauriceau, *The Diseases of Women with Child, and in Child-bed: as also, the Best Directions How to Help Them in Natural and Unnatural Labours* (London, 1672), 369.
[98] Guillemeau, *Child-birth,* 17
[99] Joan Ellyott to Ann D'Ewes, 18 December c. 1620–1640, BL, MS Harleian 382, fol. 39.
[100] Guillemeau, *Child-birth*, 18. [101] Barret, *A Companion for Midwives*, 91.
[102] Jones, *The Arte and Science*, 13, 14. Leslie Herbert Daiken, *The Lullaby Book. Musical Research by Mary Hillis and Sebastian Brown. With Plates* (London: Ward, Lock & Co.,

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meaning around the home or outside for short distances.[103] Rocking had to be gentle to facilitate digestion. If it was too vigorous, writers suggested it might 'hinder' concoction and cause the baby to vomit.[104] If the baby was 'swaithed too hard' or were 'pinched by the wrinkling of Linnen, or pricked by a pin' or if its clothes were too dirty ('for Children love to be clean'), it might not 'sleep quietly' until these things were rectified.[105]

If a baby was to be picked up and 'laye downe as ofte as neede shal require', however, families had to work out who would be on 'watch' duty.[106] This should not be the wet nurse or mother (if she was suckling) for it was vital that the person feeding the baby was well rested in order to produce good milk. Jones recommended hiring someone else to attend to the baby when it cried in the middle of the night and only disturb the nurse or mother if it was clear the infant needed feeding. Robert Delaval of Seaton Delaval Hall in Northumberland recommended his son, Ralph, do just this in 1600. He told him it was very important the family hire a 'watch woman in the nyght' to listen out for the child's cries. This was just after the birth of his first child. As well as potentially protecting the quality of the milk, getting an additional person to 'Ries to the Child' would ensure there were an additional pair of eyes watching the child lest it fall asleep with 'the papp' or breast in its mouth, which was 'wonderfull daungerous'.[107]

Once the child was two, however, many medical writers promoted a regimen of limiting and regulating the sleep of infants. Sleeping too much would cool and 'moisteneth the braine' harmfully, threatening to 'dull the infant's senses' and render 'their functions languishing and stupefied'.[108] Guillemeau thought it might 'besot the child's senses' and make them 'dull and lumpish'.[109] This regimen was to take into account the baby's condition and the seasons of the year.[110] This was the case for adults too. The 'prophylactic culture' of early modern regimens promoted moderating sleep, diet and behaviour in relation to the seasons, availability of light and individual constitutions.[111]

1959); Nicholas Tucker, 'Mothers, Babies and Lullabies', *History Today* 34, no. 9 (1984): 40–46.

[103] Jones, *The Arte and Science*, 18. [104] Mauriceau, *The Accomplisht Midwife*, 368.

[105] Pechey, *A General Treatise of the Diseases of Infants and Children*, 7.

[106] Jones, *The Arte and Science*, 49.

[107] Robert Delaval to Ralph Delaval, 4 October 1600, Northumberland Archives, Ashington, 1DE/5/20.

[108] Mauriceau, *The Accomplisht Midwife*, 369. [109] Guillemeau, *Child-birth*, 15.

[110] Pechey, *A General Treatise of the Diseases of Infants and Children*, 4.

[111] Sasha Handley, 'Sleep-Piety and Healthy Sleep in Early Modern English Households', in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey, Social Histories of Medicine (Manchester: Manchester University Press, 2017), 185–210, 203.

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As well as debating when and for how long infants should sleep, medical writers were also concerned about how and in what position children should sleep. Most medical authors recommended laying babies on their backs with particular attention paid to raising the head on a pillow to help digestion. This was a long-standing recommendation in regimens to prevent regurgitation. Those who were ill or elderly were especially encouraged to elevate their heads above their stomach and feet.[112] It was important to alternate position during the night to support concoction to assist food in its descent to the pit of the stomach.[113] The cradle also ought to be shifted around the room lest the infant develop a squint from always staring in one direction. It was easy for young children to develop bodily asymmetries that were difficult to remove later in life because they were so impressionable. Pechey recommended also putting 'fine Pictures' in strategic spots to redirect the infant's gaze or making a mask so 'that the sight may be directed right'.[114] Babies ought to have their own separate cradles too and never sleep in the bed with their parents or nurses. Medical authors were very concerned about overlaying, or smothering, the infant.[115] Robert Delaval instructed his son to never let 'the child to be giuen to you in the bed', however tempting it was, for fear of lying on top of it.[116] Mauriceau explained placing a cradle 'close by the Bed-side' would prevent this tragedy and a mantle should be placed over the head of it to 'prevent the falling of dust on its Face, and that the Day-light, Sunshine, Cradle, or Fire in the Chamber may not offend' the baby.[117] Guillemeau described the way the infant should be 'laid in his cradle' with a little mattress placed deep in the bottom so the baby would not 'feare least he fall out of it'.[118] Strings might be tied around the baby so that when rocked, it would not all out.[119] Getting babies to sleep, like many other activities in the regimen of newborns, was important for settling their emotions, making them cheerful and correcting impediment. It also required vigilance and attentiveness from those caring for it.

[112] *Ibid*., 25–26. [113] *Ibid*., 26.
[114] Pechey, *A General Treatise of the Diseases of Infants and Children*, 82.
[115] The Bills of Mortality reported infant deaths as 'overlaid' or 'smothered'. Craig Spence points out that death from overlaying presents particular interpretive difficulties, as it was often unclear whether this was a deliberate or accidental death, Craig Spence, *Accidents and Violent Death in Early Modern London, 1650–1750*, Studies in Early Modern Cultural, Political and Social History (Woodbridge: Boydell & Brewer, 2016), 125.
[116] Delaval to Delaval, 4 October 1600, 1DE/5/20.
[117] Mauriceau, *The Accomplisht Midwife*, 368.
[118] Guillemeau, 'The Nursing of Children', 14–15.
[119] Mauriceau, *The Accomplisht Midwife*, 368.

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Feeding

Once the baby had been 'ordered as you have harde [heard], it shall be time to give it sucke'.[120] Religious and medical writers of the period were unequivocal that, if at all possible, mothers should breastfeed their own babies, and not get a wet nurse. Childbearing guides, however, often included instructions on how to select a good nurse, and as we have heard, often directed their advice to nurses in the assumption that they would be doing a significant amount of care. Elite families, however, often asked people who were not blood-related to feed their children. The term nurse was a capacious one that meant caring for elderly or other sick people as well as infants.[121] But despite the hazy linguistic usage of the term, wet nurses were often expected to take on considerable responsibility in addition to feeding. On top of the medical work they provided, they were also expected to remain abstinent while feeding, as sex and conception were thought to corrupt the milk.

Medical writers hoped that mothers would breastfeed their own children because breast milk was understood to be a purified form of the blood that had nourished the child in the womb. As we have seen, sudden changes were viewed as detrimental to babies' delicate bodies and constitutions. Continuity in their nutrition from within and then outside the womb helped ease their transition and adaptation to the outside world. Suckling immediately after birth was thought to be dangerous for babies because this milk had not yet been sufficiently purified.[122] You could discern that this milk was impure by the fact that it was not yet wholly white and thin (now commonly termed colostrum). Jones described how babies were very 'coueteth to sucke' as soon as they were born, but it would be 'vnholesome' and mothers should refrain.[123] Many authors, like Pechey, recommended giving infants a concoction of oil and sugar for the first three days of life or 'Order some other Woman' to feed the child 'till the Mothers milk be pure'.[124] Babies had supposedly been constantly nourished in the womb, and therefore fasting was good for them. The author of *Paidon Nosemata* explained that because babies had soft palates and were 'unaccustomed to meat', or food, they would suck 'more than they digest'.[125]

[120] Jones, *The Arte and Science*, 39.
[121] Mary E. Fissell, 'Women, Health and Healing in Early Modern Europe', *Bulletin of the History of Medicine* 82 (2008): 1–17; Deborah E. Harkness, 'A View from the Streets: Women and Medical Work in Elizabethan London', *Bulletin of the History of Medicine* 82, no. 1 (2008): 52–85; Margaret Pelling, 'Nurses and Nursekeepers: Problems with Identification in the Early Modern Period', in *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England*, 179–202 (London: Longman, 1998).
[122] See, for example: Mauriceau, *The Diseases of Women with Child, and in Child-bed*, 365.
[123] Jones, *The Arte and Science*, 8.
[124] Pechey, *A General Treatise of the Diseases of Infants and Children*, 4.
[125] J. S., *Paidon Nosemata*, 123.

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Jones noted that the Roman writer Titus Pomponius Atticus believed children should not be fed until they were four days old, and Avicenna thought someone else should feed the child for two months after birth.[126]

Some parents followed this advice. When Simonds D'Ewes son, Clopton, was born, doctors advised that the 'child should not sucke any other till her [Simond's wife's] breasts were fully drawn and made fit for it'. This involved getting rid of the early milk, perceived to be corrupted. Simonds, however, felt that this advice, which was in keeping with that in printed medical literature, was responsible for Clopton's death. The 'cursed ignorance of such as were employed about my wife during her lying-in' made the baby 'so weakened as afterwards proved the cause of its ruin'.[127] The worry that breast milk was insufficiently purified or not old enough is also hinted at in a letter from Ralph Delaval to his son recommending the couple employ a nurse of 'second mylk' rather than 'furst mylk', meaning that the woman had already fed an infant before taking on the Delaval's child. Delaval asked his son to trust his expertise – he had 'good triall' of such situations – and insisted that babies of 'furst mylk' were often 'dull' and 'full of gript umours [humours]'.[128]

The second reason that medical writers were adamant that mothers ought to feed their own children was because breastfeeding fostered an emotional connection between mother and child that was perceived as unbreakable. Jones stated that breastfeeding led to an 'undoubted token of absolute kindnesse and friendshippe' between mother and child.[129] Guillemeau suggested this would mean that when the child became an adult, it would continue to be 'bound' to its mother both because 'she had borne him nine Moneths in her womb' and because 'shee hath nursed him, watched him, and often made him cleane'.[130] Thomas Moffett, for example, described how recently delivered women heaped 'labour upon labour' in 'suffering it to taste no other milk' because of the love they bore their children.[131] Affect was linked to parental effort: children would 'never love their parents so well; but that their fathers do often beare them in their armes, and mothers give them sucke at their owne breasts'.[132] Further still, affect was what drove parents to carry out this care in the first place. Barret supposed that if 'Nature had not oblig'd' mothers 'with stronger Tyes', they would never submit to breastfeeding.[133]

[126] Jones, *The Arte and Science*, 8.
[127] Simonds D'Ewes, *The Autobiography and Correspondence of Sir Simonds D'Ewes: During the Reign of James I and Charles I*, ed. James Orchard Halliwell, vol. 2 (London: Richard Bentley, 1845), 45. Clopton was born 24 June 1631. He died 9 July 1631.
[128] Delaval to Delaval, 4 October 1600, 1DE/5/20.
[129] Jones, *The Arte and Science*, 31.
[130] Guillemeau, 'The Nursing of Children', 8.
[131] Thomas Moffett, *Healths Improvement: or, Rules compromising and Discovering the Nature, Method and Manner of Preparing all sorts of Food used in this Nation* (London: 1655), 120.
[132] Guillemeau, 'The Nursing of Children', 9.
[133] Barret, *A Companion for Midwives*, 91.

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The Countess of Lincoln, Elizabeth Clinton, similarly linked maternal breastfeeding to emotion in her 1622 Nurserie. A mother's love was 'so knit by natures law to her tender babe, as she finds no power to deny to suckle it', not even if her life were 'in hazard' by doing so. Clinton sorely regretted not breastfeeding her eighteen children. She was 'overruled by anothers authority', 'deceived by ill counsel' and at the time claimed she did not fully understand her 'godly duty'. She was sure, however, that the death of 'one or two of my little babes' was the fault of wet nurses she employed. She vowed to compensate for her perceived negligence and 'shew double loue to my children'.[134]

And yet, despite the plentiful pro-breastfeeding invectives, childbearing guides also offered considerable guidance on how to choose a 'good' nurse if a woman could not or would not suckle. The nurse had to be 'Young' and Healthy'. Barret criticised 'City Dames' who took the wet nurse into their own home and fed her 'high'. This made the 'Milk rampant' and instead, borrowing from Hippocrates, he proposed that the nurse should eat 'course Food as she gives to her own at Home', which would make the child brisk and hardy.[135] Culpeper instructed parents to use the 'temper' or complexion of the mother as a model for that of the nurse. Her breasts should be 'well fashioned with good Nipples, that the child may take them with pleasure' and she should be 'well bred, and peacable'.[136] Jones believed it was important to hire a woman who had recently given birth to a child that was the same sex as the baby to be fed.[137] Others suggested one should never hire a nurse with red hair because her milk would transfer traces of her 'fiery' personality.

Much of the scholarship on infant care and breastfeeding prior to the eighteenth century has assumed that wet nursing was the norm and first choice for the majority of middling- and upper-sort families. Stone understands this perceived trend as another symptom of lacklustre parental affection in the period before industrialisation. Breastfeeding in the sixteenth and seventeenth centuries was seen as a 'nuisance, interfering with sleep and the normal round of social engagements'.[138] Other scholars have pointed to a quantitative rise in maternal breastfeeding in the eighteenth century, concomitant with what is often termed the 'cult of motherhood'. They often draw on a very small sample size, meaning that it is difficult to know whether this statistical trend was simply the result of greater source survival in the later period or increased literacy, suggesting eighteenth-century parents were more likely to write about infant care.[139]

[134] Elizabeth Clinton, *The Countesse of Lincolnes Nurserie* (Oxford: 1622), 8, 15–16, 16.
[135] Barret, *A Companion for Midwives*, 77–78.
[136] Culpeper, *Directory for Midwives* (1651), 226. [137] Jones, *The Arte and Science*, 11.
[138] Stone, *The Family, Sex and Marriage in England 1500–1800*, 269–270.
[139] Linda Campbell, 'Wet-Nurses in Early Modern England: Some Evidence from the Townshend Archive', *Medical History* 33 (1989): 360–370; Valerie Fildes, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986), 158; Fildes, 'The

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More importantly, within these accounts, the assumption that breastfeeding was fundamentally linked to affection or dedication of mothers to their infants remains intact. Lucinda Beier notes that Alice Thornton was 'uncommon for women of her social status' by wanting to 'give her younger five children the best possible start' by breastfeeding them herself.[140]

Early modern parents rarely seem to have chosen to hire a wet nurse out of convenience, let alone negligence or laziness, as Stone would assume. Indeed, like other medical choices, the selection of a nurse directly redounded to their social standing. Families sought 'good' nurses when mothers or infants became ill or when women simply did not produce enough milk. This does not mean, however, that families valued the care that wet nurses provided. Elite families consistently placed their own welfare above that of the nurse and her family, often demanding the nurse live in away from her own, possibly newborn, children.[141] Families also expected that nurses would engage with their babies in an affectionate and altruistic way, placing undue and unrealistic emotional expectations on those paid to do a difficult and exhausting job. Breastfeeding was a form of carework that involved parents ascribing and reinforcing social hierarchies, particularly with regard to the ways emotions were felt and expressed.[142] The tasks involved in being a wet nurse were ill defined, and the patterns of employment mirror what historians of work have described of early modern and eighteenth-century people having multiple and shifting occupations.[143] We learn much about the ways in which wet nursing was bound up with exploitative class and racial dichotomies from the long history of slaveholding communities, manipulating the generative bodies of slaves. In thirteenth- and fourteenth-century Aragon in Majorca, for example, wealthy urban women were encouraged to use enslaved Muslim women to feed their babies. This allowed elite women to continue their work as social

History of Infant Feeding 1500–1800'; Dorothy McLaren, 'Nature's Contraceptive: Wet Nursing and Prolonged Lactation: The Case of Chesham, Buckinghamshire, 1578–1601', *Medical History* 23 (1979): 426–441; Pollock, *Forgotten Children*, 212–213.

140 Beier, *Sufferers and Healers*, 232.

141 Marissa C. Rhodes has observed a similar trend in wet nursing advertisements placed by elite families in London and Philadelphia in the eighteenth century. See: Marissa C. Rhodes, 'Domestic Vulnerabilities: Reading Families and Bodies into Eighteenth-century Anglo-Atlantic Wet Nurse Advertisements', *Journal of Family History* 40, no. 1 (2014), 39–63.

142 Alexandra Shepard, 'The Pleasures and Pains of Breastfeeding in England c. 1600–c. 1800: Narratives and Representations: A Collection to Honour Paul Slack', in *Suffering and Happiness in England 1550–1850*, ed. Michael J. Braddick and Joanna Innes, The Past & Present Book Series (Oxford: Oxford University Press, 2017), 229.

143 Mark Overton, *Production and Consumption in English Households, 1600–1750* (London: Routledge, 2004), 74; K. Tawny Paul, 'Accounting for Men's Work: Multiple Employments and Occupational Identities in Early Modern England', *History Workshop Journal* 85 (2018): 26–46; Alexandra Shepard, *Accounting for Oneself: Worth, Status, and the Social Order in Early Modern England* (Oxford: Oxford University Press, 2015), 149–190.

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networkers for their husbands, be sexually available and become pregnant again. The unfree woman's child was often removed from the house or neglected in preference for the master and mistress' child.[144] In eighteenth-century American colonies, it was a common practice for slaves to suckle their master's children. Enslaved, indentured and white women advertised their services as wet nurses (or in some instances sale) in newspapers in eighteenth-century Philadelphia.[145] This practice continued into the nineteenth century in the southern states of America, where slave-owning households relied on the milk and care of enslaved women to raise their own family.[146] This practice was common in colonial Jamaica, too. At the same time, there was a strong current in medical writing that warned white women about the dangerous and evil traits that their babies might imbibe from suckling black women. Lady Maria Nugent, wife of the governor of Jamaica from 1803 to 1804, opted to hire a white Irish woman instead of a black woman to suckle her two children while she resumed official public duties.[147] At the same time, doctors and planters in Jamaica and other parts of the Caribbean chastised enslaved mothers who 'got some of their friends to suckle their children for two or three days' after delivery instead of feeding themselves.[148] In such situations, it was convenient to draw on much longer notions of black bodies birthing, bearing and suckling children more easily than white ones.[149] This discourse bore similarities to the insistence of earlier writers that poorer or 'courser' women were better at procreating than elite ones.

The concern for the welfare of infants and lack of interest in the wellbeing of nurses is displayed in the ways in which early modern English families expressed the desire to get a 'good' nurse in their correspondence. Lord Broghill reassured his father-in-law in 1667 that they had got 'a verry good Nurse'.[150] Mary Browne wrote to Anne Le Neve in 1692 recommending a 'very tidy woman' that had a three-month-old child and had nursed another's infant previously. She was 'very much commended', but Browne noted if she was unable to 'under take it' or not to Anne's liking, she would 'endeavour to

[144] Rebecca Lynn Winer, 'Conscripting the Breast: Lactation, Slavery and Salvation in the Realms of Aragon and Kingdom of Majorca, c. 1250–1300', *Journal of Medieval History* 34, no. 2 (2012): 164–184.

[145] Rhodes, 'Domestic Vulnerabilities'.

[146] Emily West and R. J. Knight, 'Mother's Milk: Slavery, Wet-Nursing, and Black and White Women in the Antebellum South', *Journal of Southern History* 83, no. 1 (2017): 37–68.

[147] Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica*, Early American Studies (Pittsburg: University of Pennsylvania Press, 2017), 121.

[148] *Ibid*., 121.

[149] Jennifer L. Morgan, '"Some Could Suckle over Their Shoulder": Male Travelers, Female Bodies, and the Gendering of Racial Ideology', in *Laboring Women: Reproduction and Gender in New World Slavery*, Early American Studies (Philadelphia: University of Pennsylvania Press, 2004), 12–49.

[150] Lord Broghill to Richard, fifth earl of Dorset, 7 January 1667, KHLC, U269/C18/12.

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enquire up some other'.[151] Matthew Henry, a Presbyterian minister, described to his mother in a letter in 1697 how he and his wife, Katherine, had found an 'orderly lady' to breastfeed his daughter, Nancy, who was very ill. The family doctor thought the illness was a result of the 'badness' of Katherine's milk and was 'very apprehensive' the baby might die. He 'absolutely forbid' Katherine from feeding any longer and thankfully Nancy took to 'her breast very well'. Getting another woman to feed her child, however, put Katherine 'much adoe', especially because the nurse was in their own home.[152] The Henry family were vocal proponents of breastfeeding in other fora.[153] Matthew's father, Philip Henry, also a minister, afforded calls for mothers to breastfeed their own infants a prominent place in his sermons. In his sermon notes on Genesis, he scrawled 'Sarah gave suck to ye. child, ver. 7. Though a great woman, a rich woman, an aged woman, reproof to those out of nicenes & fineness refuse to doe that Office of love to their little ones, when no necessity.'[154] Alice Thornton similarly relied on a wet nurse when her baby, Betty, was unwell in 1655. She hired Dafeny Lightfoot, a former servant, for three months until she became pregnant herself. Then Thornton employed a 'stately louely girl' who lived several miles from the house.[155] Never did these families consider what would be done with the nurse's own child, or the toll of remaining abstinent for the months they were hired. In all of these cases, save Dafeny, we never learn the name of the wet nurse.

Families described wet nurses as 'good', orderly and, occasionally, pretty, in much the same way that midwives were framed in correspondence. Anne Conway's husband described a wet nurse they used to breastfeed their son Heneage as the 'prettiest' in contrast to the midwife who was one of the 'ugliest' women he had ever seen.[156] When Heneage was two months old, he was a healthy cheerful child, but Anne hoped that they could find way to divert him from 'sucking so much'.[157] After four months of nursing, however, the nurse became unwell. Edward wrote to his brother-in-law that Anne had been told by a doctor that 'to suck of such a woman is dangerous, and brings

[151] Mary Browne to Mrs Le Neve, 22 July 1692, Norfolk Record Office, Norwich, MC 44/20, 500 x1.
[152] Matthew Henry to Katherine Henry, 3 December 1697, BL, MS Add 42849, fol. 19.
[153] David Harley, 'From Providence to Nature: The Moral Theology and Godly Practice of Maternal Breast-Feeding in Stuart England', *Bulletin of the History of Medicine* 69, no. 2 (1995): 198–223.
[154] Philip Henry sermon book, 17 October 1658, Cambridge University Library, Cambridge, Add MS 7338, sermon on Gen. 21, unfoliated.
[155] Thornton, BL, Add MS 88897/1, 139.
[156] Lord Conway to Major Rawdon, 21 December 1658, Sarah Hutton and Marjorie Hope Nicolson, eds., *The Conway Letters: The Correspondence of Anne, Viscountess Conway, Henry More, and Their Friends 1642–1684* (Oxford: Oxford University Press, 1992), 154–155.
[157] Lady Conway to Lord Conway, 15 April 1659, *ibid*., 156–157.

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with it many diseases', and therefore Heneage was to be weaned 'much sooner than she intended'.[158] Several weeks later, Edward and Anne travelled to Ragley to find 'another nurse'. Edward noted that poor wet nurses had 'injured the child three times, we cannot think it possible to be borne any longer, and so all my wife's friends advise her'.[159]

This practice of employing a number of nurses in quick succession as a result of the infant or nurse being unwell was a common practice in elite families. When Penelope Mordaunt gave birth in summer 1702, her husband wrote to say 'I woul have you be enquireing after A wett Nurse'.[160] Just over two weeks later, Penelope had seemingly decided on a 'nurse from Wellsborn' but their daughter was unwell. Instead, Penelope was going to 'take' Mrs Lucas. Her husband, John, eagerly expected a letter in return, hearing 'what discourse hath pass'd betwixt yo[u]'. He sympathised with his wife, expressing 'how much trouble it must be to' her. He wondered whether getting a 'sucking Bottle' might improve the baby's condition (later letters suggest that the baby was not getting sufficient milk).[161] By the end of the month, the couple had had to replace Nurse Lucas too, which John imagined was going to make the nurse 'fall into great Passions about it'. The nurse's mother had expressed 'great complaints', wishing that her daughter had never nursed and protested that the child was unwell because of 'breeding teeth' rather than lack of milk.[162]

The anxiety around getting someone else to breastfeed a baby prompted parents to seek to have the wet nurse within their own home rather than allow the nurse to take the baby away with her. This echoed the more elite practice of asking midwives to travel to their estates for delivery, in order to ensure deliveries happened within the family home. When there were questions about the quality of Anne D'Ewes' milk, her sister insisted she get a nurse 'in the house where you may see the ordering of it yourself and feede the nurs at one of your one (sic) trenches'.[163] When Katherine Danby was heavily pregnant in 1632, there were problems with the wet nurse hired to feed and take care of her infant son, Tom. The nurse's husband was so 'covetous' that he was reluctant to let Tom go, along with the income he brought. Katherine's mother proposed in a letter to her husband that they should find a different woman to wean him and look after him, or if he was unable to be weaned, to have the original wet

[158] Lord Conway to Major Rawdon, 14 June 1659, *ibid*., 158–160.
[159] Lord Conway to Major Rawdon, 5 July 1659, *ibid*., 160–161.
[160] Penelope Mordaunt to John Mordaunt, 8 September 1701/1702, Warwickshire Record Office, Warwick, CR 1368, vol. 1/14.
[161] Mordaunt to Mordaunt, 24 September 1702, *ibid*., vol. 1/18.
[162] Mordaunt to Mordaunt, 29 September 1702, *ibid*., vol. 1/21.
[163] Ellyott to D'Ewes, 18 December c. 1620–1640, Harleian 382, fol. 39.

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nurse in the house and 'in our power'.[164] A heavily pregnant Harriet, Lady Glenorchy, tried to circumvent the whole process of having another woman breastfeed her baby by hiring someone who would feed her baby 'without the breast'. She responded to a letter from her father encouraging her to breastfeed herself, saying that although her 'inclinatione to be nurs[e] my self', she found her 'constatution and my health much impared by the many troubles I have met'. She relayed how she had lost two 'fine boys' at wet nurses and one baby girl while feeding herself. She hoped that she could be 'excused complying with y[ou]r Lo[rdship]'s desire of nursing itt' and had got a woman 'whose buseness it has been for severell years in England to bring them up without the breast'. She refused to be drawn into imputing the death of her babyes 'to one way or an other' but rather insisted it was the will of God.[165]

When a wet nurse took her charge into her own home, parents or other family members regularly visited to check on the baby's health and happiness. When Elizabeth Freke left her infant son, Ralph, with a nurse while she travelled to Ireland with her husband, her father and sister visited regularly in her stead. The three of them collectively decided, in Elizabeth's absence, that the nurse was inadequate and took the baby away.[166] The lawyer and politician Bulstrode Whitelocke recorded in his autobiography that he was visited regularly by his mother while he was at nurse in 1605. On one occasion, his 'dyett' was judged 'not pleasing or thriving to the childe'. His mother discovered that the nurse had been feeding him pottage 'fattened' with 'rusty' bacon rather than breastfeeding. He was taken home immediately.[167] This kind of surprise visit was one recommended in medical texts to ensure parents had an accurate sense of the behaviour of the nurse.[168] Parents might also check up on nurses by visiting astrologers to ask whether the wet nurse had become pregnant, commonly thought to compromise the ability to feed or quality of the breast milk. Richard Napier's 'cousin' asked whether his nurse was pregnant in 1608.[169] Lady Anne Butler similarly asked Napier whether 'her nurce be with child' in 1626.[170] Here too these stories formed part of a family archive that attested to careful parenting and ongoing commitment to ministering and providing for household members. In these comments, family members also sought to reassure themselves and others that getting someone

[164] Alice Wandesford to Thomas Danby, 8 May 1632, North Yorkshire Record Office, Northallerton, MISC 2087/1229.
[165] Harriet, Lady Glenorchy, to Earl of Breadalbane, 23 January 1711, National Records of Scotland, Edinburgh, GD112/3/92/3.
[166] Elizabeth Freke, 8 January 1676, *The Remembrances of Elizabeth Freke*, ed. Raymond A. Anselment (Cambridge: Cambridge University Press, 2001), 48.
[167] Bulstrode Whitelock, 6 August 1605, 'Copy from my Father's George Whitelocke's Diary', BL, Add MS 5372, fol. 3.
[168] Barret, *A Companion for Midwives*, 79. [169] CASE34266, CB. [170] CASE1642, CB.

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else to suckle their child would not alter the deep familial connection that the child had.

It was preferrable if elite families had two suckling children to place them together at the same nurse. At times, this was convenient for visiting, or perhaps because in the same way families valued recommendations with a personal connection – this meant the nurse had an existing bodily and emotional relationship with the family and household. A month after giving birth to a son in 1648, Lady Ann Fanshawe took him to Hartingfordbury to leave him 'at nurse with his brother'.[171] When Susan Lay, a servant, got pregnant by her master and then by her master's son in January and November 1649, respectively, both children were sent to the Beauty household to the same nurse, 'Richard Ballard's wife' in St Lawrence.[172] At other times, families seem to have sought out this prior connection because it provided a continuity of influence that might otherwise be fulfilled by mothers breastfeeding themselves. Bulstrode Whitelock's wet nurse was the daughter of the woman who had nursed his father, a fact so important it featured prominently in his father's diary and then, in turn, Bulstrode's own telling of his life.[173] Nurses were part of the family, often in a very real sense living in the household, during the time they were nursing, although they quite obviously did not have the same privileges as those who were blood related. Medical writers noted that wet nurses were bound to the family in perpetuity. The practice of hiring former servants to nurse children recurs frequently in correspondence. Dafeny Lightfoot had nursed Thornton's sister Catherine Danby after her birth and performed other kinds of work for the family over Alice's lifetime. Ralph Josselin asked Lydia, 'my former servant', to breastfeed his daughter in 1644.[174] It is no coincidence that there was considerable overlap between those who took on domestic labour as servants and those who were wet nurses. It was similar work both in terms of remuneration, social value and involved women working for the ascendancy of elite families.

Elite families were particularly unconcerned about the prospect of a wet nurse having to wean other children, including her own, in order to nurse their new charges. Alice Kenyon's sister wrote to her in 1667 'concerning a Nurss for you'. The trail of her enquiry reveals how many people might be involved in making recommendations for a wet nurse and the complexity of what made

[171] Ann Fanshawe, *The Memoirs of Ann, Lady Fanshawe, Wife of Sir Richard Fanshawe, Bart. 1600–72, Reprinted from the Original MS. in the Possession of Mr Evelyn John Fanshawe of Parsloes* (London, 1907), 47.

[172] Laura Gowing, 'The Haunting of Susan Lay: Servants and Mistresses in Seventeenth-Century England', *Gender & History* 14, no. 2 (2002): 183.

[173] Whitelocke, 'Copy from my Father's George Whitelocke's Diary', MS Add 5372, fol. 3.

[174] Ralph Josselin, 31 August 1646, *The Diary of Ralph Josselin, 1616–1683*, ed. Alan Macfarlane (Oxford: Oxford University Press, 1991), 68.

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a good one. She had asked 'broth[e]r Parson' to 'get my Sist[e]r to inquire of that w[hi]ch was with her in the Moneth' but she could not yet 'giue you an account of her'. The day before she had heard from someone that one of Alice's neighbours 'now gives suck & her children is ould inough to weane', although she 'hath but on[e] brest' that was suitable. She directed Alice towards 'Ralph Horrids wife' who could give her an 'account' of this woman, who was herself John Partington's wife. If that 'will not fitt theres a very hansome & likely woman w[hi]ch is cosen [cousin] to them & Lives near Coliarst w[hi]ch will take yo[u]r childe if you cannot oth[e]r ways provid[e] better to your Likeing'. She reassured her, 'truly this I durst well put a childe to if I needed a Nurss'. She was the Kenyon's own 'Milk Woman', or wet nurse, and she promised that she would 'not come forth herself if she take yo[u]r child' – presumably meaning the nurse would ensure she did not get pregnant while feeding. Crucially the family were 'able people & doeth it not for Need', even though this woman had already nursed one or two children 'besides her own'. If Alice still wanted to have a nurse in her own home, she would have to keep enquiring.[175] For Alice it was preferrable if the nurse was not feeding out of financial need and therefore greedy or mercenary. This would mean the nurse would be more likely to engage with her charge or charges in an affectionate and loving manner.

Nurses were often employed for a matter of days or weeks, but sometimes they cared for babies for years. They were thus central actors in the upbringing of elite children and their medical care. The casebooks of Simon Forman and Richard Napier reveal that nurses often brought their charges with them when they received treatment, or when the infant itself was unwell. Goody Bette, for example, came to Napier in 1615 with the child she was nursing and its mother.[176] Eight-day-old Alexander Allen was taken to Simon Forman by his nurse in 1596.[177] The next day, he died of his unspecified illness. Robert Scrope's wet nurse came to Napier herself when the child was nineteen weeks old to inquire after his health.[178] A 'woman of Stratford' brought her eleven-week-old baby to Napier in 1622 because it was 'very unquiet & crying' and would 'sucke other bodyes teates but not hers'. Napier recorded in the margins that 'a woman' was suspected of bewitching the nurse or the child.[179] Ann Gale, a wet nurse, visited Napier on a number of occasions about a curse that she perceived had been placed on her by Ellen Warner; it seemed to have prevented her from suckling. She asked in 1621 'whether she must be nurse' to Lady Gosticke's 'sonne next child'. The Gostickes, we learn in a later

[175] Dorothy Lagoe [?] to Alice Kenyon, 7 November 1667, Lancashire Record Office, Preston, DDKe9/92/3/15
[176] CASE42419, CB. [177] CASE534, CB. [178] CASE13787, CB.
[179] CASE54777, CB.

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consultation, were her landlords, and she returned five months later now nursing the new baby. The child had 'Drouped' for a fortnight since she 'chid' or disagreed with Warner.[180] In 1623, she was nursing another Gosticke child and asked on 24 March whether 'the child be likely to prosper', and again on 26 whether she ought to wean it, owing to her own poor health.[181] Gale's pattern of consultation reveals how taxing and time-consuming suckling a child as a wet nurse might be, even if this work was taken on to supplement or replace domestic work. Her initial question suggests a degree of trepidation about taking on the feeding of her landlords' child – perhaps not only was the baby's health and her reputation on the line, but her housing and current or future employment with the family too.

Elite families expected that the wet nurses they hired would prioritise their children but only in the ways they wanted, and like midwives, that they would uphold family secrets. The expectation that wet nurses would love their charges children but happily give them up when the parents decided to wean or shift the child points to the considerable emotional and bodily toll that this kind of caring took on the women who did it. These women in turn had to represent themselves as doing this job out of compassion rather than need, or face losing their livelihood. For Alice Kenyon's sister, it was barely notable that one of the women suggested would wean her own children in order to feed Alice's. Wet nursing must have defined women's lives and bodies for the time they were feeding whether they remained within their own home or moved to live with their employers. The example of Nurse Lucas in the Mordaunt correspondence suggests that the emotional tie between nurse and baby, although initially beneficial, could later become a nuisance to parents. Lucas' distress and her mother's insistence that she should keep nursing despite the difficulties she was experiencing highlights that this relationship was often seen as a purely financial one when it benefitted the parents to disregard the emotional ties of the wet nurse. At other times, as we have seen, elite parents went to great lengths to ensure such emotional ties between wet nurse and child as it clothed a commercial transaction in the veneer of familial love.

Hiring a wet nurse, at times, complicated the display of godly parenting. Breastfeeding was commonly used as an analogy in sermons and other religious writing for the ways a good Christian received and imbibed the word of God. Anne Bathurst described in her meditations how she was 'as pent milk in the breast ready to be poured forth & dilated into shee from whom my fullness flows with such fullnes & plentitude & pleas'd when eas'd'.[182] The labour and work of others sat uncomfortably alongside narratives about the family more

[180] CASE53375, CB. [181] CASE55844, CASE55880, CB.
[182] Anne Bathurst, 'Meditations and Visions 1693–1696', Bodleian Library, Oxford, MS Rawl D 1263, fol.1.

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generally – both that generation would be difficult and that healthy lusty infants did not spring from their godliness and status. Although servants and other people paid to do work living in the household were considered 'family' in linguistic terms, they were not afforded the same consideration or status. The work of these individuals in making a healthy, lusty baby and perpetuating the family was rarely acknowledged, and serves as an extreme example of the ways in which medical bodywork when performed by women was largely invisible.

Conclusion

Although there were few detailed descriptions of the laborious and repetitive care that took place in the days, weeks and months after birth to foster newborn health in family paperwork, medical writers were thorough, didactic and inflexible in the care they suggested. A healthy baby was perceived as one that was large, active and initially loud. It should sleep plentifully, begin to resist being bound in swaddling clothes, and suck enthusiastically and plentifully. Medical writers often represented fulfilment of what appears to have been an exhaustive and all-encompassing regimen of care as simply 'good' motherhood or the bare minimum for nurses, midwives or servants. The lustiness of the infant had a bearing on stories that families told about their own ascendancy and godliness. The stakes then of securing infant survival and health after birth were high. Hiring others both complicated the view that childbearing was something mothers took on gladly, and allowed generation to appear and be less taxing. It is for this reason there is a quietness around these practitioners in medical texts, and in different ways, in family paperwork. This was no more obvious than in advice about breastfeeding. Clinton addressed those women who would not suckle their own children because 'it is troublesome; that it is noisome to ones clothes; that it makes one looke old'. These were 'uncomely, and unchristian' reasons and testament to 'unmotherly affection, idlenesse, desire to have liberty to gadd from home, pride, foolish finenesse, lust, wantonnesse, & the like evils'.[183] As we have seen, it was almost always infant or maternal illness that provoked families to seek a nurse, but when they did so, they did not afford these women the same spiritual and moral praise as they afforded elite mothers who fed their own children. Even the work of these mothers often proved uninteresting beyond proving a kind of sacrificial and bodily devotion to the family in these accounts.

Rocking, cleaning, clothing, settling, feeding and nursing infants into good health was laborious work. This work sat alongside the other kinds of

[183] Clinton, *The Countesse of Lincolnes Nurserie*.

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domestic, bodily and medical labour that wives and other women took on within households. The emphasis on encouraging babies to lose heat and moisture points to the ways their bodies and futures were not secure until long after birth. As accounts of feeding indicate, weaning did not mark the end of this work or this period of uncertainty. Parents and nurses often chose to wean infants when they were unwell. Teething marked a particularly anxious moment – so much so that 'teeth' was listed as a disease or cause of death in Graunt's *Bills of Mortality*.[184] Bearing children was a fluid, complicated and family-driven experience that demanded quiet and intensive labour not just from mothers but also from other women who were not related to the family. It structured and conditioned everyday life for men and women, albeit often in ways that defied the strict boundaries of domestic labour and interests.

[184] John Graunt, *Natural and Political Observations Mentioned in a following Index, and Made upon the Bills of Mortality* (London: 1662).

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