

# Constructing the Infant Body: The Intervention of the Educated, Male Physician in Eighteenth-Century Infant Diet

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**Abstract:** Drawing on medical advice literature, this paper examines the cultural history of the body in infancy in eighteenth-century England. This period saw the increasing professionalization of the medical field, particularly regarding children's health, as an emerging profession of educated, male physicians sought to establish their exclusive authority on the medical market. As England's medical market of the time was largely unregulated, these educated physicians competed with apothecaries, midwives, and female nurses for paying customers. Physicians argued that the disorderly, undisciplined nature of the infant body was incongruent with Enlightenment virtues, and therefore required a greater degree of medical management. Emerging out of this discourse were popular advice books which emphasized preventative measures in already-healthy infant patients. They were authored by a growing profession of educated, medical experts and were addressed to a lay audience of parents and child caretakers. This paper examines three immensely popular pamphlets authored by three physicians, Thomas Beddoes, George Armstrong, and William Cadogan. All three emphasized in their tracts the importance of maternal breastfeeding to the infant diet, citing Enlightenment ideals, humoral theory, and even the supernatural elements of breastmilk to support this claim. To bring the child body firmly under the control of the medical establishment, they argued that uneducated, lay practitioners, who were overwhelmingly female, received no formal education in the sciences and thus possessed little understanding of the nuances and complexities specific to the infant body. Parents were also incapable and deficient, at least to some degree, in the formal knowledge necessary to prevent illness in their infant children, and thus should rely on the physician's expertise regarding the care of the infant body.



## Introduction

The physician George Armstrong asserted in his 1783 *An Essay on the Diseases Most Fatal to Infants* that child medicine “happens to be of the greatest consequence to society, as the population of every country in a great measure depends upon it.”<sup>1</sup> Likewise, his contemporary, the physician William Cadogan believed that the proper diet of mother’s breastmilk improved a child’s bodily health and, more importantly, encouraged the development of their intellect. Infants who grew into rational and intellectual adults were adults who were of use to their nation. Yet, Armstrong lamented, the medical “differences of infants, has hitherto lain uncultivated, or at least been much neglected” by previous practitioners.<sup>2</sup> As physicians such as Armstrong and Cadogan emerged from universities like Oxford with their medical degrees in hand, they encountered an English medical market that was unregulated and relatively indifferent to their expertise. This emergent profession of medical men was thus faced with the challenge of convincing the laity of their indispensability.

Drawing on eighteenth-century medical advice literature, this paper examines the cultural history of the body in infancy. It considers how male physicians sought to construct the “healthy” infant body in the context of Enlightenment England.<sup>3</sup> This paper takes c. 1650–1850 CE as the time period of study with a specific focus on the eighteenth century when the intellectual, philosophical, cultural, and social movement regarded as the Enlightenment took place.<sup>4</sup> This period saw the increasing professionalization of the medical field, particularly regarding children’s health, as an emerging profession of educated, male physicians sought to establish their exclusive authority on the medical market. In an effort to bring the infant body under the purview of the medical establishment, physicians argued that children were not simply miniature adult men and women. Instead, physicians viewed the infant body as a medical category separate from the adult body based on the belief that it was not yet a self-disciplined body. This was potentially harmful to the infant. The naturally unregulated and undisciplined disposition of the infant body impacted both its physical and psychological health. An infant body that was left undisciplined would inevitably descend into illness. Too much illness in childhood, and this individual would grow into a physically stunted, even immoral adult, who was incapable of usefully contribut-

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1. George Armstrong, *An Essay on the Diseases Most Fatal to Infants: To Which are added Rules to be observed in the Nursing of Children; with a particular view of those who are brought up by Hand* (London: T. Caddell, 1767), <https://wellcomecollection.org/works/czua3fgf>, 1.

2. Armstrong, 2.

3. For commentary on the constructionist approach to the social history of medicine, see: Ludmilla Jordanova, “The Social Construction of Medical Knowledge,” *Social History of Medicine* 8, no. 3 (December 1995): 361–381.

4. While there is little unanimity among scholars regarding the exact beginning and end dates of the Enlightenment period, the general consensus among historians is that the Enlightenment aligns with much of the eighteenth century. Subsequently, historians generally focus on the eighteenth century when examining the intellectual, philosophical, cultural, and social movement regarded as the Enlightenment.

ing to English society. Thus, physicians argued that the child body required a greater degree of medical management to keep it in a state of ‘health’, for the child’s and the nation’s sake.

Emerging out of this discourse were medical advice books written by a growing profession of medical experts. This paper examines three immensely popular pamphlets authored by three different physicians, Thomas Beddoes, George Armstrong, and William Cadogan. Each physician espoused in their tracts slightly differing instructions in the management of children’s health. Some emphasized the importance of good hygiene while others the need for sleep, loose clothing, exercise, or play. Yet, a striking point of ideological unity across all three was that they each rigorously advocated in favor of maternal breastfeeding, lauding the practice as the cornerstone of the proper regimen to maintain the health of the infant body.

These popular domestic advice books demonstrate the increasing involvement of educated male medical experts into the management of infant health in eighteenth-century England. Physicians leveraged their scientific educations to inscribe a diet regimen on the child-subject that was grounded in the purported properties of breastmilk. By bringing the child body firmly under the control of the medical establishment, this emergent profession of educated, male physicians sought to carve out a place of authority for themselves in England’s unregulated medical market. To support their endorsement of maternal feeding, this emerging profession of university-educated, male physicians regularly cited in their tracts Enlightenment philosophers Locke and Rousseau. These thinkers, who were widely regarded as authorities on childhood, believed that the physical body was linked with the reasoning capabilities of the mind. Their argument that children inherently lacked the reasoning virtues of restraint, self-denial, and logic informed physicians’ medical advice tracts.<sup>5</sup>

These short pamphlets were prescriptive in nature. Their intended audience was not fellow medical authorities, but rather the parents and guardians of children, mainly mothers and wet nurses. They focused on preventative measures to maintain the health of already-healthy infant patients, rather than on descriptions of diseases, their symptoms, or methods of treatment in infants, which would be too complex for a caretaker with no professional medical training to understand and safely execute.

Compounding university-educated physicians’ strategy to establish their own medical pre-eminence was that they were far from the only practitioners offering medical services. They instead were competing with the preexistence of lay, often female, practitioners who had long established trust between themselves and their cultivated networks of patients.

Moreover, England’s medical market of the time was largely unregulated, and educated physicians possessed “scant statutory power protected by legislation” to uphold their singular authority.<sup>6</sup> Like any other service or commodity in eighteenth-century England, the patient possessed

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5. John Locke, *Some Thoughts Concerning Education* (London: A. and J. Churchill, 1693), 34.

6. Dorothy Porter and Roy Porter, *Patient’s Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), 139.

at their disposal a wide range of choice of practitioners to seek out. Child health was an area which was previously overseen by female practitioners. Educated, medical men therefore competed with apothecaries, midwives, and female nurses for paying customers.

In order to attract clients and to carve out a place for themselves in the medical market, educated male physicians needed to cultivate an implicit authority over lay practitioners. This strategy consisted, in part, of constructing the infant body as different from and more fragile than the adult body. The child body now required greater attention and specialized knowledge to be properly cared for.<sup>7</sup> Uneducated, lay practitioners, who were overwhelmingly female, received no formal education in the sciences and thus possessed little understanding of the nuances and complexities specific to the infant body. Parents were also incapable and deficient, at least to some degree, in the formal knowledge necessary to prevent illness in their infant children. Physicians purported to publish their pamphlets “to provide parents with enough empirical information to dislodge” superstitions planted by these “fringe practitioners” and to reaffirm the need for educated male physicians to intervene only for the health and safety of the child.<sup>8</sup>

In support of this argument, this paper will first survey the biographies of all three physicians. Exploring their educational backgrounds and professional medical experience will establish these physicians’ preeminence among the emerging class of male doctors. Next, it will consider how enlightenment thinkers conceptualized the child body as an entity wholly different from the adult body. It will then turn to the intervention of medical men in the cultural practice of wet nursing, in which they argue in their medical advice tracts that this harmful, outdated practice was based on superstition instead of logic and science. The paper will also consider how the unregulated medical market of eighteenth-century England compelled educated practitioners, who were at the mercy of paying patients, to couch their intervention in the terminology of humoral theory, the accepted lens through which their lay audience generally viewed illness, in order to gain legitimacy in the medical market. Finally, this paper examines physicians’ prescriptive feeding methods in the unfortunate instance in which breastfeeding was not possible and an infant was fed via a wet nurse or formula instead.

## Historiography

One of the most well-known historians of childhood is Philippe Ariès. His *Centuries of Childhood* is widely regarded as the first to view childhood not as a biological given, but as a social construction that changes across cultures and time periods.<sup>9</sup> Ariès argues that it was not until

7. Anna Kuxhausen, *From the Womb to the Body Politic: Raising the Nation in Enlightenment Russia* (Madison, Wis: The University of Wisconsin Press, 2013), 77.

8. Andrew O’Malley, *The Making of the Modern Child: Children’s Literature and Childhood in the Late Eighteenth Century* (New York: Routledge, 2003), 81.

9. Philippe Ariès, *Centuries of Childhood: a Social History of Family Life* (New York: Knopf, 1962).

the fifteenth century that childhood was understood as a separate stage of life from adulthood. According to Ariès, the belief that the child is inherently innocent and requires protection is a development which only began to gain popularity during the early modern period. Drawing on Ariès, Adriana Benzaquén situates male physician's growing concerns about child health within a wider cultural campaign devoted to children by both private (family) and public (state) interests.<sup>10</sup> Anna Kuxhausen considers the issue of maternal breastfeeding in Russia during the second half of the eighteenth century.<sup>11</sup> As children were increasingly viewed as a national resource to the body politic, Kuxhausen offers that the exclusively female world of mothers, midwives, and nurses came under the scrutiny of male physicians, state institutions, and reformers. Bernadette Fort, however, credits Enlightenment thinkers such as Rousseau rather than state reformers with what she identifies as a campaign to convince women to return to their "natural" role as nurses to their infants.<sup>12</sup> Roy Porter has published prolifically about the social history of childhood and medicine in the eighteenth century.<sup>13</sup> He documents the medicalization of the body by university-trained physicians, placing a particular emphasis on the moral implications imbued in the language of sickness and disease in regard to infants.

This essay contributes to filling a gap in the historiography of child health. Previous scholars have based their arguments on the assumption that there existed an established medical system in eighteenth-century England in which physicians wielded sweeping authority and patients regularly and periodically sought out treatment for comprehensive medical care. However, England in the eighteenth century featured no womb-to-tomb, bureaucratic structure to medicine as there is today. This essay therefore situates the increasing professionalization of medical practice within the medical network of England at this time. In eighteenth-century England, medicine was viewed as a commodity, and physicians competed for patients on an unregulated healthcare market. When this profession of university-educated, male physicians began to emerge, the composition "of the medical profession was decidedly mixed," along with lay attitudes towards the wide variety of medical practitioners there were able to choose from.<sup>14</sup> Moreover, lay people generally regarded preventative measures as the first line of defense against illness. As apothecaries were a cheap alternative to professional medicine, "self-help" was then the initial step when an

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10. Adriana S. Benzaquén, "The Doctor and the Child: Medical Preservation and Management of Children in the Eighteenth Century," in *Fashioning Childhood in the Eighteenth Century: Age and Identity*, ed. Anja Müller (Aldershot, England: Ashgate, 2006), 13–24.

11. Kuxhausen, *From the Womb to the Body Politic*.

12. Bernadette Fort, "Greuze and the Ideology of Infant Nursing in Eighteenth-Century France," in *Fashioning Childhood in the Eighteenth Century: Age and Identity*, ed. Anja Müller (Aldershot, England: Ashgate, 2006), 117–134.

13. Roy Porter, "Spreading Medical Enlightenment: The Popularization of Medicine in Georgian England, and its Paradoxes," in *The Popularization of Medicine, 1650–1850 London*, ed. Roy Porter (New York: Routledge, 1992), 215–231. See also: Dorothy Porter and Roy Porter, *In Sickness and in Health: the British Experience, 1650–1850* (New York: B. Blackwell, 1989).

14. Porter and Porter, *Patient's Progress*, 92.

individual became ill. A medical practitioner was only reluctantly sought out in the event that symptoms failed to improve. Even when this did occur, many patients first consulted lay practitioners for treatment before seeking out a medical expert. Educated physicians were considered an unnecessary indulgence, and their extravagant fees often made them the target of ridicule.<sup>15</sup> Despite this, medicine became the fastest-growing profession in the eighteenth century and this emerging profession of doctors became both more available and visible throughout England.

It is improbable that historians will be able to fully reconstruct the experiences of body in childhood. Recent scholarship on medical history has shifted to emphasize the patient experience, a development which allows historians to expand their understanding of the history of childhood. This period remains a crucial moment in the medical construction of the infant body. The experience of childhood was profoundly impacted by this emergent profession of educated medical experts who competed for patients in eighteenth-century England's consumerist medical market.

## Note on Primary Source Authors

The three sources with which this essay engages were authored by three prominent English physicians, William Cadogan, George Armstrong, and Thomas Beddoes. Much is known about the biography of William Cadogan. He was born circa 1711 and graduated from Oriel College, Oxford in 1727. He began studying "Physic" in 1732 at Leiden University in the Netherlands. Upon graduating with an MD in 1737, Cadogan returned to England. He married his first wife Frances Cochran and, in 1747, their daughter Frances was born. Later that year, he was appointed Physician at the Bristol Infirmary where he cultivated a clientele comprised of members of English high society.<sup>16</sup>

In the 1740s, Cadogan became an honorary medical attendant of the London Foundling Hospital. He was elected a Governor of the Hospital in 1749, and in 1752, Cadogan resigned his position at Bristol and moved to fashionable Hanover Square in London. He was appointed Physician at the Foundling Hospital the following year. However, physicians practicing within the city of London were legally mandated to be licensed by either Oxford University or Cambridge University. Cadogan therefore returned to Oxford, receiving an MD in 1755. He died in London in 1797 at the age of 86. Throughout the course of his career, Cadogan was elected a Fellow of the prestigious Royal College of Physicians and a Fellow of the Royal Society, the oldest scientific academy still in existence.<sup>17</sup>

15. Christina Hardyment, *Dream Babies: Three Centuries of Good Advice on Child Care* (New York: Harper & Row, 1983), 13.

16. Hardyment, 10. John Rendle-Short, "William Cadogan, Eighteenth-Century Physician," *Medical History* 4, no. 4 (1960): 288–309, 289.

17. Rendle-Short, 290



When Cadogan published his pamphlet *An Essay upon Nursing and the Management of Children, from their Birth to Three Years of Age* in 1748, he was already a prominent physician. The recipient of an extensive medical education, Cadogan leveraged his expertise to procure patients among the gentry and carve out a place of authority for himself within the medical market. His tract is regarded as one of the first, and “unquestionably one of the most significant,” medical advice pamphlets on child rearing of the eighteenth century.<sup>18</sup> Indeed, its popularity was so widespread that his *Essay* went through ten editions and was translated into French, German, and Spanish.

Cadogan’s *Essay* was originally published as an instructional pamphlet for the nurses and staff of the Foundling Hospital, of which he was serving as Governor at the time of its publication. The pamphlet’s popularity among Hospital staff prompted Cadogan to market his tract to parents, and he subsequently published additional copies of his *Essay* for the family market.

Cadogan based his *Essay* on his experiences as a physician at the London Foundling Hospital. Founded in 1741, its purpose was to serve as a home for London’s abandoned children, or foundlings. The foundling movement that swept England in the mid-eighteenth century was a large-scale attempt to address the nation’s alarming infant mortality rate. The Hospital was established as an institutional alternative to infanticide.<sup>19</sup> Upon its founding, admission rates quickly soared beyond the Hospital’s capacity.<sup>20</sup> According to records, 2,523 children were brought for admission between January 1<sup>st</sup>, 1750 and December 1755. Due to financial constraints, only 783 of these were accepted, nearly all under the age of 12 months old.<sup>21</sup> With such a large population of children, Cadogan was preoccupied with combatting disease among its charges in order to maintain a low mortality rate and avoid an epidemic while providing the children with plain clothes and a simple diet. Indeed, his appointment to the Foundling Hospital presented Cadogan with a valuable “opportunity for mass observation of children” and allowed him to experiment with the diet and daily management of infants.<sup>22</sup>

The second pamphlet examined in this paper, *Essay on the Diseases most Fatal to Infants*, was authored by George Armstrong. Armstrong was born in Scotland in 1719. He studied medicine under Professor Alexander Monroe and helped found the Royal Medical Society of Edinburgh. A few years later, Armstrong moved to London and, in 1758, he married Ann Rawlings, with whom he had three daughters.<sup>23</sup>

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18. Benzaquén, “The Doctor and the Child,” 16.

19. Larry Wolff, “Childhood and the Enlightenment,” in *The Routledge History of Childhood in the Western World*, ed. Paula S. Fass (London: Taylor / Francis, 2013), 78–99, 79.

20. Hardyment, *Dream Babies*, II.

21. Ruth McClure, *Coram’s Children: The London Foundling Hospital in the Eighteenth Century* (New Haven: Yale University Press, 1981), 78.

22. Hardyment, *Dream Babies*, II.

23. Peter M. Dunn, “George Armstrong MD (1719–1789) and his Dispensary for the Infant Poor,” *Archives of Disease in Childhood- Fetal and Neonatal Edition* 87, no. 3 (December 2002): 228–231, 228.

In 1769, Armstrong formally received an MD degree, likely from the University of Aberdeen. Later that year, he established the Dispensary for the Infant Poor, London's first medical dispensary and clinic whose purpose was specifically to serve children of the poor.<sup>24</sup> Though he was unlicensed to practice medicine in London, the College of Physicians permitted him to operate the Dispensary if Armstrong appointed three of the College's senior fellows to its management committee.<sup>25</sup>

According to Armstrong's records, in just over its first year alone, he treated seven hundred and thirty-two poor children for whooping cough at the Dispensary.<sup>26</sup> As public need placed increasing demands on its services, however, Armstrong encountered serious difficulties financing the Dispensary. It closed in 1781 due to both a lack of funding and a paralyzing stroke that prevented Armstrong from practicing medicine. Historians estimate that in its twelve years, Armstrong served approximately 35,000 London children at the Dispensary. He died in 1789 at the age of 69.<sup>27</sup>

Armstrong published the first edition of his tract, *Essay on the Diseases most Fatal to Infants* in 1767 based on his experiences in treating children at the Dispensary. Unlike Cadogan, Armstrong's pamphlet is exclusively addressed to parents of the lower-class. The tract was widely read, and he published extended editions in 1771, 1777, 1783, and 1808. The edition utilized in this paper is the first edition. Copies of Armstrong's pamphlet were sold in England as well as mainland Europe and garnered him a strong following throughout the eighteenth and into the nineteenth century. Like both Cadogan and Beddoes, Armstrong was among an emerging profession of medical men who emphasized the importance of maintaining a nation of healthy infants. In addition to addressing children's diseases, Armstrong's tract offered instructions in how parents could prevent these diseases altogether.<sup>28</sup>

Lastly, Thomas Beddoes, born in 1760, studied chemistry and natural history while enrolled in the University of Edinburgh's medical course. He received an MD degree from Pembroke College, Oxford University in 1786. In 1794, Beddoes married Anna Edgeworth and in 1803, their son, the poet Thomas Lovell Beddoes, was born. Like Cadogan, Beddoes set up a private practice among the fashionable elite in Bristol, which he operated from 1793 until 1799. Beddoes then founded the Pneumatic Institution whose purpose was to test various gasses for the treatment of tuberculosis. He retired in 1807 and was regarded as a prominent physician upon his 1808 death.

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24. Hardyment, *Dream Babies*, 13.

25. Dunn, "George Armstrong MD," 228.

26. Dunn, 229.

27. Dunn, 230.

28. Margaret DeLacy, "Armstrong, George (1719/20–1789), physician specializing in the treatment of children," in *Oxford Dictionary of National Biography* (Oxford University Press, September 2004), <https://doi.org/10.1093/ref:odnb/656>, <https://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-656>.



Beddoes published his medical advice pamphlet *A Guide for Self Preservation, and Parental Affection* in 1793. Though his patients largely numbered among the elite, Beddoes was similar to Armstrong in that he targeted his tract toward the lower classes.<sup>29</sup> Like both Cadogan and Armstrong, Beddoes sought to address England's alarmingly high infant mortality rate. In his pamphlet, he outright critiqued the widespread lay practices of self-medication, which he believed were the cause of many unnecessary deaths among infants. The medical management of children, he argued, was an art too dangerous to be left to anyone but educated medical experts such as himself. Rather, Beddoes used his pamphlet to teach parents the skills they needed to cultivate and preserve the health of their infants.

These three physicians were chosen to be examined in this paper because they were contemporaries of an emerging profession of educated medical men. Their medical advice essays were widely distributed, and it is logical to presume that parents in England were influenced by these physicians' methodologies in the eighteenth century. In England's unregulated medical market, choice was an important element of the patient-practitioner relationship. What often weighed most in an individual's mind was personal confidence in their chosen medical practitioner. That these three pamphlets were so widely purchased is a testament to their enduring popularity and to the credibility which lay people placed in the knowledge and authority of these three physicians.

## Enlightenment Influences on Medicine

Physicians' frame of reference was anchored around the dual concepts of "Reason" and "Nature" that were popularized by Enlightenment thinkers Locke and Rousseau. The Enlightenment gave birth to the notion of the "new man", who was governed by nature's laws, but distinct from a wild animal by virtue of his power of reason.<sup>30</sup> Infants, however, lacked the rational abilities possessed by adults. Enlightenment scientific discourse therefore increasingly acknowledged childhood as a special corporal, intellectual, and social category defined by a state of dependence. Parents were now responsible for establishing a healthy foundation upon which their child could build as they grew to adulthood.<sup>31</sup> The earliest months of infancy were seen as vital to the current health as well as to the future success of the infant. This was particularly urgent given that Enlightenment thinkers posited personal health in terms of morality. The Enlightenment also linked the health of the body to the health of the soul—a healthy soul could not exist in an unhealthy body.

Within a wider context, European nations, specifically England, were concerned with the

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29. Porter, "Spreading Medical Enlightenment," 216.

30. Hardyment, *Dream Babies*, 14.

31. Porter and Porter, *In Sickness and in Health*, 28.

astonishingly high infant mortality rate. Armstrong lamented in his *Essay* how a “much greater number [of infants] of our species in proportion to the whole, than of any other that we know, dies very young, yet the care of infants, even with regard to medicine, has commonly been left to old women, nurses, and midwives.”<sup>32</sup> He appealed to parents that their infants “should not be deprived of the benefit of medicine” properly administered by a trained and knowledgeable doctor.<sup>33</sup>

England’s high infant mortality rate worried enlightened statesmen as well, who cited population growth as the barometer of a nation’s progress; a higher population meant, for instance, more men to labor towards the success and longevity of the nation. Armstrong asserted that his “Dispensary for the Infant Poor may justly be considered as a nursery for the labourers, tradesmen, soldiers, and sailors.”<sup>34</sup> Moreover, physical infirmities and disease during childhood, if unresolved, could produce immoral adults and, more broadly, threaten the livelihood of the nation.<sup>35</sup> A nation of healthy adults was a nation of industrious, principled adults.<sup>36</sup> Illness in infancy, according to Armstrong, was dangerous because it could “stint [infants’] growth, often render them deformed, and almost always valetudinary; so that instead of growing up useful members of the community, they become a mortifying burden both to themselves and the Public.”<sup>37</sup> Statesmen and reformers thus applied science to the art of childrearing in the hopes that it would produce a more robust, useful population and decrease the number of adults who failed to become useful members of English society. Medical men recognized this national preoccupation as an opportunity to establish a special authority for themselves in the medical market. Physicians advocated that the first line of protection for infants was not in resorting to the treatment of disease, but in proactive regimens which strengthened the infant body and prevented it from devolving into illness.<sup>38</sup>

## Establishing the Primacy of Nursing in the Infant Diet

The implementation of these healthy regimens, chief among them the correct diet, began early in infancy. Up until the mid-eighteenth century, families of the middling- and upper-classes often engaged a wet nurse to feed an infant immediately after the mother gave birth. This wet nurse was responsible for feeding, as well as diapering, swaddling, and bathing the infant.<sup>39</sup> Whereas afflu-

32. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 2.

33. Armstrong, 8.

34. Armstrong, 198.

35. Kuxhausen, *From the Womb to the Body Politic*, 75.

36. Ludmilla Jordanova, “The Popularization of Medicine: Tissot on Onanism,” *Textual Practice* 1, no. 1 (1987): 68–79, 69.

37. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 198.

38. Porter and Porter, *In Sickness and in Health*, 29.

39. Kuxhausen, *From the Womb to the Body Politic*, 55–56.

ent families could afford a live-in nurse, most women sent their infants to a nurse in the country where the child might live for up to the first five years of their life.<sup>40</sup> This widespread cultural practice was termed sending children “out to nurse.”<sup>41</sup> Ariès has argued this was due to a lack of parental affection, however, this practice might simply be a reflection of the biological realities of birth. Some mothers may have found themselves unable to nurse due to complications following childbirth. Frequent pregnancies could leave women physically weak.<sup>42</sup> Historian Bernadette Fort ascertains that a “combination of entrenched tradition, fears about the reported hardships of nursing and habitual reliance on domestics” compelled women of the middling-class as well as the gentry to engage a wet nurse rather than breastfeed their own infants.<sup>43</sup>

Male physicians seized upon this practice of sending children “out to nurse” as an opportunity to cultivate their own authority in a crowded medical market. Physicians framed this issue as an intervention on behalf of the infant, utilizing urgent language steeped in the Enlightenment ideals of reason and nature to denounce what they believed were mothers’ “unnatural” habits. In his tract, Cadogan professed that the “feeding of Children properly is of much greater importance to them than their cloathing [sic],” and each of the three authors subsequently devote a significant portion of their pamphlets to the practice of nursing.<sup>44</sup> In a sharp departure from the previously-accepted custom of wet nursing, Cadogan confidently and unequivocally asserted that “no other Woman’s milk can be so good for her Child” as their own mother’s.<sup>45</sup>

These physicians also cited in their tracts contemporary Enlightenment discourse to support their claim that breastfeeding was both “natural” and good for an infant. For instance, Rousseau argued in his widely-read treatise *Emile* that breastfeeding was an “essential” maternal duty governed by “natural law.”<sup>46</sup> Not only was mother’s milk beneficial to infants, but physicians also construed the lack thereof as inherently harmful. According to Cadogan, because the “mother’s first milk is purgative, and cleanses the child of it’s [sic] long hoarded excrement; no Child therefore, can be deprived of it without manifest injury.”<sup>47</sup> Mother’s milk, he continued, “readily passes into good blood,” of which the infant’s body could, in turn, easily digest.<sup>48</sup>

Blood, one of the four humors, was often cited by physicians in their medical advice pamphlets. Humoral theory was a concept that was specific to medicine through to the eighteenth century. Both university-trained physicians and lay persons interpreted illness through this lens.

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40. Fort, “Greuze and the Ideology of Infant Nursing in Eighteenth-Century France,” 118.

41. Hardyment, *Dream Babies*, 4.

42. Hardyment, 4.

43. Fort, “Greuze and the Ideology of Infant Nursing in Eighteenth-Century France,” 118.

44. William Cadogan, *An Essay upon Nursing and the Management of Children, from their Birth to Three Years of Age*, Eighth Edition (London: Robert Horsfield, 1764), <https://wellcomecollection.org/works/puhgfsy2>, 19.

45. Cadogan, 30.

46. Jean-Jacques Rousseau and Barbara Foxley, *Emile* (London: Everyman’s Library, 1986), 26.

47. Rousseau and Foxley, 21.

48. Rousseau and Foxley, 25.

Humoral theory was based on the existence of the four humors: black bile, yellow bile, phlegm, and blood.<sup>49</sup> They operated together to create an individual's constitution. A balance between the four humors produced health in an individual. Sickness, in contrast, indicated the internal build-up in the body of one or more humors, creating a dangerous corporal imbalance. The obvious remedy then was to aid the body in expelling the toxic levels of whichever fluid was imbalanced through purging, vomiting, sweating, or blood-letting. Though these fluids were understood by both physicians and lay persons to be "natural" in the human body, medical men were adamant that these treatments to humoral imbalance were required to be overseen, if not directly conducted, by a trained physician.<sup>50</sup> If the physician was not called upon soon enough to rectify an illness, there was a danger that the disease could spread throughout the body from one organ to another, thereby worsening the condition.<sup>51</sup> Medicine in eighteenth-century England was thus "marked by a constitutive tension between nature and intervention."<sup>52</sup> Physicians advertised that their formal medical educations allowed them to understand the hidden complexities particular to the infant body. In leveraging their university degrees, physicians constructed the infant body as a medical entity which no lay person could ever fully comprehend. This enabled them to carve out an authority for themselves which unlicensed, female practitioners could never claim. Furthermore, drawing on the familiar language of humoral theory in their tracts allowed physicians to establish trust between them and their lay audience, while also casting them in an authoritative position over both non-licensed practitioners and parents.

## The Use of "Reason" and Supernatural Language

In their instructional essays, physicians often outright denounced the old cures used by female practitioners, such as nurses and midwives. Condemning these practices as mere superstition, medical men often drew a direct association between female wet nurses and magic and astrology.<sup>53</sup> Much of the methods of "lay physick" in the eighteenth century was bound up in notions of herbal lore, and medical experts increasingly sought to discredit any form of lay medical practice that was not informed by the Enlightenment scientific methodologies taught at universities.<sup>54</sup> Lay medical customs, they alleged, privileged unfounded beliefs over logic. Although lay healing traditions continued in vitality into the late eighteenth century, physicians successfully drew an association between them and old, superstitious women.

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49. William F. Bynum, *The History of Medicine: A Very Short Introduction* (Oxford; New York: Oxford University Press, 2008), 5–18, 11–12.

50. Porter and Porter, *In Sickness and in Health*, 265.

51. Porter and Porter, 143.

52. Benzaquén, "The Doctor and the Child," 21.

53. Benzaquén, 215.

54. O'Malley, *The Making of the Modern Child*, 69.

In the unregulated medical market of eighteenth-century England, however, all practitioners were at the mercy of paying patients. Even physicians, to some degree, “viewed the physical world as imbued with moral content” and couched their new, enlightened ideals within the familiar language and customs of the supernatural in an effort to appeal to the previously-established customs of their lay audience.<sup>55</sup> Physicians often cited the special properties contained in breastmilk, which was widely believed to possess a moral and spiritual component that was passed from the nursing female to the infant. It was therefore vital to the health of the infant body that the humors of the individual administering the breastmilk were in complete balance. Elements like diet, but also strong passions, could corrupt breast milk and cause even a healthy infant to turn sickly. For this reason, Cadogan abhorred the “general practice of sending infants out of doors, to be suckled or dry-nursed by another Woman, who has not so much understanding” of how to maintain the precarious balance of the four humors.<sup>56</sup> Doctors were concerned that the ignorance of elderly midwives, uneducated female nurses, and countryfolk in general posed a significant danger to infants who were sent away from their mothers to nurse for the first several years of their lives.<sup>57</sup> It was impossible for a trained physician to keep a constant watch on the wet nurse if she and the infant were out in the country. Perhaps, Cadogan hedged, the infant “may be fed and dressed by some handy reasonable servant, that will submit to be directed” when living with the family of the infant in their own home.<sup>58</sup> doctors’ dominant message, however, often admonished parents for being “so careless as to give [their infants] up to the common methods, without considering how near it is to an equal chance, that [their infants] are destroyed by them.”<sup>59</sup> In a dramatic conclusion to his instructional tract, Cadogan wrote that the “ancient custom of exposing [infants] to wild beasts, or drowning them, would certainly be a much quicker and more humane way of dispatching them” than sending them out to a wet nurse in the country.<sup>60</sup>

Despite presenting in their tracts what they argued were logical instructions based on rational evidence, physicians were astonished at what they considered mothers’ willful disobedience to their expertise and a reliance on outdated methods. Cadogan vented in his *Essay* that the “plain natural plan I have laid down is never followed, because most Mothers, of any condition, either cannot, or will not undertake the troublesome task of suckling their own Children.”<sup>61</sup> He went on to discredit the argument that some mothers are “too weak to bear such a drain”

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55. Kuxhausen, *From the Womb to the Body Politic*, 71.

56. Cadogan, *An Essay upon Nursing and the Management of Children*, 29. Dry-nursing, as is described later in this paper, was a term used to describe feeding an infant with formula instead of breastmilk.

57. Porter and Porter, *Patient’s Progress*, 205.

58. Cadogan, *An Essay upon Nursing and the Management of Children*, 30.

59. Cadogan, 29.

60. Cadogan, 31.

61. Cadogan, 28.

as breastfeeding because it would somehow “rob them of their own nourishment.”<sup>62</sup> Instead, he cited the mutual benefits of nursing for both the infant and the mother, hoping to entice his audience of middling- and upper-class women to commit to breastfeeding: “I would advise every Mother that can, for her own sake, as well as her Child’s, to suckle it. If she be a healthy Woman, it will confirm her health; if weakly, in most cases it will restore her.”<sup>63</sup> Armstrong too was a strong supporter of breastfeeding for the mother’s sake, arguing that nursing prevented the mother from contracting “milk fever.”<sup>64</sup> In the case that mothers still refused, doctors applied directly to fathers by “earnestly recommend[ing] it to every Father to have his Child nursed under his own eye, to make use of his own reason and sense in superintending and directing the management of it.”<sup>65</sup> Cadogan assured his readers that an infant who was breastfed by their own mother “would be always quiet, in good humour, ever playing, laughing, or sleeping.”<sup>66</sup> Appealing to what both the laity and physicians agreed was the superior intellect inherent in men, he advised fathers that a “Man of sense cannot have a prettier rattle (for rattles he must have of one kind or other) than such a young child.”<sup>67</sup> In critiquing female nurses and correcting mothers, these doctors sought to promote their own expertise. Convincing parents that both they and unlicensed practitioners lacked the formal education necessary to prevent illness in their infants, enabled trained physicians to secure a position of authority for themselves in the crowded medical market.

## The Impact of Wet Nursing on the Infant Body

Physicians recognized that in some instances, however, it was simply not possible to follow the “natural” method in which the mother breastfed their infant. In some cases, the mother may not be physically capable of nursing. Or perhaps the infant was abandoned and brought to a foundling home, an occurrence which was not uncommon in eighteenth-century England.<sup>68</sup> Though far from ideal, medical men felt compelled to address in their essays the methods to nurse children who, through unfortunate circumstances, had to be reared in an artificial manner.

As physician to the London Foundling Hospital, Cadogan drew from experience to underscore the risks involved in choosing a wet nurse to care for an infant. He advised his audience of his “opinion as to the precautions necessary to be taken in the choice of these Nurses; and

62. Cadogan, *An Essay upon Nursing and the Management of Children*, 18.

63. Cadogan, 30.

64. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 105.

65. Cadogan, *An Essay upon Nursing and the Management of Children*, 29.

66. Cadogan, 29.

67. Cadogan, 29.

68. E. C. Spray, “Health and Medicine in the Enlightenment,” in *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson (Oxford: Oxford University Press, 2012), 82–99.



likewise a few reasons why the Children, entrusted to their care, should be treated somewhat differently from those who are nursed in a more natural way, and suck their own Mothers.”<sup>69</sup> In addition to maintaining personal cleanliness and health, Cadogan specified that these wet nurses had to be meticulous regarding their own diet. If, as was widely accepted, the combinations of the four humors produced an individual’s constitution, and the constitution of the individual producing the milk was passed to the infant through the milk, then it was vital that the humors of the wet nurse were always in complete balance. This could only be achieved, medical men argued, through the correct diet. According to Cadogan, it was “not enough that she be sober and temperate, her food should consist of a proper mixture of flesh and vegetables.”<sup>70</sup>

Likewise, Armstrong plainly advised his lay audience that he was “no advocate for bringing children up by hand, as it is called, when they can be properly suckled.”<sup>71</sup> In special circumstances though, he specified that a proper nurse should be “healthy, sober, good tempered, cleanly, careful, and [have] plenty of good milk. A wet nurse ought likewise to have pretty strong nerves; for if they are weak, the least surprise has a bad effect upon the milk.”<sup>72</sup> This posed somewhat of a predicament in the case of foundling homes, since most wet nurses offered their services to private families instead of foundling homes.<sup>73</sup> Until the end of the eighteenth century, it was far more profitable for women to nurse an infant for a family when compared to the low wages offered to them at the London Foundling Home.

Even if a proper wet nurse could be found, physicians highlighted the many obstacles and dangers that remained. In their advice pamphlets, they laid out a complex method of nursing to be implemented if it was indeed to be done “artificially.” Since the properties inherent in mother’s milk were naturally cleansing and assisted in maintaining a balance of humors in the infant body, an infant who was not nursed by its own mother needed to “be purged in a day or two after the birth [through the ingesting of breastmilk]; and this purging continued for some time.”<sup>74</sup> If the wet nurse failed to do this, the excess humors would stagnate inside of the infant’s body. This in turn caused the interior of the infant to inevitably “become acrid and hot” and the excess would become “lodged in the blood, or fall upon the vitals [of the infant], to lay the foundation of numberless future evils.”<sup>75</sup> These interior evils would undoubtedly descend into the infant’s moral constitution and continue to plague the infant’s body and soul into adulthood. In their domestic medical pamphlets, practitioners specified a scientific view of the interior of the infant body. This view rested on their academic credentials and emphasized a knowledge of anatomy and chemistry, subjects only a male who received a formal, university

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69. Cadogan, *An Essay upon Nursing and the Management of Children*, 31.

70. Cadogan, 32.

71. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 99.

72. Armstrong, 105–6.

73. Kuxhausen, *From the Womb to the Body Politic*, 72.

74. Cadogan, *An Essay upon Nursing and the Management of Children*, 33.

75. Cadogan, 34.

education in medicine could access.<sup>76</sup> Armed with this privileged knowledge, these doctors were able to profess what was hidden from the lay person.<sup>77</sup>

## Formula Feeding and Teaching the Self-Disciplined Infant Body

If, as such was the case at Cadogan's London Foundling Home, it was not possible even to employ a proper wet nurse, the last resort was to feed the infant through the method of "dry-nursing." This method used animal milk and broth. Cadogan believed this to be the "most unnatural and dangerous method of all" to feed an infant, citing his own medical experience to support his claim that "not one in three [infants] survives it."<sup>78</sup> Armstrong noted in his tract that from June 2, 1756 to June 3, 1757, a recorded 996 out of 2,555 children who were wet nursed in the country died at a mortality rate of 39%. A further recorded 145 out of 375 infants who were dry-nursed in the country also died, at a mortality rate of 38.7%.<sup>79</sup> Cadogan continued, "To breed a Child in this artificial manner, requires more knowledge of Nature, and the animal economy, than the best Nurse was ever mistress of, as well as more care and attention than is generally bestowed on Children: the skill of a good Physician would be necessary to manage it rightly."<sup>80</sup> Feeding a child with any liquid other than their mother's breastmilk put the infant body at an increased risk of illness, and therefore required the intervention and close observation of an enlightened and educated physician.<sup>81</sup> The administration of this method of feeding by the untrained lay person risked the health of the infant, especially as physicians believed that "their tender bodies cannot, like those of adults, bear violent and repeated shocks."<sup>82</sup> To place medicine in the hands of female nurses, then, was to inflict on the infant a grave disservice and, in all likelihood, cause a great deal of harm, or even prove fatal, to the infant body. The message within these medical advice tracts was clear: for the health and safety of their children, mothers must seek out and defer to doctors' expert authority.<sup>83</sup>

In detailing the exact method of dry-nursing, Armstrong advised his readers that "there are two ways of feeding children who are bred up by the hand; the one is by means of a horn, and the

76. Danièle Tosato-Rigo, "In the Shadow of Emile: Pedagogues, Pediatricians, Physical Education, 1686–1762," *Studies in Philosophy and Education* 31, no. 5 (2012): 449–463, 458.

77. Kuxhausen, *From the Womb to the Body Politic*, 79.

78. Cadogan, *An Essay upon Nursing and the Management of Children*, 30.

79. McClure, *Coram's Children*, 215.

80. Cadogan, *An Essay upon Nursing and the Management of Children*, 30.

81. Benzaquén, "The Doctor and the Child," 20.

82. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 10.

83. Porter, "Spreading Medical Enlightenment," 222.

other is with a boat or spoon.”<sup>84</sup> The horn was a tool that operated like a modern-day bottle in that the end that went into the infant’s mouth resembled a nipple.<sup>85</sup> According to Armstrong, the spoon was preferable because the nurse could use “thicker victuals” than with the horn. In contrast, the thin fluids that had to be used with the horn method could cause the infant to be “loose in her body,” and put the infant at risk of an imbalance of their humors.<sup>86</sup>

Above all, whether the infant was nursed by their mother, a wet nurse, or by hand, these three physicians stressed moderation. Again, drawing out the differences between the adult body and the infant body, Beddoes warned that “children bear to be crammed [full of food] still worse than men and women; and where this practice is followed, they are very soon killed by mistaken kindness.”<sup>87</sup> Self-restraint was a defining virtue of health maintenance writ-large during the Enlightenment. Maintaining the health of a body therefore also meant achieving mastery over one’s environment and desires, or the “non-naturals.” These included an individual’s air, diet, sleep, exercise, passions, and evacuations, which physicians understood as working in tandem with the internal humors of the body. The body’s natural humors and the individual’s surroundings thus combined to either produce illness or maintain a state of health. To guarantee a nation of healthy adults, and by extension a nation of rational and useful adults, the individual was required to learn how to regulate themselves and the “non-naturals” that comprised their environment. Physicians believed that this learning process began in infancy.

For infants as well as adults, then, Beddoes believed that “*Enough, but beware of too much* is the true maxim of diet for all ages and all conditions.”<sup>88</sup> Cadogan too espoused that, when it came to infants, “food, taken in moderation, is perfectly grateful and salutary.”<sup>89</sup> Mothers were thus instructed to implement a precise feeding regimen for their infant. If the “natural” method of nursing from their mother was not an option, physicians urged that the “operation of the artificial physick may resemble that of the natural” if parents sought out and deferred to the paid expertise of trained physicians such as themselves.<sup>90</sup>

## Conclusion

Drawing on eighteenth-century domestic medical advice literature, this essay has examined how an emergent profession of educated physicians constructed the child body. In the unregulated

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84. Armstrong, *An Essay on the Diseases Most Fatal to Infants*, 106.

85. Armstrong, 107.

86. Armstrong, 109.

87. Thomas Beddoes, *A Guide for Self Preservation, and Parental Affection* (Bristol: Bulgin / Rosser, n.d. [1793?]), <https://wellcomecollection.org/works/nneqc7n4>.

88. Beddoes, emphasis original.

89. Cadogan, *An Essay upon Nursing and the Management of Children*, 36.

90. Cadogan, 33.

healthcare system of eighteenth-century England, practitioners competed for paying patients with unlicensed nurses and midwives. Medical men engaged with constructions of “health” with the aim of establishing their own medical authority over lay practitioners. As physicians instructed in the regimen of the infant diet, they drew on the ideas of Enlightenment thinkers who conceptualized the infant body as lacking in self-discipline. This innate lack of logic and reason placed the infant in its own separate medical category. The infant body now required specialized care that only trained, university-educated physicians could provide. Cadogan, Armstrong, and Beddoes all emphasized that infants either suffered or thrived based on the maintenance of their bodily health. The most impactful factor in this was diet. Couched in the language of humoral theory, the breastfeeding regimens that these physicians prescribed were often time-consuming endeavors in which parents, usually mothers, were compelled to regulate the day-to-day minutiae of their infant’s diet.

The burgeoning number of physician childcare manuals helped to dissuade parents from the common herbal remedies prepared by women and female nurses and replaced them with directives from the expert, formally trained, male doctor.<sup>91</sup> As lay people increasingly sought out medical services, the nation’s population grew more and more dependent upon doctors not only for treatment, but for everyday advice regarding health maintenance practices. Parents gradually shifted their default choice from unlicensed female nurses to university-educated, male physicians, establishing what would eventually become a medical orthodoxy.

Today, the scientific study of diseases and the discovery of human biological systems has undoubtedly altered the way in which both physicians and lay people construct and perceive the “healthy” infant body. However, some ideas from the eighteenth century are still retained among both the medical community and the public. Most significant is the idea that childhood is a time of innocence, and, more urgently, one of dependency. Moreover, the child’s body is still seen as an entity that is physically, socially, and intellectually different from that of an adult. By recognizing childhood and, more specifically, the child body, as a social construction that is fluid over time, rather than a stagnant entity which is biologically inherent, we may be better able to shape and understand the experience of childhood as it evolves in the present.

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91. Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, Revised (London: Routledge, 2002), 340.

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