‘The sucking child’: 
Adult attitudes to child care 
in the first year of life 
in seventeenth-century England

PATRICIA CRAWFORD*

As the Mydwife frameth the body when it is young and tender, so the parents must frame the minde when it is greene & flexible for youth is the seede time of vertue.¹

The Fountaine of parents duties is Loue... Herein appeareth the wise providence of God, who by nature hath so fast fixed love in the hearts of parents, as if there be any in whom it aboundeth not, he is counted unnaturall.²

The history of childhood, long a neglected area, is now receiving serious historical attention. Unfortunately certain conclusions are in danger of hardening into an orthodoxy. The view expressed in Ariès’s pioneering study that in the pre-industrial family, when child mortality rates were high, parents could not allow themselves too deep an attachment to their children, has influenced much subsequent discussion. Lloyd de Mause and his collaborators have discussed the history of childhood in past societies as ‘a nightmare from which we have only just begun to awaken’.³ J. H. Plumb has contrasted the world of childhood in the seventeenth century with that in the eighteenth, concluding that the dominant attitude towards children in seventeenth-century England was ‘autocratic, indeed ferocious’, while Edward Shorter argues that ‘in traditional society, mothers viewed the development and happiness of infants younger than two with indifference’.⁴ In the most ambitious and important study of the family in England from 1500 to 1800, Lawrence Stone suggests that the seventeenth

* Department of History, University of Western Australia.
century was a period of transition from a family in which there were no strong emotional ties, in which children were neglected, brutally treated, and even killed, to one based on affection and strong bonds between parents and children.\textsuperscript{5}

Recently, there has been criticism of both the methodologies and conclusions.\textsuperscript{6} The iconographic evidence used by Ariès is more ambivalent than he allowed, and different interpretations of the paintings have been offered.\textsuperscript{7} The advice books and medical treatises on the care of the young contain more diverse attitudes than Stone and others have selected, and Ralph Houlbrooke in his study of the family from 1450 to 1700 has concluded, on the basis of very similar evidence to that cited by Stone, that families in the seventeenth century were happy and that parents loved their children. He argues that there is no reason to believe that the same had not been so two hundred years earlier.\textsuperscript{8} Continuity is stressed even more strongly in an important recent contribution to the history of childhood by Linda Pollock. Finding the ‘area so full of errors, distortion and misrepresentation’, she has sought to substitute for the uncertain evidence of advice books a more systematic analysis of the literary sources ‘to supply a clear view of the information on childhood’.\textsuperscript{9}

Pollock has rightly pointed to many of the problems in the surviving evidence which some have too easily ignored. Theories about child-rearing are not the same as practices, nor is there any necessary connection. She attempts to place the study on a firmer basis by an exhaustive discussion of three kinds of literary source, diaries, autobiographies and newspaper reports, which give information about actual practices. On the basis of this evidence, she argues that there were no significant changes in child-rearing practices between 1500 and 1900. Nor should there be any reason to assume that parental care must vary according to changes in society as a whole. ‘Instead of trying to explain the supposed changes in the parent-child relationship’, she concludes, ‘historians would do well to ponder just why parental care is so curiously resistant to change’.\textsuperscript{10}

While it is important to be aware of continuities, and not to seek evidence for dramatic transformations, the question of the relationship between families and social change is still of interest. Rather than proceed as Pollock suggests and explore why parental care was resistant to change, it may be useful to look more closely at the history of adult/child relations taking up her suggestion in the preface, that ‘there may indeed be subtle changes through the centuries’.\textsuperscript{11} By a detailed examination of a shorter period of time – the seventeenth century – and a briefer period of the child’s life – the first year – using a wider range of sources, I will try to locate the attitudes of adults to children in a specific historical context which
will offer a better basis for comparison with other periods and other life phases than a larger overview based on more limited sources.

Pollock based her study on three kinds of sources, of which only diaries and autobiographies are relevant here. Rightly, she pointed to the problematic nature of a range of literary evidence. Letters, for example, she discounted as evidence of practice because they were written with another person in mind. Nevertheless the problem of the other reader is no less present in the diary or autobiography because it is less visible. All literary sources need to be treated with caution, not least diaries and autobiographies in which details of life are selected for comment. Such random and haphazard recording of experience is limited. In tracing ideas as well as practices we must recognize that the evidence does not allow firm conclusions. Rather, our purposes of understanding childhood and the family in the past may be better served by accepting the vagaries of the surviving records and considering the widest range of evidence possible.

The sources upon which this present study is based are of two kinds, and relate largely to the literate sections of society. There were advice books which told parents what ought to be done to care for babies. A large number of these were published during the century, of which the chief among those of the religious writers was William Gouge's Domesticall duties. Among the medical writers there were works in translation, such as those of Paré, Guillemeau, Mauriceau and Rueff, some of which were originally published in the sixteenth century, such as that of Roesslin. Other treatises were written in England by physicians such as Harris, McMath, Pecheh, and Starsmere, and others by medical practitioners such as Jane Sharp, and Thomas Tryon. The number of publications suggests that there was a growing market for such advice during the century. While we cannot measure how far their advice was heeded, their books were among those which women possessed. For example, in 1647 Lady Elizabeth Sleigh owned copies of Gouge's Domesticall duties, Guillemeau's Childbirth and works by Gataker and Dod. Furthermore, preachers and pediatricians comment on what they, as intelligent observers, considered to be the general child-care practices of their time. The gulf between ideals and practices remains wide, but is not completely unbridgeable. From the medical commonplace books of women, we can see that the ideas and cures of physicians were cited and exchanged by women. The second kind of evidence about ideas and practices in child rearing is scattered through diaries, letters, autobiographies and contemporary lives and funeral sermons. Much of this material awaits the attention of historians. These sources do not lend themselves to exhaustive study in the same way as do one or two types of source only, but they do
indicate a range of attitudes and practices. The principles on which examples have been selected are both to make parental behaviour intelligible in a social context, and to illustrate the diversity of ideas and practices.

This study is not limited to parents and children, but considers adult attitudes generally. It will be argued that parental behaviour should be understood in the context of general discussion about childhood in seventeenth-century England. From detailed studies such as this one, we may be better placed to study changes over longer periods of time. While continuities may be significant, we cannot yet exclude the possibility of shifts in family values. We need to know more about how families transmitted their culture from one generation to the next, and how differences of gender influenced adult attitudes to children. The changes in child-rearing patterns may be small, but they may have large effects. Alterations in patterns of infant feeding, for example, may have led to greater survival rates and contributed to the population growth.

II

It was generally believed in the seventeenth century that the way in which adults cared for children influenced their development. Parents were responsible for the child’s spiritual state. Some pessimistically viewed the infant as heir to sin and misery, others celebrated infancy as a state of innocence. Children were dyed and stained ‘from their mothers wombe’ wrote the preacher Daniel Featley at one extreme, while at the other, the French physician Peter Charron described them as tender plants, the hope of the commonweale. To those who saw the child as sinful, there was hope in God’s promises of salvation, but since the baby was utterly dependent on adults in his first year, they were to act on his behalf. Anglicans and the majority of Puritans – with the important exception of some of the sects – believed that baptism was necessary to wash away the child’s sins, which were not his own but came from his parents. Baptism was God’s sign of the child’s right to grace. While the preachers taught that both parents were responsible for the child’s spiritual state, the father’s role was primary. This was not just because the mother was weak immediately after the birth of her baby, Gouge said, but because ‘the Father is the chiefe and principall Governour’. The child’s rights might be his inherently, but his parents had to claim them for him. At the other extreme, if the child were innocent, man before the fall, then parents had a duty to preserve that purity. ‘His Soule is yet a white paper unscrib’d with observations of the world’ wrote John Earle in 1628. The child from the womb, said Dorothea Gotherson, is ‘an heir of Heaven’, made ‘in the image of
God'. One parent, Bulstrode Whitelocke, regarded all children up to their fifth year as being

in a kind of State of innocence, know not the ill, nor are so prone to it, as the inclinations, and temptations of riper age incite them to. Parents were also responsible for the physical growth and development of their children, even before the moment of conception. Medical writers pointed out that if a husband and wife copulated too frequently their seed would be weak and their children stunted. If they copulated at times which Scripture declared unseasonable, such as during menstruation, their sin would be visited upon the child who would be born deformed. In March 1679 Oliver Heywood noted in his diary that a woman who had previously 'betaken herself to sensual courses, and is reported to be of a bad carriage' had borne a monstrous child.

The childe . . . had no legs, armes but had 5 things like fingers at the elbows, 5 things like toes at its knees, a soft thing in the place of the head, it was alive when born, oh the prodigious hand of god . . .

The diaries of pregnant women show how anxious they were about the possible deformity of their babies. Lady Bridgewater begged that her child might be 'borne without any deformity, so that I and its father may not be punisht for our sinnes, in the deformity of our Babe'. Notwithstanding all my fears, wrote Elizabeth Turner in 1670, 'it was free from Blemish', and on another occasion she rejoiced that 'my Childe was not only free from deformity, but a goodly lovely Babe'.

A pregnant woman had a 'bounden duty' to care for her health, because her diet, exercise and state of mind all affected the child in her womb. Her imagination shaped her child's features, as many cases illustrated: a man walked with a staggering gait because his mother had seen a drunken man when she was pregnant, and James I was afraid of swords because Rizzio was murdered before his mother's eyes. The sudden sight of a hare, 'troubling and moving the conceivd seed', was said to cause hare-lips. Family records show how these medical ideas were accepted. One child's timidity was explained by her mother's distress during her pregnancy at the deaths of her father and eldest son. Popular beliefs multiplied about the prevention of disasters: a slit smock would prevent the birth of a child with a hare lip.

When adults thought about the child in the womb and its experience of birth, their attitudes varied, just as they did on the question of original sin. Some thought that babies would find birth an unpleasant change, for in the womb they lie

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in the greatest Lukewarmness and Tranquility, but as soon [as] they feel the cold Air outwardly and breath it in, they are hurt, which appears by their crying. 37

Cuffe too thought the womb 'a quietly inioied bedde', but others found it a 'dark and noysome place'. 38 Such statements reveal an attempt at empathy with the infant even before its birth.

Birth was a hazardous experience for the child as well as the mother. Medical writers urged the midwife to handle the mother and child gently, since officious striving endangered the lives of both. She was to cut and anoint the navel string and gently clean the child with warm wine or oil of almonds and butter, examining the limbs for any deformity. 'Many say' that the child should be laid to the mother's left side, so she might draw any disease from him. Adults believed that they could shape the child's body, so if the midwife found the head misshapen, she should gently mould it. 39 Some of this shaping was dictated by notions of beauty and fashion. 'We of this Nation, and some of our neighbours affect a small Eare, standing close to the Head', observed Bulwer, and he criticised mothers and nurses who disliked 'Prick-eares' and tried to flatten them by binding them close to the head. Other attempts which were made to improve the appearance were stroking the child's forehead so it would not be too low, shaping the calves, and pulling the nose 'gently and frequently'. 40 Boys were probably spared the mutilation of circumcision in seventeenth-century England, since baptism had taken its place under the gospel and it seemed unnatural. 41

To some extent adult attitudes were affected by the baby's sex and lineage. Among the gentry families, many parents wanted a son. 42 The first son and heir was the most important. Parents wished to provide for all their children, but the tendency towards primogeniture produced considerable strain. Varying degrees of interest were expressed by parents and relatives in the baby's arrival. The christening or baptism might be attended by kin and neighbours, and for a child of royal blood, the ceremony was elaborate. 43 The choice of a name was important. Usually the child was given one Christian name only — Anthony Ashley Cooper was remarkable in having two — and Gouge thought that it should be a Scriptural name or one to preserve the memory of 'the familie'. 44 Parents detected family likenesses in their children, and found them taking after their namesakes: 'littell Paule [is] making good his name being as lusty a boy as any of them all'. 45 Adults speculated about the baby's future character. Astrologers sought not only the time of the birth, but sometimes even the time of the child's conception, as a means of foretelling the future. 46 Various other prognostics were employed. Short nails, a sign that the mother had eaten too much salt meat, were a sign of short life. 47 Sir James Whitelocke brought musical instruments to test his baby grand-
son's inclinations. He offered the child a shining piece of gold, and when
the baby dropped it, he prophesied that the child 'will throw away too
much of his money'. Avicenna's comment that if a new-born child hold
gold in his mouth 'he need never fear the Devil' was still known. A
child wrapped in its mother's smock would be well beloved.

Even the definition of infancy as a life stage, albeit a variable one, indi-
cates adult concern for the child in a number of different ways in the early
modern period. The underlying purpose of the various legal definitions
of infancy was the protection of the child. Thus in matrimonial matters,
infancy for a male was under fourteen, and for a female, under twelve; to
make a will relating to lands, both were infants until twenty-one, but for a
will of goods, a male was of discretion at fourteen, a female at twelve.
According to civil and ecclesiastical law, both were infants under seven.
Physicians were prepared to define infancy as extending to four years.
More commonly, people defined 'infancy' as a developmental rather than
a chronological age. To some it began before birth, from the 45th day
after conception, so that Alice Thornton wrote in her autobiography of
her 'sweete infant in my wombe'. To others, infancy was the time of
'hanging on the Mothers Breasts', when it 'remaineth a sucking child'.
The term 'sucking child' is often employed, as is also the term 'the suck-
ling'.

General comments about babies indicate again a range of adult re-
sponses to the child as an individual. Some were negative: the baby's soul
was drowned in so much moisture it seemed that 'the soules of infants dif-
fer little from beasts'. In a treatise about children, Sylvius, a physician,
briskly declared that 'As for Grief and other Passions, children are not
liable to them'. Sir John Reresby, travelling in a coach, was disgusted at
a butcher's 'bratt' vomiting and stinking. The more usual attitudes in
treatises on child care and in correspondence are more positive. For
example, the physician Wueritz wrote compassionately of babies' crying to
make their needs known, enjoying music, songs and spectacles. Infants
might be frightened in their sleep, and should be comforted with the
breast, and carried round for a time. Henry Newcome wrote of the
warm moist kisses of 'babby', and Katherine, Duchess of Buckingham,
delighted in her baby clapping her hands to music and her pretty ways.

III

In considering the infants' chances of survival, nutrition was of crucial im-
portance. Infant mortality rates in seventeenth-century England were
high, and it is partly for this reason that Stone has argued that parents
could not allow themselves too great an attachment to their children.

Most seventeenth-century physicians considered that breast-milk was
the only food which would keep the child alive, although a few physicians thought that a 'finger fed' baby might live. Ideas about breast-feeding indicate the context in which wealthier families made decisions about infant care. The medical understanding of infant nutrition was that the mother's blood nourished the baby in the womb. After birth, she produced milk which some said was made from her blood in the womb and carried to the breasts, others, that it was made in the breasts from her blood.67

The Milk by which the Infant is nourished, is but the blood of which it was framed in the womb, further concocted in thy breasts, and turn'd white there.68

Copulation with a breast feeding woman was thought unadvisable because it would provoke menstruation and subsequently lead to pregnancy. If 'her monthly Visits' were renewed the 'Milke Corrupteth and growthen soure' and the milk itself would diminish because the matter of it was diverted elsewhere.69 A further pregnancy would likewise deprive the child at the breast, since the foetus would take the better part of the woman's blood, or, as Luther put it in the sixteenth century, the child at the breast would have only skim milk since the one in the womb had taken the cream.70 Sir Hugh Cholmley ascribed his stunted frame as a child to the fact that his nurse was pregnant.71 Late in the seventeenth century, after the discovery of the lacteals and lymphatic systems, it was believed that milk was made from the chyle and carried by the lymphatic ducts to the breasts.72

Medical advisers considered that the baby should not suck any milk at all on the first day of his life.73 On the second day, ideally, he should be put to the breast of another woman until the eighth day or so, because immediately after a woman had given birth, her milk was observed to be wheyish, 'Foul, Turbid and Curyd' and therefore very inferior. In cases where no alternative to the mother's milk was available - such as in poor women, or for those who insisted that the child should suck no breast but their own - the mother was advised to have her breasts drawn 'by some old person, or some lusty sucking child'. Women might do it themselves with a glass.74 Thus the baby was to be deprived of colostrum which is now recognised as valuable in conveying natural immunity to the child.

There were few detailed instructions to women about techniques of breast-feeding. It was one of the things which women were assumed to know, and even 'ordinary country women' were experienced in how it was to be done. The general advice was that when the baby was first put to the breast, the woman should moisten his mouth with a little milk, then squeeze more in, until he had the idea of sucking. To help his digestion, she might stroke him while he fed.75 There is no direction about 'burping' or 'winding' the child; sleep on a gently affected child's cradle showed a child's cry after the breasts were removed never satisfied their baby.

The use of difference in temporary feeding of the child. Premature feeding during pregnancy or feeding during the first days of life was not always seen as a concession to nature, but a necessity to employ in the care of the child. Argonauts of lactation, or nether, seemed to employ a variety of methods to ensure that the child was well fed. The child in another's breast was considered to have the same nourishment as the mother's. The child in another's breast was considered to have the same nourishment as the mother's. Medical practitioners were often concerned with the quality of the milk, and the Lady E. noted that her milk was 'as good as if she had suckled it herself'. Charles I was said to have been 'fiercely angry with a nurse' who had not provided milk which was 'good'.
or ‘winding’ babies, although it was thought inadvisable to put a child to sleep on a full stomach. One physician recommended swinging the child gently after feeding. As for the feeding schedule, few writers advised a strict routine. The child should be fed when he was hungry. Most advisers showed a compassionate attitude to the baby, urging adults to heed the child’s cry. Some stern voices pointed out that babies who were given the breast whenever they cried were ‘almost continually sucking, and never satisfied’, but the mainstream of advice to mothers was to satisfy their babies.

The use of wet-nurses has been adduced as an argument for maternal indifference to children. However, the issue was for the wealthy only. Contemporary opinion was strongly in favour of a mother feeding her own child. Preachers and physicians campaigned strenuously against wet-nursing during the seventeenth century. Godly Anglicans were as convinced as those of a ‘puritan’ stamp, that it was a mother’s bounden duty to breast feed her own child. Scripture provided the strongest arguments. As a concession to the high social rank of some mothers, they were permitted to employ nurses to care for the child, provided they fed him themselves. Arguments against breast-feeding, such as that it ruined the breasts, was ageing, or noisome to the clothes, were discounted. Since only rich women seemed to be unable to feed, they should seek the cause of the Lord’s withholding of the blessing of being a nursing mother from them, and have recourse to prayer. In addition to arguments from Scripture, propagandists also appealed to secular authorities, such as Plato, and to nature which had both provided milk in a mother’s breasts, and offered the example of beasts, who all suckled their own young. Practical arguments for the mother to breast-feed her own baby were also advanced. The child had a better chance of survival, for a nurse was not so careful of another’s child. The nurse’s character was aspersed – what kind of a woman would set aside her own child for that of another woman? In addition to the nutritional hazards, the child with a wet-nurse was pitted by some as he might be left to cry, left unchanged, or even overlaid in bed.

Medical theory reinforced the Scriptural and other arguments. Milk was a product of the mother’s body, a distillation of her blood which carried her characteristics of mind and body. By her milk ‘she stamps her own good qualities upon her offspring’ wrote Baines of the breast-feeding Lady Essex. (Her character and food had already shaped the child in her womb. Now these qualities were to be confirmed.) The belief that children sucked in their mother’s principles from her milk was widespread. As Charles I wanted his children to become Protestants, it was said that ‘he would not let them suck of a Roman Catholic nurse’, but an argument which pamphleteers employed in 1649 against Prince Charles as a mon-
arch was that he had ‘suckt in his fathers principles with his mothers milk’. The nurse’s health also affected the child. Some nurses infected their charges with venereal disease. In a different case, a child’s deafness was blamed on her nurse. She could hear perfectly well at one year, but because she sucked her deaf nurse’s milk more strongly after that time, she was deaf by the age of two.

Contemporaries also saw that breast-feeding fostered love between the mother and her child. The baby at birth was a vile object, argued Muffett in 1655, but his mother loved him. Her affection fostered his development:

Hee plays a number of apish tricks about her, he kisseth her, strokes her haire, nose and eares; ... and as he groweth bigger, hee finds other sports with her, which causeth that they beare one another such an affection, as cannot be expressed; & makes that they can never be parted.

A mother had no choice about bearing her baby so her attitude was tested by whether she chose to look after him herself. There were stories to support the belief that the child would love his mother for her pains. A Roman youth who was put out to nurse for two years gave his nurse a gold chain, but only a silver ring to his mother. A mother about to be slain by her son pleaded for pity, on the grounds that she had cared for him, ‘fed thee with my own blood’ and ‘with lullabies and sweet kisses I rocked thee asleep’. Despite the strictures of preachers and physicians, some families who could afford to employ wet-nurses continued to do so. There was a copious discussion in the literary sources of the qualities desired in a wet-nurse. Parents should consider her age, complexion, breasts, milk, and temperament. Some thought that the sex of the baby she had borne was relevant: boys should be put to suck on mothers of boys.

In practice, lactation by the mother or wet-nurse was influenced only partly by theories. Dorothy McLaren’s study provides information about the different patterns at the wealthier and poorer ends of the scale. Gouge’s view that only one woman in twenty breast fed her own baby earlier in the century seems questionable, because the majority of the population had little choice, as they could not afford to hire a nurse. His figure may be more accurate for the wealthier sections of the society, but even there in many godly families mothers strove to feed their own babies. Many women, both Anglican and Puritan (or Nonconformist), breast-fed all their children.

Women who had determined to breast-feed their babies were often happy to find their fears about it unjustified. Jane Turner, who had ‘apprehended much difficulty by reason of the weakness of my head & little milk’ was thankful that God made her child ‘eminently quiet by night and easily satisfied by day’. Alice Thornton ‘was overjoyed to give my
sweete Betty suck’, and thanked God after the birth of her eighth child for the blessing of the breasts to give sucke, with much comfort in my infant’.94 Dorothy Leigh wrote of how a mother will bless her child ‘every time it sucks on her brests, when she feeleth the bloud come from her heart to nourish it’.95 Ann D’Ewes was less fortunate, for having resolved to feed her baby herself:

it was fatally advised by such as were about her, that the child should not suck any other till her breasts were fully drawn and made fit for it, during which time it was so weakened, as it afterwards proved the cause of its ruin.96

However, employing a wet-nurse did not necessarily imply a lack of concern for the child. Sometimes it was unavoidable if the mother died, or if she fell ill and her physician believed that she would infect her child. For example, ten days after the wife of the Bishop Patrick Symon was delivered, her baby whom she was feeding:

fell from her breast upon the floor; she being full of vapours, and light headed. This puts us in a great fright, and her physicians agreed she must suckle the child no longer, which put us to great distress. For we had three nurses before we could fix upon one that was to our comfort.97

In 1632 Nehemiah Wallington and his wife were advised to send their son Samuel to a nurse in the country because he did not thrive.98 When the six-month old daughter of a Nonconformist minister, Matthew Henry, fell ill in 1697, the physician ‘imputed it to the badness of her Mother’s Milk’ and forbade Mary to feed her. There was no time to wean the baby, so they employed as a wet-nurse a Chandler’s wife who had previously been employed by Henry’s brother-in-law. The nurse was apparently brought into the house, as Alice Thornton and Sir Simonds D’Ewes brought in the nurses of their babies.99

Parents were particular over their choice of a wet-nurse for their children.100 One wet-nurse’s letter survives from 1639. Given that sending a child to nurse has been seen as cruel, it may be worth discussing Mary Page’s letter in some detail. In response to Sir Simonds D’Ewes request that she should be a wet-nurse for his yet unborn child, she said that her husband was willing she should do it. She wanted to know when the baby was due so that she could arrange with another woman ‘that do use to be with me at the first month to be with me agayne’ and if she didn’t speak to her, she’d be promised elsewhere. Most significantly, she assured Lady D’Ewes at the outset, that ‘I thank God, haue my health and am well and haue good store of milke’.101

Even mothers with children at nurse did not necessarily neglect them. When William Stout was an apprentice, he found that his master’s wife took no interest in anything but her own ease and indulging her children
'who were nursed out to suck'. Bulstrode Whitelocke's mother arrived at the nurse's house to find him not thriving on the diet of 'shuffling broth', a pottage made of young eels and fatted with rusty bacon, so she took him home. (Subsequently when Whitelocke himself became a father for the first time he sent his son to be nursed 'with the daughter of the same woman who had nursed me'.) Other people might watch over the child if the mother were not nearby. Abigail Harley at Brampton Bryan who was keeping an eye on an unnamed 'little maid' at nurse, sent her daughter to investigate when they heard that the nurse's child had a 'breaking out upon its body'. As the nurse had sent away her infected child, Abigail decided not to move theirs, for:

she is so good & careful a nurs yt I thinck such an other wd hardly be found [ ] her milk agreeing with it so it thrives mightily & is very well not ye least itspeck all over it.

There are other accounts of nurses being fond of their charges. In 1638 Anna Temple brought her grand-daughter home because the nurse had a burning fever. On her recovery, the nurse 'desired earnestly yt shee might haue hir againe ... [and] doth much desire to see the childc', but the grand-parents 'cannot tell how to spare her, she is so prettie and louing a child'. In some cases nurses were brought in, as one woman advised her sister-in-law should do, so 'you may see the ordering of it your selfe and feede the nurs at your one trencher'.

As for the advice that breast-feeding women should avoid sexual intercourse, there seems less emphasis on this later in the century. Scripture did not prohibit it absolutely, and the physician Starmer noted in 1664 that experience showed it would not hurt the child. There are examples of breast-feeding women who were pregnant and practical experience must have demonstrated that milk was still produced. Even so, the nurse appointed to the Blundell family made a promise to declare if she were pregnant 'whilst she was a Nurs'. Although advice about avoiding copulation probably did not reach the poorer sections of the population, the significance of possible sexual abstinence should not be overlooked when the contraceptive effect of lactation is considered.

Most writers said that the child should be introduced to other food gradually around two or three months, but there was no rigidity about this. The most usual food proposed was pap, for which there was a variety of recipes. Weaning was a major change in the child's life, ending the period when he obtained nourishment and pleasure from sucking. Some advisers looked to Scripture for guidance, where a passage in Genesis showed that as the Bible did not direct a chronological age for weaning, it should be adjusted according to the child's health and strength. Most of the physicians advised that some reference be taken to the child's develop-
opment. Culpepper, in the mid-century, said that if the child were strong he could be weaned at one year, and around the same date John Ward argued that Nature intended a child should be weaned at the age of one. Cadogan repeated the same advice in the mid-eighteenth century.\textsuperscript{113} Sharp and others said he should not be weaned until he had his main teeth: the stronger the child is, the sooner he is ready to be weaned; some at twelve months, and some not till fifteen or eighteen months old; you may stay two years if you please . . . the best time to wean the child is either the Spring or the Fall of the Leaf, the Moon increasing.\textsuperscript{114}

If the weaning was difficult, Pechey advised that the nurse should make her breast repugnant to the child by coating her nipples with some bitter substance, such as wormwood, mustard, or aloes, and Guillemeau adds, 'make him ashamed of it' which suggests the child must be of an age susceptible to shame. The mother or nurse should disappear so that the child would not cry for the breast.\textsuperscript{115}

In practice, weaning was not embarked upon lightly and was planned ahead. In many cases it was deferred because the time was not thought propitious for the child. The weather might be too cold. On the other hand, there are cases of the parents' concerns taking precedence. If a mother went on a journey, leaving her child with servants, she would be forced to wean him. Some babies weaned themselves:

my litle boy hath weaned himself which is a very great troubel to me . . . He took a distast at the Breast about a week ago.\textsuperscript{116}

Sometimes the child might be weaned because of the sickness of his mother or his nurse. Brillianna Harley told her husband that their son Ned was 'in danger of being weaned, for this last night his Nurs was very much out of temper, being inclined to an ague'.\textsuperscript{117}

Women were pleased to wean their babies successfully. Jane Josselin weaned her son 'with much ease to her selfe, and the child also quiett and content'. She began on 30 January and around a week later the weaning was complete.\textsuperscript{118} Sometimes weaning was unsuccessful, as can be seen from a correspondence in the D'Ewes family about Clopton, Sir Simonds's only son and heir. Initially, there was trouble over finding a suitable nurse. Two had failed, D'Ewes said, within two weeks of his wife's delivery, so that:

we were fain to pitch upon a poor woman who had been much misused and almost starved by a wicked husband, being herself also naturally of a proud, fretting, and wayward disposition.

Clopton was subject to fits. D'Ewes's sister Jone said she had found it best with fits to change the nurse: 'it may be if the nurs be a pale compleconed woman her milke is to[o] weake'. Although the attempted weaning failed,
Jone thought it a mistake for the baby ‘to suck again after so long being kept from it’. She was also worried about the physicians’ treatment of the baby’s fits, for they were making incisions in the child’s neck:

pray tamper not with dochters to put the child to any pane or trobell... pray as littel as you can tamper with the tender body of so young a child.

Clopton died on 9 May 1636 aged one year and nine months ‘leaving myself and my dear wife the saddest and most disconsolate parents that ever lost so tender and sweet an infant’. D’Ewes says that he and his wife both found that their sorrow for Clopton’s death, a child on whom they,

had bestowed so much care and attention, and whose delicate favour and bright grey eye was so deeply imprinted in our hearts, far to surpass our grief for the decease of his three elder brothers, who, dying almost as soon as they were born, were not so endeared to us as this was.\(^{119}\)

In the cases of children who were at wet-nurse, it is often unclear whether the child was weaned before he was taken home to his parents, or whether the journey home was the occasion for weaning. The Dee babies were brought home from their wet-nurses at around one year of age. In 1704 Mary Blundell went out to be wet-nursed for ten months, and was dry-nursed by another woman for three months before she was brought home.\(^{120}\) In other cases, nurses stayed with the family and kept contact with their nurslings. Caleb Vernon had a ‘Maid’ who kept him from the cradle and instructed him until he came to Latin. One of the families discussed by Janeway was visited by the nurse who kept in contact with the child. Sibbald, in his autobiography, says that his nurse had ‘all her days a tender affection for me’ and remained with him.\(^{121}\) Trosse in his autobiography presents a different picture. His nurse stayed in the family, had two bastards, and was willing to engage in ‘lewd practices’ (unspecified).\(^{122}\) Contemporaries were aware of the close bonding which occurred between mother or nurse and child, yet they seem little aware of the shock which weaning involved if a child were brought home from a nurse, or even if the breast which had been a source of pleasure was then made repugnant to him. Only the Children’s petition stated that coating the breast with aloes was cruel.\(^{123}\) One comment suggests that thumb sucking was not allowed as an alternative source of gratification: a woman remembered that her mother had cured her of thumb sucking when she was ‘a little foolish chylfd’ by coating it with wormwood.\(^{124}\)

The consensus of advice, around the end of the century, about the ideal age for weaning seems nearer a year than eighteen months. In practice, as we have seen, babies were weaned at a variety of times, but the baby weaned too early may have had less chance of survival.\(^{125}\) Richard Wall’s work on mortality rates among young children in Swindon suggests that
there may have been a sex difference in the age at weaning, and another
study of the parish of Willingham invites a similar conclusion.126 As John
Elyot wrote of her nephew's weaning, 'I know not what cause you had but
methinkes it was somewhat soone to weane a boy'.127 The ideas of pediat-
ric advisers about infant nutrition may also have affected the mortality
rates. From this point of view, the children of the poor and the illiterate
may have had a better chance of survival, for as one contemporary physi-
cian observed, among 'women of the meane rank', children were well fed
and healthy.128 Such testimony is of restricted value, but it does point to
the need for caution in assessing any of the literary sources as a guide to
practices among the majority of mothers.

Care of infants involved more than nutrition. Parents provided general
nurture and tried to prevent sickness and cure disease. Some of the
seventeenth-century practices have been adjudged cruel by modern stan-
dards, but these customs should be considered in their social context.

Adults believed that the child's limbs should be carefully swaddled so
that they would grow straight. Swaddling was an elaborate process; some
recommended wrapping each limb separately, others making a firm wrap-
ing around the child.129 Pechey gave the standard reason for swaddling:

the Infant must be swath'd up, lest it should move its hands and feet too freely, and thereby
distort the bones, which are yet very flexible.130

Nurses believed that the children's heads should be firmly tied down 'that
they might not throw off their heads from their shoulders'.131 Advice
about the length of time which the child was to be swaddled varied. The
arms should be freed first. Some said a baby should be swaddled for forty
days, others for four months. McMath said it depended on the strength of
the child, and that a weak child should be swaddled for longer.132 Surviv-
ing pictures suggest that babies were fed swaddled, but these may be very
young babies. From personal documents some details of when the child
was put into 'coats' emerge: in 1661 John Henry was coated at exactly two
months, and earlier Mary Verney said that her child's nurse wanted him
put into coats before he was three months old.133 There were critics of
swaddling. John Bulwer said that children could clearly grow without it.
He may have been thinking of poorer children whose parents could not
have afforded the elaborate swaddling depicted in pictures and tomb
monuments, but he may, like Locke later, have been aware of the practices
of societies outside Europe. Locke observed that in Africa infants of seven
to eight months were left on the ground 'so that you see them dragging
themselves along like kittens on four paws; this is also the reason why they
walk earlier than European infants'.\textsuperscript{134} Nurses were advised to dance the babies on their knees to strengthen their legs, and the child might be massaged gently after his bath. The child was discouraged from crawling lest he should walk like an animal on all fours, and he was not encouraged to stand until over six months. Wuertz criticised the use of ‘standing stools’ for children as this was too tiring for them.\textsuperscript{135}

Swaddling restricted the child’s movement and prevented close physical contact between adults and babies. The baby needed regular changing, as Jane Sharp advised, lest ‘the piss and dung’ take off the child’s skin. Mauriceau advised changing three times daily, adding ‘but keep him always clean’, and McMath said ‘Night and Day whenever he is fouled and waking’. One of the most common suggestions for quieting a crying baby was for his mother or nurse to check that he was clean and dry.\textsuperscript{136} There is virtually no discussion of toilet training, which suggests that it was not very important. Culpepper said he would not bother to tell women how often to hold out the child to piss. Another physician, in the course of discussing ideas about sympathy in the body, told a story of a child climbing down from his mother’s knee to excrete upon the floor. As she shovelled the excrement into the fire, she observed apologetically that she’d teach the child better manners when he was older.\textsuperscript{137}

The environment in which the baby lived, the things he saw, the sounds he heard, where he slept, all affected his physical growth and development. Physicians and others advised that the baby should be kept happy and content.\textsuperscript{138} Nurses should also talk to the child, ‘distinctly and plainly’ so that he might learn to speak. Baby talk was censured, and one woman, Bathsua Makin, argued that nurses should teach children languages ‘whilst carried in Arms’.\textsuperscript{139} Family letters show that babies could not always be kept happy. Eleanor Radford’s baby of two months was ‘very cross and shee is not able to satisfy its desires’. Other babies were variously described as ‘very peevish’, ‘cross’ and ‘more tedious than usual’.\textsuperscript{140} For sleeping, it was generally recommended that the baby should have a place of his own, lest he be overlaid, but in practice many babies seem to have slept with adults and some were smothered.\textsuperscript{141} There was general discussion of whether the child should be rocked to sleep, and many sources mention singing the child to rest with lullabies. A nurse should remain near the baby lest he be frightened on waking to find no-one near.\textsuperscript{142} Opiates probably played a part in keeping babies quiet. Culpepper gave a recipe for one, but some physicians were cautious about their use. One mother gave laudanum to her baby, and medical commonplace books often contain recipes for poppy water to provoke sleep.\textsuperscript{143}

Parents were concerned about the health of their children, but because babies were subject to sickness, physicians advised about treatment. Some
disorders such as teething, protruding navels, moist ears and gummed-up eyes, were considered peculiar to children, but other diseases were hazards for all. In addition to the published remedies of physicians, medical commonplace books contain recipes for a wide range of infant ailments.

Teething was a 'disease' to which babies were subject. The observed symptoms were that the child fretted, salivated, and was feverish, had his hands in his mouth, and so on. The remedies offered included massaging the gums gently, perhaps with something to soften the gums so that the teeth would come through more easily. The opinion of the physician Thomas Gibson, that to anoint the gums of the young child with the brains of a hare or a rabbit would assist teething, was transcribed into one medical commonplace book. A hard, smooth object, such as a coral for teething was the most popular, or a jasper stone. The wolf's tooth was highly commended by many, according to Sylvius, as were the teeth of other wild beasts, because the volatile salt in them was 'very piercing' to the gums. One commonplace book advised rubbing the gums with the comb cut from a red cock, but towards the end of the seventeenth century, some people thought that corals and stones were superstitious. Physicians were unwilling to trust in nature. If the child's teeth failed to come through, then they advised cutting the gums. Nurses 'scratch and tear the gumme with their nailes, which turneth to the childs great profit', observed Guillemeau. Too sharp an instrument would only make the gums bleed, so a thick-backed tool, such as a penknife, was recommended. There are cases of babies who died after their gums had been cut.

Seventeenth-century physicians' advice on treating babies was governed by the same humoural theories as advice for the treatment of adults. Because it was believed that sickness came from imbalance of the humours, remedies sought to restore the balance by purging, giving vomits, or letting blood, gently in the case of infants. McMath advised against letting blood from young children, although for smallpox, Mauriceau said that mothers 'not understanding the case' were against it. Perhaps the advice of the midwife Jane Sharp was more congenial, for she disapproved of letting blood from feverish children. Nevertheless, the physician Harris argued that as God had ordered blood-letting in the circumcision decree, it must be suitable for infants.

Many of the baby's disorders were blamed on his mother or nurse. Gripes in the child's belly came from her bad diet. Less reasonably, diseases such as jaundice, scabs and measles were attributed to the child's nine months in the womb in contact with corruption from the impurities in the mother's blood. Pustules in the child's head and the itch came 'out of the Menstruous blood'.

What physicians and surgeons actually did for sick babies belongs more
to a history of pediatrics. G. F. Still discusses the advancements in knowledge in the seventeenth century, the most significant of which was probably the discovery of treatments for rickets. Operations were performed on children. Roonhuyse's surgical observations, translated into English in 1676, contained directions for operating on hare lips and a closed fundament in the child, and Willughby cut the thread beneath the tongue of a weak child, although he feared for the outcome.

Commonplace books are filled with popular beliefs and magical cures for infants' disorders. There are treatments for rickets, convulsions, constipation, consumption, scabs, scales, thrush, ringworm, snuffles, warts and worms. In some instances, the time at which the prescription was administered related to the cure: for scaled heads, before the full moon; for rickets, blood was to be let three days before the change of the moon, and the child to be tossed in one's arms 'the heeles highest'. In other cases the ingredients of a cure had magical properties. For fits, the prescription was ox gall and powder from the skull of a dead man who met an untimely end or alternatively, the hair from the hind legs of a she-bear boiled in brandy. Warts could be removed by cutting off the head of an eel, rubbing the warts with the blood, and burying the head. When the head was rotten, the warts would fall off. Sometimes merely doing something, like putting the froth of new milk on any marks of a child, or placing a necklace of henbane around a child's neck was the magic. If a child failed to thrive, it might be a victim of witchcraft, in which case prayer was the best remedy. Stasmere said that a carbuncle around the child's neck, or putting harts horn in the house, was 'conceived good'.

In women's diaries and letters there are references to their treatments of their babies' ailments. In 1697 Ann Radford delayed cleansing a 'scabby child and nurse' because of the weather. Abigail Harley wrote to her brother-in-law, Colonel Edward Harley, about the dosing of his 'sweete babe' in 1660 with a drink of maidenhair, violet leaves and hyssop, sweetened with syrup of violets and sugar candy:

I sat up with her yt night & finding yt she slept very unquiet & had no stoole I made a glistter & gave her next morning. . . . I used to anoint her stomack with orang flower Butter: yester-day morning we sent for the Dr finding her still grew wors . . . I have comfort in yt I hope nothing has been neglected yt I know to be good for her.

In the published manuals for child care we can see adults concerned for infant health and well-being, and in the family papers which survive we can see parents concerned over their babies' health. Mothers especially suffered anxiety, as Thomas Tryon observed: 'How many miseries and aking hearts do women endure with their Sickly Children?'
On the evidence presented here, it seems reasonable to conclude that many parents in seventeenth-century England were deeply concerned about the welfare of their children. Although I have not discussed reactions to infants' deaths, there are many examples of both parents suffering. As for infanticide, on which much of the case for cruelty to infants has rested, Wrighton's conclusion seems a sensible one: infanticide 'was an offence committed under exceptional circumstances, related largely to the concealment or disposal of illegitimate children'.

Mothers' care for their babies was admired and valued on many public occasions. At the funerals of godly women, preachers usually paid tribute to their maternal qualities: 'as a Mother! Care, tenderness and Providence'. Maternal love was recognised as a strong bond. The physician Percival Willughby observed that even if a child cried all night, a mother 'useth it kindly ... and in the morning they will be as good friends as euer before'. As Michael Macdonald has shown, contemporary judgments of insanity were based on an acknowledgement of mother love. A woman accused of murdering her child had only to show that she had no motive for her action to be judged guilty of insanity in a court of law. A mother's stated inability to love her children was treated by physicians as 'a sign of mental disorder'. Contemporary authors used the metaphor of the mother-child bond for the closest human love. To praise women as 'nursing mothers' to the church was to esteem them indeed.

Since so much of the surviving evidence demonstrates that adults were concerned about children and that maternal love was highly valued, why have historians been so preoccupied with ideas of parental neglect and cruelty? In exploring some reasons for a judgment that seems so much at variance with the evidence, we may further understand some of the problems in interpreting the surviving records.

One reason for the historians' judgment of mismanaged child care is their uncritical attitude to the misogynist character of much of the surviving literature. In a society in which gender was one of the most important social distinctions, men's attitudes to women, and especially to mothers, should not go unremarked. Men saw women as responsible for children, and blamed them when things went wrong. Although some have argued that child care before industrialisation was undifferentiated between men and women, contemporary evidence does not support them. Advisers agreed that the daily care of babies was the responsibility of women: this was part of the division of labour. From the mid-sixteenth century, men echoed the sentiments of Thomas Becon who declared that the mother 'ought principally to attend upon the young ones in their infancy; foras-
much as the father is occupied abroad, about the provision for his family’. Even Gouge, so prolific with advice for all matters domestic, confessed that he would leave it to women to work out what was necessary for the new baby.¹⁶¹ Only women attended the birth, and it was assumed that every woman knew how to feed and swaddle her child. Men took little part in handling babies. Burton, in his Anatomy of Melancholy, said that it was odd and effeminate for men to play with them, and when Sir William Springett appeared before the congregation with his infant ‘in his arms’, his wife Mary said that it was a ‘cause of great amazement’.¹⁶² The Marquis of Halifax’s observation at the end of the century, that ‘the first part of our life is a good deal subjected to you in the nursery, where you reign without competition’, would have been generally accepted.¹⁶³

Because women were recognised as responsible for child-care and the infant and child mortality rates were high, it is not surprising that men criticised them for the ways in which they handled their children. Some writers should be simply described as misogynists: they attacked women for all children’s ills. We all suffer, said Thomas Tryon, from ‘the mistaken Methods they too generally observe in the time of their Pregnancy’. In the mid-seventeenth century Culpepper alleged that ‘The fondness of Mothers to children doth them more mischief than the Devil himself can do them.’ Culpepper wanted women to be less permissive: they let their babies suck too long and they spoiled their children. Tryon attacked women for offering their babies the breast when they cried, for giving children strong drink, and over-feeding them generally.¹⁶⁴ Much of the criticism relates to women’s handling of children older than a year, but the view that women ruined their children by indulgence has implications for men’s attitudes to mothers generally.

A growing body of opposition to maternal methods of child care came from the increasingly confident medical practitioners. In defining their own professional identity, they sought to distance themselves from the unqualified. A refrain in the printed medical sources was that women over-loved their children and spoiled them by too much tenderness. Harris, writing in 1693, criticised ‘the mad and imprudent fondness of mothers’ and of ‘the foolish Nurse’. Women’s fancy and imagination produced monsters, their longings in pregnancy injured the foetus, and lazy idle women gave their children a disposition to disease. Mothers gave their babies flesh before they had teeth, and they copulated and spoiled their milk. They were liable to injure themselves and their children because they lacked understanding.¹⁶⁵ Here the physicians cited women’s objections to blood-letting for babies. Mothers failed to appreciate that smallpox in the early stages could be cured, and if their children did die after being bled, they ‘will not fail to impute it to Bleeding’.¹⁶⁶ By the mid-eighteenth cen-
tury, medical writers imputed infant deaths to women’s reliance upon oral traditions of child-care instead of heeding professional advice. As William Cadogan, one of the most influential physicians, declared, in 1748, child-care had too long and too fatally been left to the management of women.  

Some misogyny may relate to unresolved infant anxieties. For example, the attitudes of two Tudor physicians, Thomas Phaire and John Jones, have been analysed in terms of regression, relating their social thought to the child’s ambivalent attitudes to his mother and the weaning. For whatever reasons, however, many domestic and medical advisers were critical of women. They believed that mothers should care for children, but under male, and preferably professional, direction. Thus child-care advisers, while acknowledging the role of mothers, reinforced beliefs in female inferiority and incompetence. In so far as mistakes were made in infant care, medical writers blamed women rather than questioned the value of their methods. Current views about cruelty to children in the early modern period rest upon some of their statements.  

Thus both general anxiety about infant mortality and professional opposition to the ideas of the unqualified may explain some of the criticisms of women in the surviving literature. Subsequently, historians may have been influenced by this hostility, and concluded that child-care was mismanaged. However, they have failed to observe that although women were doing the work of child-care, they did so under patriarchal authority. Despite contemporary tributes to mothers, women did not ‘reign without competition’ in the nursery as Halifax alleged. Even for Halifax, there was to be compliance with the natural legal authority of fathers. On a vital issue which affected the infants’ chances of survival, whether they were breast-fed by their mothers or put out to nurse, paternal authority was paramount. Gouge, for example, was quite convinced for Scriptural and practical reasons that mothers should breast-feed their children, but if their husbands insisted upon a wet-nurse, women ‘must be mere patients in suffering the childe to be taken away’. Such was the unhappy experience of the Countess of Lincoln, several of whose babies died at wet-nurse when she was overruled by ‘another’s authority’. And there are other cases of men’s needs overriding those of the child. Simonds D’Ewes, for example, was left with a wet-nurse under the supervision of his grandparents because his father insisted that his mother accompany him to London.  

Not only is much of the surviving evidence written by men, and coloured by their attitude to women, but much of the historical discussion has failed to distinguish at all between the attitudes of the two sexes. Views have been attributed to ‘parents’ on the basis of evidence from fathers.
alone. Yet we know that maternity was the primary normative experience of Stuart women, and that mothers were much more directly involved in the daily care of children than fathers. Sara Mendelson’s study of Stuart women’s diaries reveals their common preoccupation with the trauma and anxiety over child-birth and infants’ health, and my work on their published writings confirms the centrality of maternity in their lives. Women’s feelings about their babies were likely to be different from those of their husbands. This is not, of course, to imply that fathers were unconcerned, but simply to point to the need for caution in discussing the surviving evidence, and the importance of giving due weight to the less common but equally significant statements of women.

Theories and practices of infant care in the seventeenth century reveal adults concerned about the emotional and physical well-being of babies. In many instances, the love and devotion of mothers to their children was recognised as an important and natural bond. While some of the practices of infant care may be regarded as cruel from our differently oriented child-rearing theories, the evidence cited shows many adults perceived their babies as individuals whose needs they sought to satisfy and to whose care they devoted love and attention.

ENDNOTES

1 Henry Smith, *A preparative to marriage* (London, 1591), 85.
10 Ibid., 271.
11 Ibid., viii.
12 Ibid., 69.
15 J. E. Meckling, 'Advice to historians on advice to mothers', Journal of Social History 9 (1975), 44–63.
16 Wellcome Institute (London), MS 751.
17 The collections of manuscripts by the Parliamentary diarist, Sir Simonds D'Ewes, for example, are well known for their political content, but dismissed in the Dictionary of national biography as 'embracing even such trifles as his school exercises, a large number of letters to his sisters and family, and a great deal else that is really worthless'. From these apparently 'worthless' letters of his sisters much useful information about babies can be derived. Doubtless the same applies to many other of the well known (and less known), manuscript collections. See collections of D'Ewes family letters, British Library, Harleian MS 382–388.
19 Daniel Featley, The dippers dipt (London, 1645), 42. For the pessimistic view, see also Alyn Macfarlane, ed., The diary of Ralph Josselin, 1616–1683 (London, 1976), 12. A child's poem sums up this pessimistic view:

By Nauere in my first estate
A wretched Babe was I,
In open field, deserving hate,
In blood and filth did lie.

[John Verno], The compleat scoller ... Caleb Vernon, 2nd edn (London, 1666), 81.
21 Featley, Dippers dipt, 40–1, 53. Note that I have followed contemporary usage throughout in using 'he' as the pronoun for the baby.
22 Gouge, Domesticall duties, 523; [Henry Lawrence], Of baptisme (Rotterdam, 1646), 133. Anabaptists and Baptists did not believe in infant baptism.
23 [Robert Cleaver], A godly forme of household government (London, 1630), np; Gouge, Domesticall duties, 519.
24 [John Earle], Micro-cosmographie, or, a peece of the world discovered (London, 1628), 2; see also Thomas Tryon, A new method of educating children (London, 1695), 3.
25 Dorothea Gotheerson, To all that are unregeneratted: a call (London, 1661), 112. Little children were 'so humble, and void of evil, that they may be taken for examples of the children of God'; Smith, Preparative to marriage, 88 (Luke xviii.17). For further examples of ideas of childhood as innocence see Richard Coppin, Truth's testimony (London, [3 Mar.] 1655), 10; Henry Vaughan, The retreat in H. J. C. Grierson, ed., Metaphysical poems of the seventeenth century (Oxford, 1921), 145:

Happy those early dayes! when I
Shin'd in my Angell-infancy!
All childhood to the age of seven was free from sin, argued the French author, Primau-
daye, because the child lacked judgement; Peter de La Primaudaye, The French Academe,
4th edn (London, 1601), 531–2. Anne, Countess of Pembroke, had read The French
Academy at thirteen, and in later life favoured Charron On wisdom; Myra Reynolds,
26 Bulstrode Whistle, Annals, B.L., Additional MS 53726, fo. 4 v.
28 See my article, ‘Attitudes to menstruation in seventeenth-century England’, Past and
29 J. H. Turner, ed., The autobiography of Oliver Heywood, 1630–1702; His autobiography,
Diaries, anecdotes and events books, 4 vols (Brighouse 1882–5), ii, 259.
30 Quoted in Sara Mendelson, ‘Stuart women’s diaries and occasional memoirs’, in Mary
32 Gouge, Domesticall duties, 505–6.
33 Alice Thornton’s son had ‘a marke of blood upon his heart’ because of a fright; C. Jack-
son, ed., The autobiography of Mrs Alice Thornton (Surtess Society, 1875), 140. Robert
Burton, The anatomy of melancholy (Oxford, 1621), 80–5; Levinus Lemnii, The secret
miracles of nature (London, 1658), 11–16.
34 Rueff, Expert midwife, 155.
35 Matthew Henry, A short account of the life and death of Mrs Eleanor Radford . . . who
36 Nicholas Cuipepper, A directory for midwives (London, 1651), 159. Even if the deforma-
ty was not the particular fault of the parents, it was a general judgement of God for the
sins of the nation; Samuel H[artlib], Londons charity enlarged, stipling the poor orphans
cry (London, 1650), 14; Rueff, Expert midwife, 151.
37 Jchln S[armsere], Childrens diseases (London [1664], 4.
38 Henry Cuffe, The differences of the ages of mans life (London, 1667), 122. Cf. de Masse,
History of childhood, 16, who claims that he has found no description showing the same
degree of empathy with the child as does Richard Steele before the eighteenth century.
39 Rueff, Expert midwife, 97; James McMath, The expert mid-wife (Edinburgh, 1694), 319,
322–3.
40 Samuel Purchas, Microcopous, or the historie of man (London, 1619) 157; J. M. Shuttle-
worth, ed., The autobiography of Edward, Lord Herbert of Cherbury (London, 1976),
13; Smith, Preparative to marriage, 85; B.L., Sloane MS 1940, fo. 6v.; Henry Brache,
Orthopædia, trans. M. Andry, 2 vols (London, 1743), ii, 99; [John] B[uilver], Anthropo-
metamorphosis (London, 1653), 158–9, 502.
41 Ibid., 366; Gouge, Domesticall duties, 519 (Colossians ii. 11–12).
42 The Church, which required women to give thanks after childbirth, urged them to think
upon ‘the Blessing the Family hath received, and especially when an Heir is born’;
[Thomas Comber], A companion to the temple and closet (London, 1684), 214. Lady
Hatton, who gave birth to a daughter in 1678, told her husband that she would gladly
have laid down her life to procure him a son; Northampton R.O., Finch Hatton MS 1468.
For further evidence on the preference for boys among the gentry, see Miriam Slater,
Family life in the seventeenth century: The Verneys of Claydon House (London, 1984),
82–3.
43 See, for example, B.L., Additional MS 6340, fo. 2 for the christening of Charles I.
44 Gouge, Domesticall duties, 522–3.
45 Portland loan 29/72,2, Britihara Harley to Sir Robert Harley, 12 May 1626, Harleian
MS 382, Jone Elyot to her father, Paul D'Ewes, 1 Jan. 1630.
47 B.L. Sloane MS 1940, fo. 3v.; Lemnius, Secret miracles, 105.
48 Whitelocke, Annals, additional MS 53726, fo. 63 v. Whitelocke’s biographer, Ruth Spalding, The improbable puritan: A life of Bulstrode Whitelocke 1605–1675 (London, 1975), 43, 240–1, writes of this incident as ‘a joke which turned out too true’, but prophecies known to a child can be self-fulfilling, as Lucy Hutchinson was aware.
51 Astrologers divided life into seven phases, of which ‘The First Age is called Infancy’; [William] Blasius & EP., A helpe to discourse (London, 1621), 255.
52 Henry Swinburne, A briefe treatise of testaments and last wills (London, 1590), 35; Sir Matthew Hale, Historia plactorum coraeae, 2 vols (London, 1736), i, 16–25. For a general definition of infancy as under twenty-one, male and female, see William Shepherd, An epitome of all the common and statute laws of the nation now in force (London, 1656), 473.
53 Henry Swinburne, A treatise of spouals, or matrimonial contracts (London, 1686), 19. By 1712, according to an anonymous author, fourteen was the age of discretion, twenty-one the end of infancy according to common law, and twenty-five by civil law; The infants lawyer: or, the law (ancient and modern) relating to infants, 2nd edn (London, 1712), 45.
54 Walter Harris, An exact enquiry into, and cure of the acute diseases of infants (London, 1693), 6–7.
55 Charroux, Of wisdome, 456, 461; Ruff, Expert midwife, 58; John Pechey, The complete midwife’s practice enlarged, 5th edn (London, 1698), 102.
56 Thornton, Autobiography, 151, 86.
59 Stanser, Children’s diseases, 41.
60 Francisco de la Boé Sylvius, Of childrens diseases: Given in the familiar style of weaker capacities (London, 1682), 138.
64 Newcome, Compleat mother, 6, 109–10; B.L., Harleian MS 6987, fo. 119.
65 Fifty-six per cent of infant deaths occurred in the first few months of life; Roger Schofield and E. A. Wrigley, ‘Infant and child mortality in the late Tudor and early Stuart period’, in Webster, ed., Health, medicine and mortality, 61–96; Roger Schofield, ‘Comment on infant mortality’, Local Population Studies 9 (1972), 49; Stone, Family, 70.
66 Audrey Fildes has drawn to my attention the views of two physicians who had favourable views of hand-feeding. Nevertheless, even around the end of the nineteenth century, surveys showed that the chances of surviving to one year of age, ‘were substantially

67 Jacques Guillemeau, Child-birth, or the happie delievrie of women (London, 1612), 1; The workes of that famous chirurgeon A. Parè, trans. T. Johnson (London, 1634), 607, 609.

68 Oliver [Heywood], Advice to an only child: or, excellent counsels to all young persons (London, 1693), 125.

69 Harris, Diseases of infants, 17.

70 Martin Luther, Works vol. 54; Table talk (Philadelphia, 1967), 321; Parè, Works, 608.


73 A. M., A rich closet of physical secrets (London, 1652), 27; Thomas Lupton, A thousand notable things (London, 1660), 46; G. Hartman, The true preserver and restorer of health (London, 1682), 403; Welcombe Institute, MS 1320, The accomplish'd lady's delight, in preserving, physic, beautifying, cookery, and gardening 10th edn (London, 1719), 49; Kenneth Dewhurst, John Locke (1662–1704): physician and philosopher: a medical biography, with an edition of the medical notes in his journals (London, 1963), 25–9. Among the prescribed first nutrients were fresh oil of almonds and sugar, treacle and honey. Honey prevented convulsive fits, sugar prevented wind and phlegm. Some said that if the new-born baby took half a scruple of pure coral before anything else, he would have no falling sickness.

74 The following paragraph is based on Eucharius Roesslin, The byrth of mankind, otherwise named the womans book (London, 1545), fo. 115; Parè, Works, 606–7; François Mauriceau, The accomplisht midwife (London, 1673), 115, 365–6; McMeth, Expert mid-wife, 324; Pechey, Diseases of infants, 4.


76 Pechey, Diseases of infants, 155.

77 Wurzitz, Surgeons guid, 341; McMeth, Expert mid-wife, 329.

78 Oliver [Heywood], Advice to an only child (London, 1693), 122; Thomas Tryon, A new method of educating children (London, 1695), 65–6.

79 Smith, Preparative to marriage, 83–5; The mothers looking-glass: or, the concurrent judgment of the learned, whether the mother be obliged to give the child its first nourishment, by giving suck herself (London, 1702). Cf. R. V. Schnucker, 'The English puritans and pregnancy, delivery and breast feeding', History of Childhood Quarterly 1 (1974), 637–58.

80 Countess of Lincoln's nursery, 2, 11; Smith, Preparative to marriage, 83–5; McMeth, Expert mid-wife, 388; Newcome, Compleat mother, 16, 86–97.

81 La Primaudaye, French Academie, 521; Gouge, Domesticall duties, 508–13; Charron, Of wisdom, 460; Newcome, Compleat mother, 99, 101.

82 The complete works of Isaac Ambrose (London, 1674), 231; Countess of Lincoln's nursery, 18; Nicholas Culpepper, The compleat midwives practice (London, 1656), 116–17; Newcome, Compleat mother, 64–7; Mary Verney paid a higher weekly wage because her nurse had no Christening fee: F. P. & M. M. Verney, ed., Memoirs of the Verney family during the civil war, 2 vols (London, 1892), ii, 294. The structure of payments to the wet nurse did not encourage her to care for each baby till he was weaned, for in addition to her weekly or monthly payments, she received a bonus at the christening of a child when friends bestowed gifts upon her.
83 Paré, Works, 947; Guillemeau, Child-birth, 1; Newcome, Compleat mother, 69–71.
84 A. Malloch, Finch and Baines: A seventeenth century friendship (Cambridge, 1917), 66.
86 Newcome, Compleat mother, 72–5; Gilbert Burnet, Some letters containing an account of what seemed most remarkable in Switzerland, Italy, &c. (Amsterdam, 1686), 248.
87 Thomas Muffett, Healths improvement (London, 1655), 119; Guillemeau, Child-birth, preface 1, 1, 3.
88 Ibid., preface 1, 1, 3 v; Pechey, Of womens diseases, 182–3; R.I., The most pleasant history of Tom A. Lincoln (London, 1655), sig. K*.
89 B.L., Sloane MS 1954, fo. 97; McMith, Expert mid-wife, 392; Mauriceau, Accomplish midwife, 433.
91 Gouge, Domesticall duties, 518.
95 Dorothy Leigh, The mothers blessing (London, 1618), 10.
99 B.L., Henry papers, Additional MS 42849, fo. 19, Matthew Henry to his mother Katharine, 1697; Thornton, Autobiography, 91; D’Ewes, Autobiography, ii, 16.
100 The physician Percival Willughby records that one father was so determined his child would not suck 'any pocky nurse in, or about London' that he would not allow his child to suck at all for six days, by which time it had forgotten how. H. Blenkinsop, ed., Percival Willughby, Observations in midwifery (Warwick, 1863), 136–7. The nurse's conditions of living affected the child. Some parents sent food but one woman was told she nearly died as a baby. When her parents visited, they found that the food they had sent was stinking. Anthony Walker, The holy life of Mrs Elizabeth Walker (London, 1690), 12. John Dee's children in the 1590s were all put out to nurse, and Dee paid for candles and soap; Dee, Diary, 11–12, 19–20, 39, 41. Mary Verney provided a cradle, as the nurse had none, and then her baby moved to the country because the nurse wanted to go home; Verney, Memoirs, ii, 269, 293.
101 B.L., Harleian MS 382, fo. 182, 10 May 1639.
103 B.L., Additional MS 53726, fos. 3, 62v.
104 B.L., Harley papers, Portland loan 29/76.
105 East Sussex Record Office, Dunn 51/53, Anna Temple to her daughter 30 June 1638. I owe this reference to the kindness of Ann Hughes.
106 B.L., Harleian MS 382, fo. 39, Jane Elyott to Lady Ann D’Ewes.
107 Starmore, Children’s diseases, 79.
108 For example, Jane Josselin; Alan MacFarlane, The family life of Ralph Josselin; a seven-

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The case of Mrs Thornton is of interest. An ambiguous passage reads that she was in health ‘after I had given suck to Robin, all along while I was with child, and till about a fortnight before my delivery’. *Autobiography*, 144–5.


112 *Annotations upon all the books of the Old and New Testament* (London, 1645), Genesis xxi. 8.


116 B.L., Portland loan 29/67, 4, Elizabeth Harley to Abigail Harley, 23 July 1689.


118 Macfarlane, ed., *Diary of Ralph Josselin*, 33. Another weaning was described in 1694 as ‘a good work well past’: B.L., Additional MS 42849, fo. 15.


120 Blundell, *Great diurnal*, 88; Dee, *Diary*, 41, 43, 53, 55.


122 *The life of the reverend Mr Geo. Troose, Late Minister of the Gospel ... by himself* (London, 1714), 19.

123 *The children's petition*, 10 Nov. 1669.

124 *Tiswale letters: or the correspondence of the Aston family*, 2 vols (London, 1813), i. 77.

125 Whatever the age at weaning, there is a slight increase in the risk of death, especially for children in the age group twelve to eighteen months; P. Cantrelle, ‘Mortality: Levels, patterns and trends’, in J. C. Caldwell, ed., *Population, growth and socioeconomic change in West Africa* (New York, 1975), 108.


127 B.L., Harleian MS 382, fo. 45.


John Jones, *Medical, philosophical, and vulgar errors of various kinds, considered and refuted* (London, 1797), 73.

Ibid., 6; McMath, *Expert mid-wife*, 322.


B.L., Henry Papers, Additional MS 42849, folios 21, 12.


Culpepper, *Director for midwives*, 308; Harris, *Diseases of infants*, 78; Pechey, *Diseases of infants*, 73; Guillemeau, *Child-birth*, 67; Sylvius, *Childrens diseases*, 35; Wellcome Institute, MS 1320.


Royal College of Physicians, MS 504.

B.L., Sloane MS 3859; Pechey, *Childrens diseases*, 155; Heneage Finch, at about a year, had his gums lanced for three or four ‘great teeth’ in 1682, and died; P. Finch, ed., *Burley-on-the-Hill, Rutland*, 2 vols (London, 1901), 182.


Sylvius, *Childrens diseases*, 77; Sturmsere, *Childrens diseases*, 152–4, 80.


Wellcome Institute, MS 184 a, 579, 635, 1026, 1320, 4049, 4338, 4496; Royal College of Physicians, MS 504.


B.L., Additional MS 42849, fo. 17, Anne Hutton to her mother, 1 Feb. 1697; B.L., Portland loan 29/76, 9 Oct. [1660]. The age of the child is not specified.

Thomas Tryon, *Healths grand preservative* (London, 1682), 12.

Studies 15 (1975), 10–22. Nevertheless, it should be noted that it was only those women who bore illegitimate babies who had an immediate need to kill them. An unwanted baby of married parents could be disposed of at leisure, and this kind of infanticide would not necessarily lead to prosecution and legal records. Catherine Dammé, ‘Infanticide: the worth of an infant under law’, Medical History 22 (1978), 1–24, rightly draws attention to the lower status of infant compared with adult life.

157 Two sermons preached at the funerals of Mrs Elizabeth Montfort and of Dr Thomas Montfort respectively (London?, 1632).


160 F. Weinstein & G. M. Platt, The wish to be free: Society, psyche, and value change (Berkeley, 1969), 12 and passim.


165 Harris, Diseases of infants, 11–14, 20, 49.

166 Mauriceau, Accomplisht midwife, 420.

167 Cadogan, Essay upon nursing, 3.


169 Gouge, Domesticall duties, 517–18; Countesse of Lincolnes Nurserie, 16.

170 D'Ewes, Autobiography.
