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978-0-521-49544-8 - A Social History of Wet Nursing in America: From Breast to Bottle
Janet Golden

Excerpt

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INTRODUCTION

In her autobiography, *Blackberry Winter* (1972), Margaret Mead recalled the impending birth of her first child. Clearly influenced by her field work in regions where neither bottles nor formulas were available, the eminent anthropologist wrote of how she promised herself that she would hire a wet nurse if she could not breast-feed her child.¹

Mead would have been hard pressed to hire a wet nurse in 1939, the year of her daughter's birth. Although hospitals sometimes kept women on call to provide breast milk to premature infants, wet nursing as a form of domestic service was fast becoming extinct. Women who could not or would not breast-feed their babies typically provided them with an artificial formula composed of modified cow's milk.² Indeed, by the middle of the twentieth century, many American families routinely chose bottle-feeding over breast-feeding, perceiving the former to be the modern, scientific way to rear children. Mead thus was far out of step with her contemporaries.³ Her field work in less developed regions had taught her something most Americans preferred to forget: that human infants are most likely to survive and flourish when fed human milk.⁴

There are only three ways to nourish an infant: with its own mother's milk, with an artificial food, or with the milk of a woman who is not its mother – a wet nurse. An obvious question is why Americans rejected wet nursing, assuming that what “science” produced was superior to what “nature” provided. This book sets out to answer that question by chroni-

1 Margaret Mead, *Blackberry Winter: My Earlier Years* (New York: William Morrow, 1972), pp. 265–82. In 1975 Mead helped found the Human Lactation Center, a nonprofit organization to promote and research breast-feeding. See Dana Raphael and Flora Davis, *Only Mothers Know: Patterns of Infant Feeding in Traditional Cultures* (Westport: Greenwood Press, 1985), p. 9.

2 On the history of artificial feeding, see Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950* (Madison: University of Wisconsin Press, 1987).

3 On rates of bottle-feeding, see Apple, *Mothers and Medicine*, pp. 152–5.

4 See, for example, Margaret Mead, *Coming of Age in Samoa: A Psychological Study of Primitive Youth for Western Civilisation* (New York: William Morrow, 1928), p. 21.

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cling the history of wet nursing in the United States, from the colonial period through the early twentieth century. By examining how Americans used wet nursing to solve infant-feeding problems in the eighteenth century, why wet nursing became particularly problematic in the nineteenth century, and how the development of scientific infant feeding eliminated wet nursing by the beginning of the twentieth century, it makes clear why Margaret Mead could not have easily found a wet nurse.

In rejecting scientific, technological, and economic determinism, I seek to place the end of wet nursing in a broader interpretive framework. I begin with two assumptions. The first is that wet nursing did not “lose” a competition with artificial feeding because the latter was less expensive or was more convenient. I believe its “defeat” evidenced instead the growing social class divisions between the women who were employed as wet nurses and the families in which they worked, the changing cultural perceptions of motherhood and infancy that were linked to the rise of America’s middle class, the growing authority of medical science, the expanding role of physicians in shaping child-rearing practices, and the profound ethical dilemmas raised by the practice of wet nursing in the nineteenth century.

My second assumption is that infant feeding is a significant subject. Feeding decisions materially influence infant mortality rates and thus the demographic and economic structure of a society as well as its long-term viability. Additionally, the ways in which infants are fed and cared for reflects and in turn helps determine how a society is organized in terms of individual, family, and state responsibilities. In the United States, infant-feeding customs have played a critical role in defining the practice of mothering, the cultural meaning of motherhood, and thus the experiences of a majority of women.⁵

Although wet nursing offers a critical window into the historical construction of motherhood, it is a subject that has not been studied very much in the American context. Whereas historians have written a variety of books about women and children in the United States, they have largely ignored the subject of wet nursing. Most discuss the topic incidentally and anecdotally, obscuring it within their broader investigations of childbearing or of child-rearing practices, of the medical care of infants, or of family history.⁶ By contrast, historians have made numerous studies of wet nurs-

5 Vanessa Maher, ed., *The Anthropology of Breast-Feeding: Natural Law or Social Construct* (Oxford: Berg, 1992); and Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford: Basil Blackwell, 1988).

6 See, for example, Apple, *Mothers and Medicine*; Richard A. Meckel, “Save the Babies”: *American Public Health Reform and the Prevention of Infant Mortality, 1850–1929* (Baltimore: Johns Hopkins University Press, 1990); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986); Sylvia D. Hoffert, *Private Matters: American Attitudes toward Childbearing and Infant Nurture in the Urban North, 1800–1860* (Urbana: University of Illinois Press, 1989); Sally G. McMillen, *Motherhood in*

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ing in Europe, from the medieval period through the early twentieth century.⁷

There are good reasons for the absence of attention to the American experience. To begin with, the evidence is elusive. We do not know precisely how many infants were wet nursed, or for how long they were suckled, or whether they were fed in their own homes or in the homes of their wet nurses, or whether the wet-nursed babies lived or died. A related concern is our inability to determine the number of women who acted as wet nurses. How many women fed a neighbor's child once or twice? How many remained on the job for weeks or months? How many were paid? How many made wet nursing a career? These are valid questions, and none is answerable with precision. Instead of gathering exact counts of wet nurses, we must take snapshots of the wet-nursing population and trace its growth or decline in particular eras and regions. Instead of painting the vast panorama of wet-nursing experiences, we must sketch a series of tableaux, relying on the testimony of eyewitnesses at different points in time. The sources of information on American wet nursing are significantly fewer than the sources available to historians of other nations. European scholars can turn to the archives of the church and of the state, as each institution was deeply involved in caring for infants and placing them with wet nurses. The relative absence of American religious and secular authorities from the oversight of wet nursing has set social historians of America on a different path; nevertheless, the paucity of data linked to official organizations is in itself a vital clue about the American situation.

Another reason American historians have not fully explored the history of wet nursing is a perception that the subject is outside traditional disciplinary boundaries. It perches on the edge of two specialties – the history of medicine and women's history – and it challenges some of the central tenets of each. Recent histories of American medicine have, for example, paid close attention to the growth of medical prestige and dominance and to the development of institutions such as hospitals and academic medical schools that have supported and enhanced that growth, as well as to the changes in therapeutic practice and knowledge, particularly the germ theory of disease, that have accounted for and helped shape professional development.⁸ Wet nursing was peripheral to each of these phenomena. It

the Old South: Pregnancy, Childbirth, and Infant Rearing (Baton Rouge: Louisiana State University Press, 1990); and Paula J. Treckel, "Breastfeeding and Maternal Sexuality in Colonial America," *Journal of Interdisciplinary History* 20 (1989): 25–51.

7 For a select bibliography on wet nursing in Western societies, see Fildes, *Wet Nursing*, pp. 281–90; and idem, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986).

8 See, for example, Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982); John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Harvard University Press, 1986); Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the*

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was based in the home, not the hospital, and it was a traditional practice that was ultimately replaced by one defined as scientific. Most importantly, the job of managing wet nurses was perceived by physicians to be antithetical to their quest for professional authority. Yet, for all their reluctance to employ wet nurses, physicians still wrote about them and still had to supervise those working in private homes in the eighteenth and nineteenth centuries and in hospitals in the twentieth century. The history of wet nursing, therefore, illuminates the practice of medicine in private as well as in institutional settings and helps link the development of professional authority in each sphere.

Similarly, the history of wet nursing is identified with many currents in women's history, including studies of the intertwined worlds of home and work, the expression of gender ideology in institutions of public welfare, and the substitution of professional authority for traditional patriarchal control of the family.⁹ An examination of wet nursing contributes to each inquiry by helping clarify how new mothers contributed to the family economy, how the meaning of motherhood changed over time, and how public and private authorities regulated unwed motherhood.¹⁰ In sum, the historical evolution of wet nursing presents in microcosm the interactions of families, physicians, social arbiters, and civic authorities. Several critical themes emerge from studying the beliefs and experiences that guided these historical actors.

The first theme involves the ways in which women and physicians negotiated professional authority. The history of wet nursing displays the sometimes paradoxical relationship between the cultural and the scientific authority of medicine. Families turned to doctors because physicians supplied "scientific" answers, but the questions the families posed were social as well as medical. Was the wet nurse medically necessary? Would she

Twentieth Century (New York: Basic Books, 1989); and Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985).

9 See, for example, Jeanne Boydston, *Home and Work; Housework, Wages, and the Ideology of Labor in the Early Republic* (New York: Oxford University Press, 1990); Linda Gordon, ed., *Women, the State, and Welfare* (Madison: University of Wisconsin Press, 1990); and Robyn Muncy, *Creating a Female Dominion in American Reform, 1890–1935* (New York: Oxford University Press, 1991).

10 See, for example, Alice Kessler-Harris, *Out to Work: A History of Wage-Earning Women in the United States* (New York: Oxford University Press, 1982); Carol Groneman and Mary Beth Norton, eds., *"To Toil the Livelong Day": America's Women at Work* (Ithaca: Cornell University Press, 1987); Sheila M. Rothman, *Woman's Proper Place: A History of Changing Ideals and Practices, 1870 to the Present* (New York: Basic Books, 1978); Marian J. Morton, *And Sin No More: Social Policy and Unwed Mothers in Cleveland, 1855–1990* (Columbus: Ohio State University Press, 1993); Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874–1939* (New York: Oxford University Press, 1990); Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 1992); and Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890–1945* (New Haven: Yale University Press, 1993).

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disrupt the household? Doctors answered with the knowledge that what was best for the baby had to be weighed against the family's other concerns. When physicians began promoting infant formulas, assuring families that they were superior to the milk of wet nurses, a similar kind of cultural and scientific accounting occurred. Doctors knew that many families were averse to hiring wet nurses because the women's personal characteristics made them unwelcome in middle- and upper-class homes. Furthermore, buying formula proved cheaper than paying a wet nurse and was often easier to use. Physicians also understood that in discouraging the use of wet nurses and championing "scientific infant feeding" they were bolstering their own status. In these instances, scientific certainty – the knowledge that breast milk was best for babies – was traded for social authority – the use of medical knowledge to shape private behavior. Whereas professionalization rests on acquisition of skills and development of formal institutions, its critical achievement is the attainment of autonomy from lay evaluation and control. Historically this involves a process of negotiation and exchange with the client group and thus physicians made alliances with women over the issue of infant care.¹¹

The changing meaning of motherhood is a second theme. Mothering is an activity gendered by a culture just as it is defined by political, legal, economic, social, intellectual, emotional, and medical paradigms.¹² Its definition is neither fixed by biology nor universally applied; instead it changes over time and varies according to social class, race, age, and marital status. Wet nursing links the biological necessity of feeding an infant with the social meaning of motherhood and infancy, and thus casts light on these shifts and variations. To oversimplify, we see the eighteenth-century condemnation of the "woman of leisure" who hired a wet nurse superseded first by the nineteenth-century outcry against women who permitted "moral lepers" into their nurseries and finally by the twentieth-century celebration of "scientific mothers." In each period, the religious, domestic, and medical literature offered a construction of motherhood based on implicit and explicit comparisons between women of different social classes, as represented by the wet nurse and her employer. Over time, we can see the growing power of the medical discourse, as it infused both popular accounts and private writings and as it shaped behavior in the nursery. Historians have called for the "decoding" of public language in

11 For the classic formulation of professionalization in medicine, see Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper & Row, 1970).

12 The history of emotions is a relatively new field of study. A critical work on the development of mother love is Jan Lewis, " 'Mother's Love': The Construction of an Emotion in Nineteenth-Century America," in Andrew E. Barnes and Peter N. Stearns, eds., *Social History and Issues in Human Consciousness: Some Interdisciplinary Connections* (New York: New York University Press, 1989), pp. 209–29.

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order to understand the underlying emotional realities. The task is much the same for those studying private language. Women's private, emotional writings about their infants and their wet nurses reveal the influence of shifting and often publicly formulated ideas regarding medical science, social welfare, and the proper responsibilities of women.¹³ These private writings reveal, in particular, the gradual medicalization of motherhood that began in the nineteenth century.

A third and related theme is the way in which class conflict came to be expressed in the private domain. In the nineteenth century, wet nursing evolved into an occupation for single mothers, and it became linked to the development of new social-welfare institutions, such as homes for unwed mothers, and to new medical facilities, such as lying-in hospitals. The consequences of these changes were many. Wet nurses, like other poor women, experienced increased regulation and increased stigmatization. They became more differentiated from other women in the domestic labor force, marked by out-of-wedlock births and by their passage through the social-welfare system. By the middle of the nineteenth century, wet nursing embodied essential class, ethnic, and religious conflicts, demonstrating that the clash of cultures that characterized the American experience could be found in the nursery as well as on the shop floor.

The role of the marketplace in the organization of wet nursing is the fourth theme. In a fundamental sense, wet nursing was a way for women to earn a living by selling what they produced. Certainly, in some cases wet nursing was an informal relationship governed by rules of community exchange in which the expectation of reciprocity rather than of cash was typical. In many instances, however, it was a form of paid labor – a service. The marketplace rules of supply and demand governed wet nursing in the nineteenth century just as much as did the moral guidelines preached by ministers and the medical rules offered by physicians. In the twentieth century the role of the marketplace became even more explicit as wet nursing became largely extinct and breast milk was transformed into a commodity and divorced from the physical presence of its now autonomous producer.

In tracing the historical experience of wet nursing, I have listened to both the evolving discourse and the individual voices of participants. One can generalize that the seventeenth- and eighteenth-century discourse centered around religious views of motherhood, although it became increasingly secularized as physicians and family advisors joined the chorus. In the nineteenth century, the discourse about motherhood continued, but it

13 Carroll Smith-Rosenberg, "Hearing Women's Word's: A Feminist Reconstruction of History," in Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Knopf, 1985), pp. 11–52.

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incorporated new themes – heredity, morality, and science – and was increasingly articulated by physicians.

Beyond the matter of discourse lies that of experience. Wet nursing, though publicly discussed, occurred in private. The task of seeing wet nursing as a historical phenomenon requires that we peel back its many layers and explain how each stratum of experience contoured public discourse. At its core, wet nursing involves the almost untraceable interactions of a woman and two infants: the woman's own child and the baby she has been hired to feed. Women became wet nurses for many reasons – primarily to earn money – and, in the nineteenth century, to escape from welfare institutions. In addition, wet nursing was for some women a means of rejecting responsibility for their infants while capitalizing on the most valuable commodity yielded by childbirth: human milk. Unfortunately, the words of wet nurses, like those of so many other poor working people, are lost to historians. To understand their lives we are forced to turn to those who chronicled their existence and who, because of their own positions, must be presumed to have left a biased and incomplete account.

Employers, their relatives, and their friends wrote about their encounters with wet nurses, describing feelings that ranged from hostility to gratitude and experiences that concluded with the death of an infant or its restoration to health. Although modeled on relations between domestic servants and their employers, relations that arose between wet nurses and the families they served could be far more emotionally charged precisely because the life of a baby sometimes hung in the balance. At this level of analysis – one that probes family relations – we can trace how perceptions of wet nursing were shaped by changing cultural values regarding science and motherhood and equally, and perhaps more powerfully, by individual experiences.

The next stratum is comprised of the discourse created by those who observed but did not participate directly in the wet nursing relationship. The individuals who watched and wrote about wet nursing included religious authorities, household advisors, and medical experts, whose social roles gave them particular perspectives from which to assess the arrangement as well as various motives for offering advice. Typically, their counsel was in harmony, but the voices of some grew louder as others faded. Physicians were, of course, those who ultimately sang the loudest and whose words were most clearly articulated. The rhetoric and rationale of science slowly infused the discussion of wet nursing, whereas the domestic and religious discourse remained steady but, ultimately, became less resonant.

Cultural values and social structures comprise the outermost layers of this study. We can trace the process by which wet nurses, their employers, and medical professionals responded to the changing ideology of mother-

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hood even as they helped to construct it and give it practical meaning. To achieve this dual vision, it becomes critical to understand the private family nursery as a place in which larger social forces – an expanding labor market, immigration, urbanization, and class conflict – were apparent and, ideally, managed. Studying the everyday task of feeding a baby, the most vital act of social survival, permits us to see elements that have, historically, mattered to Americans.

Other societies also coped with the need to insure the survival of their youngest and most vulnerable members, and studies of wet nursing in other cultures provide important points of comparison. Most significantly, the experience in European nations and regions offers a means of seeing how particular social structures, cultural values, and family economies influenced the understanding and use of wet nurses. The contrast, for example, between France, which instituted state regulation of its extensive wet nursing system in the nineteenth century, and England, in which wet nursing had become far less popular and therefore far less regulated, points to differences of religion, government, and family economy.¹⁴ Where appropriate, I have made comparisons between American and European wet nursing or have demonstrated the influence of European thinking and practices.

A Social History of Wet Nursing in America is divided into three parts and an epilogue. The first section explores wet nursing in antebellum America. Chapter 1 begins with an overview of colonial wet nursing. Describing infant-feeding practices in the seventeenth and eighteenth centuries, it also investigates the overlapping religious and medical discourse on motherhood as it related to the question of wet nurses. Chapter 2 interprets how the emergence of a new view of motherhood in the nineteenth century changed medical and popular perceptions of wet nurses. In the context of changing family demographics and an emerging urban middle-class culture, a new calculus of risk appeared. This reflected both that wet nurses began to be drawn from the ranks of the urban lower classes and that middle-class mothers were given new responsibilities for shaping the character of their children.

The second section of the book describes wet nursing in the post-Civil

¹⁴ On France, see Louise A. Tilly and Joan W. Scott, *Women, Work, and Family* (New York: Holt, Rinehart & Winston, 1978); George D. Sussman, *Selling Mothers' Milk: The Wet-Nursing Business in France, 1715–1914* (Urbana: University of Illinois Press, 1982); and Rachel Ginnis Fuchs, *Abandoned Children: Foundlings and Child Welfare in Nineteenth-Century France* (Albany: State University of New York Press, 1984). On England, see Lawrence Stone, *Family, Sex, and Marriage in England, 1500–1800* (New York: Harper & Row, 1977); Ann Roberts, "Mothers and Babies: The Wet Nurse and Her Employer in Mid-Nineteenth Century England," *Women's Studies* 3 (1976): 279–93; and Valerie Fildes, "The English Wet Nurse and Her Role in Infant Care, 1538–1800," *Medical History* 32 (1988): 142–73.

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War years. Chapter 3 explicates the modernization of the urban wet nurse marketplace, examining the sources for wet nurses and how, over time, the marketplace was both rationalized and segmented. Chapter 4 describes the wet nurse labor force and attempts to answer two questions: Who were the wet nurses who came to live in urban middle- and upper-class homes, and what were the consequences of their employment? Both chapters incorporate material from the case records of hospitals and welfare agencies. In all cases, the names of the wet nurses and other significant identifying characteristics have been changed.

The third section of the book looks at relations among all the participants in the wet nursing business during the period from about 1870 to about 1910. Chapter 5 focuses on the emergence of pediatrics as a medical specialty inextricably linked to the development of a science of infant feeding. It then analyzes the relationship between wet nurses and doctors in the late nineteenth and early twentieth centuries. Chapter 6 provides a parallel examination of the relationship between wet nurses and their employers. It aims to show the penetration of medical authority into the private nursery and also to explicate the sometimes contrasting experiences and opinions of medical professionals and private families. Together, Chapters 5 and 6 also explain why artificial infant feeding became the most favored alternative to maternal nursing and why wet nursing declined in popularity. Chapter 7 traces the end of wet nursing in the twentieth century. It demonstrates how the medical, social, and cultural changes that began in the late nineteenth century rapidly gained momentum, leading to the demise of the occupation. It also describes the wet nurse's replacement: the woman who sold bottled breast milk. The brief epilogue that follows describes the late twentieth-century transformation of bottled breast milk from a commodity to a gift.

I have employed terms that may be unfamiliar to modern readers accustomed to referring to infant foods by their brand names. "Hand-feeding" refers to the provision of food in a bottle or "pap boat" (a feeding vessel with a long spout used for feeding liquids and soft foods to infants and children).¹⁵ As bottles became the more common device, the term most often used became "bottle-feeding." The substances delivered by bottle or pap boat were "artificial foods" – a reference to the fact that they were not human milk. Most consisted of animal milks (typically cow's or goat's milk), sometimes mixed with water or grain. The modern term for these mixtures is "formula." Formulas produced by manufacturers are referred to as "proprietary infant foods". In the nineteenth and early twentieth centuries, formulas mixed by mothers following medical instructions were commonly termed "scientific infant foods." The term, of course, implied

¹⁵ Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown, 1979), pp. 63–4.

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that the physician's scientific expertise allowed for the prescription of an artificial infant food that was best for the baby – better, perhaps, than what a woman herself produced.

Although there are many ways of describing artificial feeding, there are no synonyms for “wet nurse.” Instead, we must track the descriptions of the women engaged in the occupation. In the eighteenth century, we find wet nurses described as poor mothers earning a living; in the nineteenth century, they become “moral monsters”; and, by the twentieth century, they are “manufacturers of milk.” As these words suggest, the language of wet nursing communicated a complex and changing reality.