

## **ABSTRACT I**

### **Treating the Children of the Poor: Institutions and the Construction of Medical Authority in Eighteenth-Century London**

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DPhil Thesis  
Hilary Term 2011

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It is commonly accepted that, prior to the rise of paediatric medicine as a formal medical specialisation in the nineteenth and twentieth centuries, medical care of children was primarily conducted by women in the context of the household. However, as this thesis argues, there was vibrant medical interest in children prior to the development of formalized paediatric medicine. Over the course of the eighteenth century, a network of medical practitioners interested in children's health sought to establish their authority over the subject and, in doing so, devoted increased attention to children, channelling general medical interest into the basis for future medical specialisation.

As this thesis argues, medical authority over children's health was gradually constructed over the eighteenth century through printed texts, institutional experience, medical understandings of disease, and efforts to devise therapeutic practices suitable to children. Key to these developments were the efforts made by medical men to supplant women as authorities on children's health. Also crucial was the role played by institutions in providing spaces for medical practitioners to encounter children. Institutions, such as the Dispensary for the Infant Poor and the London Foundling Hospital, increased the opportunities for medical practitioners to gain experience treating child patients. As this thesis demonstrates, it was the children of the poor who provided medical practitioners with the hands-on experience necessary to bolster their emerging claims of authority. As such, institutions and poor children both had essential roles to play in the development of medical interest in children, and the translation of that interest into claims of medical authority.

## ABSTRACT II

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In the past fifty years, the history of childhood has been redefined by historians. Integrating the history of childhood into social history, scholars from Philippe Ariés onwards have encouraged the creation of narratives of history which include, rather than sideline, the place of children. The field has expanded considerably as historians have assessed and re-assessed, among other things, changing perceptions of childhood, the culture of childhood and adolescence, and the affectionate nature of parent-child relations. And yet, the connections between children and medicine or, more specifically, the connections between children and medical practitioners, have remained under-explored. Though the medical treatment of children in the home has played a role in various studies of family life, the key relationship generally under exploration in these narratives has been that of parent and child. Within many of these studies, the medical practitioner is either peripheral, or entirely absent.

In many respects, this state of affairs has arisen as a reflection of the assumption that the rise of paediatric medicine was a function of the nineteenth and early twentieth centuries, and that, prior to this period, medicine for children was almost entirely the preserve of mothers in the household. However, this perspective ignores the lively medical interest in children evident in the eighteenth century. Though eighteenth-century medical practitioners who devoted attention to children's health were not paediatricians, in the modern sense of full formal specialization, the fact that these men expressed interest in children's health, and involved themselves in medically treating child patients suggests that the current view of the rise of paediatric medicine requires reappraisal.

This thesis examines how London-based medical practitioners confronted children and their diseases over the course of the eighteenth century. The key narrative under exploration surrounds the question of how medical interest in children came to be transformed into medical claims to authority over children's health. By the mid-nineteenth century, there were hospitals devoted entirely to the care and cure of children. By the early twentieth century, paediatrics had emerged as a valid field of medical specialisation. It is the argument of this thesis that these changes did not emerge suddenly but were, rather, part of a long-term transition towards the assertion of medical practitioners that they had the knowledge and experience necessary to be considered authorities on the subjects of child-rearing, children's health, and the medical treatment of children.

Eighteenth-century medical interest in children did not emerge in a vacuum. A key argument of this thesis is that eighteenth century social and cultural developments were crucial to how medical interest in children changed and expanded. From the late

seventeenth century, particularly after the publication of John Locke's work on education, public opinion about the place and status of children coalesced into a vibrant debate and general cause for concern. Locke determined that childhood was a formative stage for future character, and that education was crucial to the shaping of the child's personality. From the mid-eighteenth century, another intellectual strand of interest in children was added by Jean Jacques Rousseau, who argued that child-rearing needed to be conducted according to what was natural, and that childhood was, itself, a privileged stage of innocence, which required the protection of adults.

These intellectual strands of interest in children were fused with social consideration of the importance of children. Children were increasingly viewed as the embodiment of the nation's potential; future soldiers, sailors, workers, and home-makers who, if they survived to adulthood, would ensure the nation's prosperity. Preoccupations with the declining population in the first half of the eighteenth century provided another element of social concern directing interest towards children. Added to fears about depopulation were anxieties about abandonment and infanticide. Increasingly, it seemed to many that ensuring the survival of children was a task of national importance, requiring concerted effort and organization.

It was in this environment of social concern that schemes to protect and safeguard children at risk emerged. Child protection schemes were not new to the eighteenth century. Ensuring the survival and health of poor children was, after all, a crucial element of the poor law system. Yet criticism of the expense and inefficiency of the poor laws, combined with the vogue for associational philanthropy, ensured that this older tradition of child protection was joined in the eighteenth century with the proliferation of charitable foundations, such as the London Foundling Hospital. As a highly visible institution devoted solely to the care of children, the London Foundling Hospital, in particular, was instrumental in shaping eighteenth century concepts of childhood and children's health.

Given the emergence of a social environment in which children were considered of vital importance, and in need of protection and safeguarding, it is not at all surprising that medical interest in children increased and that, as a consequence, medical men began to assert themselves as authorities on the subject of child health. What followed over the course of the eighteenth century was a slow series of processes through which medical practitioners gained knowledge of children's health and experience with child patients, the necessary preconditions used to justify medical authority over child health.

Each section of this thesis explores one aspect of how medical interest in children began to coalesce, and how attempts were made to secure medical authority over the subject by demonstrating medical knowledge of children's health to the medical community and to the public. Chapter Two examines how connections forged between medical practitioners encouraged medical attention to children. London medical practitioners were connected to one another in a broader community, but those interested in children's health crossed paths in a variety of forums, through education, institutional affiliation, sociability, and philanthropy. These shared experiences provided the basis from which medical practitioners began to approach questions of children's health.

Chapter Three explores how these same medical practitioners used printed texts as a vehicle for their claims to authority over children's health. Though texts on the subject of children's health had, of course, been published in previous centuries, by the eighteenth century, they had increased in number, and were far more likely to be

published in English and to contain new information and ideas. Significantly, medical authors used two strategies in these texts to suggest that authority over children's health belonged with medical practitioners. Firstly, authors from William Cadogan onwards utilised the term 'man of sense' to identify medical men interested in children's health, and to separate these men from the traditional carers of children, women. Secondly, medical authors used texts on child health to create a dialogue between themselves and between the public.

Chapter Four examines where children received medical treatment in eighteenth-century London. Though it has traditionally been assumed that institutional medical provision for children was extremely limited prior to the development of children's hospitals in the nineteenth century, children did receive treatment in eighteenth-century general, voluntary, lying-in, smallpox, and lock hospitals, as well as in dispensaries. In much larger numbers, children received medical attention in the Dispensary for the Infant Poor, and in the London Foundling Hospital. Though the latter was not, strictly speaking, a medical institution, the preservation of the health and well-being of the Hospital's children was essential to the aims of the institution. Collectively, these institutions served to increase the number of encounters between medical practitioners and children.

Using the London Foundling Hospital as a test case, Chapter Five explores how medical encounters with child patients contributed to medical understandings of disease in children. The administration of the Foundling Hospital, concerned with high levels of morbidity and mortality among its children, kept detailed records of the diseases and disorders suffered by the Hospital's children. These reports, kept by the medical staff of the Hospital, provide a fascinating view of how medical practitioners sought to come to terms with the conditions they were confronted with in treating mass numbers of child patients. Using the structure of William Cullen's nosology, this chapter examines the infirmary reports kept by the Hospital between 1761 and 1771, and for the years 1777, 1787, and 1797. The diagnostic labels that emerge from this close examination of the infirmary reports attest to the efforts of the Hospital's practitioners to descriptively categorise what they saw among the children in the infirmary. In attempting to be as descriptive as possible in identifying disease among children, the Foundling Hospital practitioners were demonstrating that children's diseases were significant and that medical practitioners could, through experience, hope to come to a better understanding of how disease operated in a child's body, and what could be done medically for a sick child.

As medical practitioners, such as those affiliated with the Foundling Hospital, gained experience with child patients, they confronted the task of devising therapeutic practices suited to children. Chapter Six explores how medical practitioners struggled to apply what they had learned of children's bodies and diseases in the aid of finding therapeutic treatments which could be used on children, and how these attempts, of necessity, involved consideration of the ethics of innovative medical practice. Complicating these ethical considerations was the fact that many of these attempts at innovation occurred within an institutional environment, reinforcing the connection between institutions and expanding medical claims to knowledge and authority over children's health, and also reinforcing the importance of encounters between children of the poor and medical practitioners. Poor children were the subjects of trials conducted by Robert McClellan, William Watson, and George Armstrong, at the London Foundling Hospital and the Dispensary for the Infant Poor. Poor children also figured prominently in the most high profile set of therapeutic trials involving children: the development of inoculation for smallpox. These trials, though not always successful, demonstrated that

male medical practitioners could treat child patients, that children could, in many cases, benefit from an innovative approach to medical practice, and, as a consequence, that children required the attention of medical practitioners.

As this thesis contends, over the course of the eighteenth century, medical interest in children was gradually transformed into medical claims of authority over children's health by a variety of overlapping factors and linked processes. The visibility of children in social debates on subjects from poverty and population, through to education and the meaning of childhood itself, galvanised medical interest in children. Gradually this generalised interest became a call for greater medical authority over children's health. As medical practitioners argued, since child health was of vital importance, the medical treatment of children needed to be the sole province of experts, to the exclusion of mothers, nurses, and midwives, who were to be trusted with the day-to-day aspects of childcare, but with little else.

Eager to assert themselves over the traditionally female caretakers of children, medical practitioners interested in children's health used printed texts as a vehicle for their claims of authority, establishing themselves as 'men of sense' and asserting their dominance as experts on child health. Yet these claims could not stand alone without the justification of experience with child patients. Institutions thus played a crucial role in allowing practitioners access to children in mass numbers. In these institutions, such as the London Foundling Hospital, medical men were confronted with the full array of diseases and disorders affecting children. The ways in which they discussed, described, and categorised these diseases and conditions contributed directly to their efforts to be considered authorities on child health.

In a cyclical fashion, this institutional experience then fed back into the texts published by medical authors. Medical practitioners from William Cadogan and William Buchan, through to George Armstrong and Michael Underwood, could claim in print to be authorities on child health as a result of their experiences treating infants and children in institutions. Bolstered with this increased confidence, medical practitioners then confronted the task of devising therapeutic treatments for children, thereby completing the arc from medical interest in children to medical practice with child patients. By the end of the eighteenth century, medical practitioners, equipped with greater knowledge and experience, felt confident in asserting themselves as authorities over children's health. The roots of paediatric medicine had clearly been established.

It is hoped that this thesis will demonstrate the usefulness of combining the history of childhood with the social history of medicine. In unifying these approaches, we can arrive at a much fuller understanding of how social concerns interacted with medical debates, and how the roots of a medical specialisation took shape.

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Construction of Medical  
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### **List of Abbreviations**

CWHHD	Cambridge World History of Human Disease
GCM	London Foundling Hospital General Committee Minutes, London Metropolitan Archives
LMA	London Metropolitan Archives
Oxford DNB	Oxford Dictionary of National Biography ( <a href="http://www.oxforddnb.com">www.oxforddnb.com</a> )
SCM	London Foundling Hospital Sub Committee Minutes, London Metropolitan Archives

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## *Introduction*

In 1783, George Armstrong, founder of the Dispensary for the Infant Poor, observed,

I have heard an eminent physician say, that he never wished to be called in to a young child; because he was really at a loss to know what to order for it. Nay, I am told, there are physicians of note here, who make no scruple to assert, that there is nothing to be done for children when they are ill.<sup>1</sup>

The perception that nothing could be done medically for a sick child had particular longevity. Infants and children figured to such a great degree in the seventeenth- and eighteenth-century bills of mortality that their early demise seemed to many to be unavoidable. The death of a child was perceived to be a tragedy, yet so common a tragedy that many believed physic could be of little use in preventing these numerous and early fatalities. As a compounding factor, medical practitioners were often ill at ease with patients who could not verbalize their conditions to the satisfaction of a system of medicine based largely on the patient's narrative of illness. For these practitioners, the cries and complaints of children seemed to be indecipherable; a foreign language that few were anxious to learn. Others felt that the medical treatment of children belonged entirely in the domestic sphere and could be superintended, without a great deal of medical involvement or interference, by mothers, nurses, and female practitioners, for whom the care of children was assumed to be derived from natural instinct. Many parents continued to believe that physicians were not to be trusted to care for children, and that their medicines posed a menacing threat to the health of the young, health which seemed to hang in such a precarious balance that interference was often presumed to make matters worse.<sup>2</sup> All of these elements construct a picture of how medical treatment of children was conducted in the eighteenth century. Largely ignored by medical

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<sup>1</sup> George Armstrong, *An account of the diseases most incident to children, from the birth till the age of puberty; with a successful method of treating them. To which is added, an essay on nursing; with a particular view to children who are brought up by hand. Also a short general account of the dispensary for the infant poor* (4<sup>th</sup> edn. London, 1783), 3.

<sup>2</sup> Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience, 1650-1850* (London, 1988), 29.

practitioners save for rare cases or emergencies, children received medical treatment in their homes from mothers, nurses, and midwives. Medical interest in children was, in short, limited, or even non-existent.

Fortunately, one does not have to move far beyond the surface of this image to find that it is not, in fact, entirely true. Armstrong's comments purposely indicted some of his contemporaries, but he himself was highly involved in researching the diseases of children, and in providing medical treatment for the young, first in his private practice, and then in the Dispensary for the Infant Poor. He was not alone in doing so. Over the course of the eighteenth century, ever-increasing numbers of medical practitioners, dissatisfied with the continual blight of child mortality, and the allocation of the care of children's health to women, sought to expand their knowledge of the diseases and disorders of children. By the end of the eighteenth century, these men, though not paediatricians in the modern sense of full, formal specialisation, were far more comfortable asserting their knowledge of children's health and diseases, and their general authority over the subject.<sup>3</sup> Their careers, publications, and debates succeeded in demonstrating that, in fact, the medical practitioner had a major role to play in understanding the bodies and diseases of children, and in ensuring their good health.

This thesis examines interest in children among the medical community of eighteenth-century London. The central argument is that a number of eighteenth-century medical practitioners were influenced by the visibility of children in social debates, and that they consequently published texts on children's health, encountered children as patients in institutions, and formulated ideas about medical practice as related to children. These mutually reinforcing processes combined to contribute, over the course of the century, to a gradual increase in medical interest in children's health, and greater

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<sup>3</sup> The slow development of specialisation in children's health was also tied to contemporary ambivalence towards medical specialisation in general. Specialisation threatened established power relationships among medical practitioners and it was necessary for an intellectual transformation to occur before specialisation could fully develop in the nineteenth century: George Weisz, *Divide and Conquer: A Comparative History of Medical Specialisation* (Oxford, 2006), p. xvix, 26.

attention paid on the part of medical practitioners to child patients. While parents continued to play an indisputably important role in childcare, by the end of the eighteenth century medicine for children had increasingly become an area in which medical practitioners were able to assert their own expertise and authority. The key narrative in this thesis surrounds the processes by which medical interest in children was converted into knowledge, and how that knowledge fed claims to medical authority.

### *Historiographical Overview*

Historians have often lamented that ‘crowds and crowds of little children are strangely absent from the written record’, obscured by the voices and experiences of adults.<sup>4</sup> Fortunately, the veritable flood of recent research on the histories of children and childhood has worked to restore children to a prominent place in historical narratives. At the outset, this distinction between the history of children and the history of childhood is useful to bear in mind, since histories of children tend to foreground the experiences of children, while histories of childhood often focus on adult perceptions of children and the meaning of childhood to adults. However, this is not an impermeable divide and, as most historians agree, the most fruitful approach involves combining the two strategies.<sup>5</sup> While the expansion of interest in these two often complementary fields has crossed disciplines, and has engaged with a wide variety of historiographical debates and research agenda, three general trends have dominated research on the subject, overlapping with one another since the 1960s, and shaping the focus of studies in this area.

The first trend entailed the examination of the meaning of childhood itself and the question of when childhood came to be demarcated as a separate stage of life, marked by a definitive character. Tied to this question was a second debate, which focused attention

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<sup>4</sup> Peter Laslett, *The World We Have Lost* (London, 2<sup>nd</sup> edn, 1971), 109.

<sup>5</sup> Colin Heywood, *A History of Childhood: Children and Childhood in the West from Medieval to Modern Times* (Cambridge, 2001), 4-8; Dennis Denisoff, ‘Small Change: The Consumerist Designs of the Nineteenth-Century Child’, in Dennis Denisoff, ed. *The Nineteenth-Century Child and Consumer Culture* (Aldershot, 2008), 4.

onto parent-child relations, particularly the question of whether parental affection for a child was socially constructed or was a biological certainty regardless of time and place. Emerging out of the eventual stagnation of these two debates was a third trend, which involved moving beyond the debate over affect to examine the experiences of children, particularly those experiences which involved the child outside the family context. Superimposed over these three trends has been the basic divergence between those who, aligning themselves with a narrative of modernization, favour change over time, and those who emphasize continuity. However, the third trend in the historiography, and generally speaking the most recent, has in many respects resolved this central rift by focusing on change in the experience of childhood or the perception of children, but also on some measure of continuity in parent-child relations.<sup>6</sup>

It is still the case that ‘no one can embark upon the study of the history of childhood save through Philippe Ariès’.<sup>7</sup> The modern historical study of children and childhood is typically dated from Ariès’ survey *Centuries of Childhood*, published in French in 1960, and translated into English in 1962.<sup>8</sup> Ariès’ work combined a consideration of the first two trends in the historiography on the history of childhood, though he was careful to separate the two, noting, ‘the idea of childhood is not to be confused with affection for children’.<sup>9</sup> He argued that there was no concept of childhood as a distinct stage of life before the seventeenth-century rise of what he characterized as the two concepts of childhood. These concepts, namely affection and interest in the child,

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<sup>6</sup> Linda Pollock suggested that a balanced view of the history of childhood could only develop by considering change and continuity simultaneously, though Pollock herself was largely motivated by the continuity thesis, an indication of the difficulty of resolving or side stepping this fundamental issue: Linda Pollock, *A Lasting Relationship: Parents and Children Over Three Centuries* (London, 1987), 13.

<sup>7</sup> Anthony Burton, ‘Looking Forward from Ariès? Pictorial and Material Evidence for the History of Childhood and Family Life’, *Continuity and Change* 4/2 (1989), 203. An excellent summary of Ariès’ arguments can be found in Adrian Wilson, ‘The Infancy of the History of Childhood: An Appraisal of Philippe Ariès’, *History and Theory* 19/2 (1980), 132-153.

<sup>8</sup> Philippe Ariès, *Centuries of Childhood*, tr. Robert Baldick (2<sup>nd</sup> edn, London, 1996). The wave of research initiated by Ariès superseded an older tradition of research on the history of children and childhood which tended to posit the existence of a golden age for children in contrast to the demands made upon children in the modern, industrial age: Elizabeth Godfrey, *English Children in the Olden Time* (London, 1907); Rosamond Bayne-Powell, *The English Child in the Eighteenth Century* (London, 1939).

<sup>9</sup> Ariès, *Centuries of Childhood*, 125.

combined with concern for the health of the child, were, according to Ariès, unified in the affectionate family which emerged in the sixteenth and seventeenth centuries, thereby contributing, particularly in the eighteenth century, to social recognition of childhood as a definitive life stage.<sup>10</sup>

According to Ariès and his supporters, the traditional early modern family structure impeded individual development and recognition. In this model, children were valued for what they could contribute to the family economy rather than for their individual qualities and attributes. The importance of childhood as a distinctive stage thus went unappreciated as children were rushed from a dependent infancy to a productive adulthood. It is important to note, however, that while many subsequent historians, as will be discussed, suggested that the rise of social recognition of childhood could be equated with improved circumstances for children, Ariès' perspective was far more bleak. As Ariès emphasized, appreciation of children led to the sequestering of the young in home and school, thereby reducing any freedoms they previously enjoyed.<sup>11</sup> Thus, paradoxically, appreciation of childhood was not necessarily synonymous with appreciation of children.

Despite these diverging perspectives, Ariès' work was largely successful in unifying approaches to the history of the family with the history of childhood. Historians of the family, eager to isolate a shift from a premodern to a modern model of family relations and composition, were quick to adopt Ariès' thesis as justification for a narrative of modernization. According to Edward Shorter, the modern family was created by a 'surge of sentiment' evident in the rise of courtship, the strengthened bond between mother and infant, and the division of the family from the community.<sup>12</sup> This corresponded to Lawrence Stone's suggestion that the 'Closed Domesticated Nuclear

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<sup>10</sup> Ariès, *Centuries of Childhood*, 341.

<sup>11</sup> Ariès, *Centuries of Childhood*, 273.

<sup>12</sup> Edward Shorter, *The Making of the Modern Family* (London, 1975), 5.

Family' promoted the rise of 'Affective Individualism', which, in turn allowed for a closer relationship between parents and children.<sup>13</sup> Tied to this modernization thesis was the long-standing assumption that high rates of infant and child mortality in the premodern world acted to discourage the emotional investment of parents in children.<sup>14</sup> These high rates of mortality were often linked by historians to practices such as swaddling, wet nursing, fostering, infanticide, and abandonment, all of which have been utilized as symbols of premodern parental neglect or indifference, in contrast to a modern model of affectionate parent-child relations.<sup>15</sup>

Ariès' arguments, and their offshoots in the work of Shorter, Stone, and other historians, did not attract universal support. All three scholars isolated the rise of the nuclear family as key to the full recognition of childhood, but demographic studies disproving the universality of the extended family system in premodern Europe complicated efforts to posit a transition period for the history of childhood based on the rise of the affectionate nuclear family.<sup>16</sup> Ariès, and Stone in particular, were also criticised for their selection of sources, which privileged not only French material, but the experiences of elite families and children, thereby skewing arguments surrounding parent-child relations and the status of the child within the family.<sup>17</sup>

Re-assessment of both Ariès' arguments and the modernization thesis intensified from the 1970s and early 1980s. The focus for much of the research conducted in this period was on interrogating the relationships between parents and children in the past utilizing tools of sociological and psychological inquiry. Accordingly, some of this research, most notably that of David Hunt and Lloyd de Mause, focused on the damaging

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<sup>13</sup> Lawrence Stone, *The Family, Sex, and Marriage in England, 1500-1800* (London, 1977), 4-8.

<sup>14</sup> Ivy Pinchbeck and Margaret Hewitt, *Children in English Society*, vol i: *From Tudor Times to the Eighteenth Century* (London, 1969), 7; Stone, *The Family, Sex, and Marriage*, 81.

<sup>15</sup> Shorter, *The Making of the Modern Family*, 170-196; Stone, *The Family, Sex, and Marriage*, 6, 77, 101, 106-108.

<sup>16</sup> An excellent overview of this debate is detailed in Helen Berry and Elizabeth Foyster, eds. *The Family in Early Modern England* (Cambridge, 2007), 1-17.

<sup>17</sup> Robert Woods, *Children Remembered: Responses to Untimely Death in the Past* (Liverpool, 2006), 212.

psychological effects of past parenting practices.<sup>18</sup> De Mause, in particular, scathingly indicted the child-rearing practices of premodern parents noting, ‘the further back in history one goes, the lower the level of childcare, and the more likely children are to be killed, abandoned, beaten, terrorized, and sexually abused’.<sup>19</sup>

However, most historians, particularly from the 1980s onwards, worked to construct an alternative to Ariès’ modernization paradigm, based on the contention that parental affection is, in most cases, a biological fact, though the expression of it is culturally conditioned and historically contingent. The key agenda of much of this research, often dubbed the ‘sentiments approach’, has been to move away from judgemental notions that childrearing practices have progressively improved over time, and that parental love for children was incompatible with the priorities of past societies.<sup>20</sup> As Steven Ozment suggested, ‘surely the hubris of an age reaches a certain peak when it accuses another age of being incapable of loving its children properly’.<sup>21</sup> Linda Pollock, in particular, has been instrumental in advancing the concept of continuity rather than change in parent-child relations as a result of the biological certainty of parental affection for children.<sup>22</sup>

However, this view did not win support from all quarters. Feminist historians, such as Elisabeth Badinter, argued that maternal love was always a choice, rather than an innate impulse, and that to elevate the bond between mother and child was to obscure the

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<sup>18</sup> For both Hunt and De Mause, understanding the psychology behind the actions of early modern parents was a means of assessing, and in most respects indicting, the child-rearing practices of the past: David Hunt, *Parents and Children in History: The Psychology of Family Life in Early Modern France* (New York, 1970); Lloyd De Mause, ed. *The History of Childhood: The Untold Story of Child Abuse* (London, 1974). An earlier example of this psychological approach can be found in: Alice Judson Ryerson, ‘Medical Advice on Child Rearing, 1550-1900’, *Harvard Educational Review* 31/3 (1961), 302-23.

<sup>19</sup> De Mause, ed. *The History of Childhood*, 1.

<sup>20</sup> Heywood, *A History of Childhood*, 6.

<sup>21</sup> Steven Ozment, *When Fathers Ruled: Family Life in Reformation Europe* (Cambridge, Mass., 1983), 162.

<sup>22</sup> Linda Pollock, *A Lasting Relationship*; Linda Pollock, *Forgotten Children: Parent-Child Relations from 1500-1900* (Cambridge, 1983). Also: Ralph Houlbrooke, *The English Family: 1450-1700* (Essex, 1984).

mother's own agency.<sup>23</sup> Interestingly, both Badinter and Pollock were exposed to criticism similar to that levied against Ariès, Shorter, and Stone, reflecting how much the reliance on elite sources plagued studies of parent-child relations, and the history of childhood in general.<sup>24</sup> Pollock's continuity approach was also damaged by the realisation that, while some elements of parent-child relations remained constant over time, there is no evidence that such relations had a recognizably modern appearance in the past. Pollock was careful, however, to mediate her claims for continuity by stressing that the expression of parental affection was contingent on time and place.<sup>25</sup> Most subsequent studies have adhered to this combined model.<sup>26</sup> As mentioned earlier, this has, in many respects, put to rest the debate between the opposing supporters of modernization and continuity.

As part of an effort to chart a new course in researching the history of childhood, historians from the late 1980s onwards have attempted to move beyond the issue of parent-child relations and parental affection for children by examining how children were perceived in the past, what forms of children's and youth culture were in existence, and how children interacted with the social body outside the family. These elements, forming the third trend in the historiography, have given direction to the historical study of children and childhood in the past twenty years. Significantly, it was Pollock who noted, 'rather than trying to discover some way of reconciling the two points of view [change versus continuity], it may be more fruitful and instructive to begin our examination of the

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<sup>23</sup> Elisabeth Badinter, *The Myth of Motherhood: An Historical View of the Maternal Instinct*, tr. Roger DeGaris 1981, original edition 1980 (London, 1981), p. xxi.

<sup>24</sup> Stephen Wilson, 'The Myth of Motherhood a Myth: The Historical View of European Child-Rearing', *Social History* 9/2 (1984), 185; S. Ryan Johansson, 'Centuries of Childhood/Centuries of Parenting: Philippe Ariès and the Modernization of Privileged Infancy', *Journal of Family History* 12/4 (1988), 343-365. Johansson suggests that, while Pollock criticized Ariès' use of moralist advice books, her own sources were the equivalents of twentieth-century family photo albums, designed to produce an enhanced image of the family which was far from objective.

<sup>25</sup> Pollock, *A Lasting Relationship*, 13.

<sup>26</sup> This position is clearly articulated by Fletcher and Hussey, who argue that adults have rejoiced in parenting over 400 years, but that there was a gap in perceptions of the child between the pre-modern and modern eras: Anthony Fletcher and Stephen Hussey, eds. *Childhood in Question: Children, Parents, and the State* (Manchester, 1999), 2-7.

history of childhood afresh'.<sup>27</sup> Ariès' emphasis on change, Pollock's argument for continuity, and the general nature of past parent-child relations continue to inform current scholarship, but, above all, there has been an attempt to chart new territory in examining the experience of childhood in the past, and the socially and culturally conditioned perceptions of children.

Ariès' work, in particular, continues to have relevance in dictating the directions of research. A wave of medieval historians, using sources such as accident reports, hagiographical accounts, and archaeological evidence, have countered Ariès' contention that 'in medieval society the idea of childhood did not exist'.<sup>28</sup> In this respect, Ariès' dismissal of the existence of childhood in the medieval period has had the positive effect of encouraging historians of all periods to look for evidence of children in unlikely places.<sup>29</sup> Much of this research has also impacted on the agenda of historians of the early modern family.<sup>30</sup> Steven Ozment, Alan Macfarlane, Keith Wrightson, Louis Haas, and others have argued that children were recognized in the early modern period as unique by parents and society, and were correspondingly cared for and valued above and beyond their economic function.<sup>31</sup> These historians have contended that attachment between parent and child in the early modern period was clear in the evidence that parents

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<sup>27</sup> Pollock, *A Lasting Relationship*, 13.

<sup>28</sup> Ariès, *Centuries of Childhood*, 125; Shulamith Shahar, *Childhood in the Middle Ages* (London, 1990); Eleanora C. Gordon, 'Accidents Among Medieval Children as Seen from the Miracles of Six English Saints and Martyrs', *Medical History* 35 (1991), 145-63; Barbara Hanawalt, *Growing Up in Medieval London: The Experience of Childhood in History* (Oxford, 1993); Ronald Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (New York, 1997); Sally Crawford, *Childhood in Anglo-Saxon England* (Phoenix Mill, 1999); Nicholas Orme, *Medieval Children* (Yale, 2001); William MacLehose, *'A Tender Age': Cultural Anxieties Over the Child in the Twelfth and Thirteenth Centuries* (New York, 2008). A good overview of this historiography is provided in Barbara Hanawalt, 'Medievalists and the Study of Childhood', *Speculum* 77/2 (2002), 440-60.

<sup>29</sup> Hanawalt, 'Medievalists and the Study of Childhood', 441; Albrecht Classen, 'Philippe Ariès and the Consequences: History of Childhood, Family Relations, and Personal Emotions. Where Do We Stand Today?', in Albrecht Classen, ed. *Childhood in the Middle Ages and the Renaissance: The Results of a Paradigm Shift in the History of Mentality* (Berlin, 2005), 20-46.

<sup>30</sup> Margaret King has provided a comprehensive overview of studies of early modern childhood: Margaret King, 'Concepts of Childhood: What We Know and Where We Might Go', *Renaissance Quarterly*, 60/2 (2007), 371-407.

<sup>31</sup> Ozment, *When Fathers Ruled*, 177; Houlbrooke, *The English Family: 1450-1700*, 156; Keith Wrightson, *English Society, 1580-1680* (London, 1982); Alan Macfarlane, *Marriage and Love in England: Modes of Reproduction, 1300-1840* (Oxford, 1986), 82-85, 116; Louis Haas, *The Renaissance Man and His Children: Childbirth and Early Childhood in Florence, 1300-1600* (Houndmills, 1998), 27.

planned and provided for their children's futures, nurtured them throughout childhood, and expressed grief when they died untimely deaths.<sup>32</sup>

Partly as a consequence of the traditional tendency among historians to view the eighteenth century either as the tail end of the early modern period, or as the prelude to the nineteenth century, the study of children in the eighteenth century has lagged somewhat behind more voluminous research on children and childhood in the medieval and early modern periods. Though historians from Ariès onwards suggested that the eighteenth century was a crucial period for shifts in the perception of childhood, monographs on eighteenth-century children have been slower to appear. In recent decades, however, a large amount of scholarship has begun to address the subject, in part as a result of increased interest in the study of eighteenth-century society and culture.<sup>33</sup> At the other end of the spectrum, a larger body of historical research has accumulated on the subject of nineteenth-century children, particularly in relation to issues such as child labour laws and child protection schemes.<sup>34</sup> Significantly, much of this research has focused on lower-class children, in contrast to the majority of work on early modern children which, with some exceptions, has tended to privilege children from the middling and upper orders.<sup>35</sup> In recent years, historians of the seventeenth and eighteenth centuries have begun to bridge this gap, devoting greater attention to the children of the poor and

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<sup>32</sup> Evidence of parents mourning children has often been used as evidence of parental affection for children, though most historians have noted that expressions of grief, as well as funeral monuments, changed over time. Fletcher, Pollock, and Houlbrooke also all suggest that parents expressed a greater level of grief when older children died. Woods, *Children Remembered*; Anthony Fletcher, *Growing Up in England: The Experience of Childhood, 1600-1914* (New Haven, 2008), 81-93; Pollock, *Forgotten Children*, 127-133; Houlbrooke, *The English Family*, 136.

<sup>33</sup> The Ashgate series on the history of childhood, focused on the period between 1700 and the present day, has resulted in several recent monographs and edited volumes on the subject of eighteenth-century children and childhood, most notably: Anja Müller, ed., *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot, 2006); Anja Müller, *Framing Childhood in Eighteenth-Century English Periodicals and Prints, 1689-1789* (Aldershot, 2009).

<sup>34</sup> Recent studies of children of the poor in the nineteenth century include: Eric Hopkins, *Childhood Transformed: Working Class Children in Nineteenth-Century England* (Manchester, 1994); Frank Crompton, *Workhouse Children* (Phoenix Mill, 1997); Lydia Murdoch, *Imagined Orphans: Poor Families, Child Welfare, and Contested Citizenship in London* (New Brunswick, 2006).

<sup>35</sup> One notable exception is Hugh Cunningham, *The Children of the Poor: Representations of Childhood Since the Seventeenth Century* (Oxford, 1991).

how they were perceived by society at large.<sup>36</sup> Studies of apprenticeship arrangements in particular have been instrumental in illuminating the experiences of children at all levels of society, and have demonstrated that the involvement of children in the world of work was not necessarily synonymous with a lack of concern for children.<sup>37</sup> Eighteenth-century philanthropic projects which had children at their centre have also provided historians with a means of assessing the experiences and social perceptions of poor children.<sup>38</sup> In addition, historians such as Carolyn Steedman have been particularly effective in fusing examination of adult perceptions of children and childhood, philanthropically-based and otherwise, with a consideration of the lives and circumstances of specific groups of poor children, such as climbing boys and child acrobats.<sup>39</sup>

Within these post-1980s studies of the history of children and childhood, much of the research agenda has been set by larger trends in social history, and by an evolving tendency of historians to embrace the methods and approaches of other disciplines, such as literary studies, anthropology, and sociology. As Colin Heywood has argued, sociological research, in particular, has encouraged a departure from the notion of childhood as an imperfect stage of pre-adulthood, and towards a corresponding recognition that childhood is, in fact, a social construct, rather than simply a biological

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<sup>36</sup> Patricia Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford, 2010); Dianne Elizabeth Payne, 'Children of the Poor in London, 1700-1780', PhD thesis, University of Hertfordshire, 2008.

<sup>37</sup> Recent studies of apprenticeship include: Pamela Horn, *Children's Work and Welfare, 1780-1880s* (Houndmills, 1994); Joan Lane, *Apprenticeship in England, 1600-1914* (London, 1996); Katrina Honeyman, *Child Workers in England, 1780-1820: Parish Apprentices and the Making of the Early Industrial Labour Force* (Aldershot, 2007); Alysa Levene, "'Honesty, Sobriety and Diligence": Master-Apprentice Relations in Eighteenth-and-Nineteenth-Century England', *Social History* 33/2 (2008), 183-200.

<sup>38</sup> Jeroen J.H. Dekker, 'Transforming the Nation and the Child: Philanthropy in the Netherlands, Belgium, France and England, c. 1780- c. 1850', in Hugh Cunningham and Joanna Innes, eds. *Charity, Philanthropy and Reform From the 1690s to 1850* (Houndmills, 1998), 130-47; Diane Payne, 'London's Charity School Children: The "Scum of the Parish"', *British Journal for Eighteenth-Century Studies* 29 (2006), 383-97.

<sup>39</sup> Carolyn Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780-1930* (London, 1995). A similar approach has also influenced studies of eighteenth-century wild children: Julia A. Douthwaite, *The Wild Girl, Natural Man and the Monster: Dangerous Experiments in the Age of Enlightenment* (Chicago, 2002).

life stage.<sup>40</sup> In accordance with this shift, recent topics of inquiry have included: the roles of children in family violence and the proportion of children and youth among rates of suicide;<sup>41</sup> children and crime;<sup>42</sup> children and sexuality;<sup>43</sup> the gendered experience of childhood;<sup>44</sup> childhood culture;<sup>45</sup> rites of passage into adolescence and adulthood;<sup>46</sup> toys and consumer culture;<sup>47</sup> the rise of books for children;<sup>48</sup> and the education of children.<sup>49</sup> While parent-child relations still remain a source of inquiry, attempts have been made to develop a more nuanced approach which accounts for the gendered nature of parenting practices,<sup>50</sup> or the relationships between siblings.<sup>51</sup> Efforts have also been made to

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<sup>40</sup> Heywood, *A History of Childhood*, 3-5, 9.

<sup>41</sup> Terrence R. Murphy, “‘Woeful Childe of Parents Rage’: Suicide of Children and Adolescents in Early Modern England: 1507-1710”, *The Sixteenth-Century Journal* 17/3 (1986), 259-70; Elizabeth A. Foyster, ‘Silent Witnesses? Children and the Breakdown of Domestic and Social Order in Early Modern England’ in Fletcher and Hussey, eds. *Childhood in Question*, 57-73; Jessica Warner, “‘My Pappa is out and my Mamma is asleep’: Minors, Their Routine Activities and Interpersonal Violence in an Early Modern Town: 1653-1781’, *Journal of Social History* 36/3 (2003), 561-84; Greg T. Smith, ‘Expanding the Compass of Domestic Violence in the Hanoverian Metropolis’, *Journal of Social History* 41/1 (2007), 31-54.

<sup>42</sup> Uwe Böker, ‘Childhood and Juvenile Delinquency in Eighteenth Century *Newgate Calendars*’, in Anja Müller, *Fashioning Childhood in the Eighteenth Century*, 135-44; Tamara S. Wagner, “‘We have orphans [...] in stock’: Crime and the Consumption of Sensational Children’, in Dennis Denisoff, ed. *The Nineteenth-Century Child and Consumer Culture*, 201-15; Paul Griffiths, ‘Juvenile Delinquency in Time’ in Pamela Cox and Heather Shores, eds. *Becoming Delinquent: British and European Youth, 1650-1950* (Aldershot, 2002), 25-43.

<sup>43</sup> The application of Freudian concepts of oral and sexual drives to the history of child-rearing has been attempted by historians such as Alice Ryerson, but has proven to be problematic: Ryerson, ‘Medical Advice on Child-Rearing’. Recent attempts to identify past sexual practices which involved children have been more successful: Julie Gammon, “‘A Denial of Innocence’: Female Juvenile Victims of Rape and the English Legal System in the Eighteenth Century’, in Fletcher and Hussey, eds. *Childhood in Question*, 74-95; George Rousseau, ed. *Children and Sexuality: From the Greeks to the Great War* (Basingstoke, 2007).

<sup>44</sup> P.J.P Goldberg, ‘Childhood and Gender in Later Medieval England’, *Viator* 39/1 (2008), 249-62.

<sup>45</sup> Keith Thomas, ‘Children in Early Modern England’, in *Children and Their Books: A Celebration of the Work of Iona and Peter Opie* (Oxford, 1989), 45-77; Peter Borsay, ‘Children, Adolescents and Fashionable Urban Society in Eighteenth-Century England’, in Anja Müller, ed. *Fashioning Childhood*, 53-62.

<sup>46</sup> Ilana Krausman Ben-Amos, *Adolescence and Youth in Early Modern England* (New Haven, 1994).

<sup>47</sup> Karin Calvert, *Children in the House: The Material Culture of Early Childhood, 1600-1900* (Boston, 1992); Tessa Michals, ‘Experiments Before Breakfast: Toys, Education and Middle-Class Childhood’ in Denisoff, ed. *The Nineteenth-Century Child and Consumer Culture*, 29-42; Patricia Crown, ‘The Child in the Visual Culture of Consumption, 1790-1830’ in Anja Müller, ed. *Fashioning Childhood*, 63-79.

<sup>48</sup> Andrew O’Malley, *The Making of the Modern Child: Children’s Literature and Childhood in the Late Eighteenth Century* (New York, 2003); Mary Hilton and Morag Styles, eds. *Opening the Nursery Door: Reading, Writing and Childhood, 1600-1900* (London, 1997).

<sup>49</sup> Mary Hilton and Jill Shefrin, eds. *Educating the Child in Enlightenment Britain: Beliefs, Cultures, Practices* (Farnham, 2009); Deborah Simonton, ‘Schooling the Poor: Gender and Class in Eighteenth-Century England’, *British Journal for Eighteenth-Century Studies* 23/2 (2000), 183-202.

<sup>50</sup> Fletcher, *Growing Up in England*; John Tosh, ‘Authority and Nurture in Middle-Class Fatherhood: The Case of Early and Mid-Victorian England’, *Gender & History* 8/1 (1996), 48-64; Megan Doolittle, ‘Fatherhood, Religious Belief and the Protection of Children in Nineteenth-Century English Families’, in Trev Lynn Broughton and Helen Rogers, eds. *Gender and Fatherhood in the Nineteenth Century*

contextualise parent-child relations by linking developments in child-rearing to changes in religion and the expression of spirituality.<sup>52</sup> This model has been employed in particular in relation to Puritan parents, especially those in colonial America.<sup>53</sup> These efforts to place children, as well as parent-child relations, within a specific context of time and place reflect the current state of research on the history of childhood. In general, as mentioned above, most scholars have attempted to move away from the notion of childhood as a timeless category and towards ideas of children and childhood that embrace social and cultural contexts.<sup>54</sup>

While the field of child history has benefited from an explosion of research in the past several decades, historians have begun to lament the lack of a master narrative to replace, or at least to modify, the narrative suggested by Ariès. Most recently, the six-volume series, *A Cultural History of Childhood and Family*, has sought to fill this gap by providing an overview of the experiences of children from antiquity through to the modern age, thereby structuring a much-needed narrative of the history of childhood which partially breaches problematic chronological divisions while still embracing

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(Houndmills, 2007), 31-42; Joanne Bailey, 'Reassessing Parenting in Eighteenth-Century England', in Berry and Foyster, eds. *The Family in Early Modern England*, 209-32.

<sup>51</sup> Patricia Crawford, *Blood, Bodies and Families in Early Modern England* (Harlow, 2004), 209-238; Naomi J. Miller and Naomi Yavneh, eds. *Sibling Relations and Gender in the Early Modern World: Sisters, Brothers and Others* (Aldershot, 2006). Much of the emphasis in both studies, however, is on relationships between adult siblings. Interaction between child and adolescent siblings is explored in: Amy Harris, "'This I Beg my Aunt May Not Know": Young Letter-Writers in Eighteenth-Century England, Peer Correspondence in a Hierarchical World', *The Journal of the History of Childhood and Youth* 2/3 (2009), 333-60.

<sup>52</sup> Kathryn Sather, 'Sixteenth and Seventeenth-Century Child-Rearing: A Matter of Discipline', *Journal of Social History* 22/4 (1989), 735-43.

<sup>53</sup> John C. Sommerville, *The Discovery of Childhood in Puritan England* (Athens, 1992); Philip Greven, *The Protestant Temperament: Patterns of Child-Rearing, Religious Experience and the Self in Early America* (New York, 1977). Greven combined a model of religious change with a model of class-based differences in child-rearing, producing a three-tiered system organized around family types labelled evangelical, moderate and genteel. He later reassessed his theory, placing greater emphasis on the existence of physical and emotional abuse of children in the early American world: Philip Greven, 'The Self Shaped and Misshaped: *The Protestant Temperament Reconsidered*', in Ronald Hoffman, et al., eds. *Through a Glass Darkly: Reflections on Personal Identity in Early America* (Williamsburg, 1997), 348-69. A more recent examination of early American childhood can be found in: James Marten, ed. *Children in Colonial America* (New York, 2007).

<sup>54</sup> Anja Müller has spoken directly to this agenda by suggesting that childhood is a stage of life constituted by specific contexts and discourses: Müller, ed. *Fashioning Childhood*, 4; Müller, *Framing Childhood*, 10-12.

elements of change over time.<sup>55</sup> While these volumes certainly do not represent the final word on the history of childhood, they do indicate the continued vibrancy and relevance of historical research into the histories of children and childhood, and the capacity for such studies to interact with the larger concerns of social and cultural history.

*Children in the Eighteenth Century: What Was Changing?*

This thesis engages in several respects with the historiographical debates discussed above. Though there are flaws in the modernization thesis advanced by Ariès, Shorter, Stone, and others, not least the problem of determining a clear moment of transition from a premodern to a modern world, it is difficult to ignore J.H Plumb's argument that the world of and for children was different in the eighteenth century than it had been previously.<sup>56</sup> There were significant shifts in the eighteenth century, both in the circumstances of children, and in how children and childhood were perceived. However, instead of searching for a clear moment of transition, it is more useful to see such developments as part of long-term changes which did not affect all children, or perceptions of all children, in the same way. Margaret Ezell suggests that attitudes towards children 'act like the bits of colored glass in a kaleidoscope: all the pieces making up the image of childhood are present from the seventeenth century, but the patterns change during the eighteenth, depending on which way one turns the focus'.<sup>57</sup> The eighteenth century witnessed the beginnings of a consumer market of books and toys tailored specifically for children, the rise of systematic education for larger proportions of the child population, and the emergence of well-administered institutions designed to care specifically for children. There was also considerable change in how childhood was perceived, and in how parents approached the task of child-rearing.

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<sup>55</sup> Elizabeth Foyster and James Marten, eds. *A Cultural History of Childhood and Family*, 6 vols. (Oxford, 2010).

<sup>56</sup> J.H Plumb, 'The New World of Children in Eighteenth-Century England', *Past and Present* 67 (1975), 64-95.

<sup>57</sup> Margaret J.M. Ezell, 'John Locke's Images of Childhood: Early Eighteenth-Century Response to *Some Thoughts Concerning Education*', *Eighteenth Century Studies* 17/2 (1983-4), 139.

Contributing to this eighteenth-century shift in how children and childhood were perceived was the influence of the transition between the theories of Locke and Rousseau, often seen as part of a chain of transitions between paradigms of childhood.<sup>58</sup> Locke's attitude towards children was not a complete departure as there was already considerable antipathy at the time his work was published to the religiously-based view of the child as a sinful being requiring punishment for the sake of salvation.<sup>59</sup> At the time Locke was writing, breaking the child's will had already begun to give way to efforts to instil social virtue, rooted in the idea of the child as a developing citizen governed by social morality and reason. In *Some Thoughts Concerning Education* (1693) Locke argued that the child's mind was a blank slate upon which would be written character and personality acquired through experience. Locke compared a child to 'white Paper, or Wax, to be moulded and fashioned as one pleases'.<sup>60</sup> The idea was expanded in 1762 with Rousseau's *Emile*, an orphan, and thus the ultimate blank slate.<sup>61</sup> *Emile* was a child removed from the influence of both mother and father, who could thus be raised by an expert, in this case his tutor. The assumption was clear; raising a child was no simple matter. Significantly, it was no longer something that parents could master without outside assistance, simply by channelling natural instinct. These larger shifts in perceptions of childhood and notions of childrearing thus had a considerable role to play in encouraging eighteenth-century medical interest in children and in carving a niche for the medical practitioner to occupy as an authority on child health. As such, this thesis agrees with Mary Lindemann, who has argued, in an echo of Plumb, 'in respect to

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<sup>58</sup> Adriana S. Benzaquén, 'Childhood, Identity and Human Science in the Enlightenment', *History Workshop Journal*, 57 (2004), 35. Cunningham suggests a trajectory can be traced between Erasmus, Locke, Rousseau, and Wordsworth: Hugh Cunningham, *Children and Childhood in Western Society Since 1500* (Essex, 1995), 41.

<sup>59</sup> Plumb, 'The New World of Children', 68.

<sup>60</sup> John Locke, *Some Thoughts Concerning Education* (London, 1693), 261.

<sup>61</sup> Jean Jacques Rousseau, *Emilius and Sophia: or, a new system of Education. Translated from the French of J.J Rousseau, Citizen of Geneva. By the Translator of Eloisa*, 2 vols. (London, 1762).

medicine and health, the 1700s can lay a reasonable claim to the title of the first “century of the child”.<sup>62</sup>

### *Children and Medicine in the Eighteenth Century*

Despite the fact that research into both the history of childhood and the social history of medicine has flourished in the past 30 years, the two research agenda have seldom been combined. This is not to suggest that historians of childhood have overlooked issues of health, or that historians of medicine have ignored the provision of medical care for children. Most studies of childhood and of family life include some discussion of how parents dealt with the problems of sick or dying children.<sup>63</sup> Yet, in most of these studies, the primary relationship under examination is that of the parent and child, rather than that of the child and the medical practitioner. Additionally, most of these studies are concerned primarily with foregrounding the issue of affection between parent and child, using times of sickness as evidence of the concern parents demonstrated for children. As a result, the actual medical care provided for children often occupies a secondary position in these accounts. In recent years, the subject of children’s health has been examined in greater detail, though usually still within the context of family history.<sup>64</sup>

For historians of medicine, the subject of child health has often been a matter of passing reference, save for studies of the rise of paediatrics, which have had a tendency

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<sup>62</sup> Mary Lindemann, ‘Health and Science’ in Elizabeth Foyster and James Marten, eds. *A Cultural History of Childhood and Family*, vol. iv: *In the Age of Enlightenment* (Oxford, 2010), 165.

<sup>63</sup> Houlbrooke, *The English Family*, 132-138; Fletcher, *Growing Up in England* 55-62, 81-93; Pollock, *A Lasting Relationship*;

<sup>64</sup> James C. Riley, ‘The Sickness Experience of the Josselins’ Children’, *Journal of Family History* 14/4 (1989), 347-63; Helena M. Wall, “‘My Constant Attension on My Sick Child’: The Fragility of Family Life in the World of Elizabeth Drinker”, in James Alen Marten, ed. *Children in Colonial America*, 155-67; Hannah Claire Newton, ‘The Sick Child in Early Modern England, c.1580-1720’, PhD thesis, University of Exeter, 2009. Fewer studies have examined medicine for children outside the context of the family, but there have been some exceptions, such as: Adriana S. Benzaquén, ‘The Doctor and the Child: Medical Preservation and the Management of Children in the Eighteenth Century’, in Anja Müller, ed. *Fashioning Childhood*, 13-24; Andrew N. Williams, ‘Eighteenth-Century Child Health Care in a Northampton Infirmary: A Provincial English Hospital’, *Family and Community History* 10/2 (2007), 153-66; Alysa Levene, *Childcare, Health and Mortality at the London Foundling Hospital, 1741-1800: ‘Left to the mercy of the world’* (Manchester, 2007). A combined approach of examining the child both within the context of the family and in relation to larger societal structures has been taken by Margaret Pelling, ‘Child Health as a Social Value in Early Modern England’, *Social History of Medicine* (1988), 135-64.

to chronicle the progression of texts, rather than how medical perceptions of children changed, or how the actual medical care of children was conducted.<sup>65</sup> There are several reasons why children have been relatively overlooked by historians of medicine. Firstly, the patient-centred approach to medical history has yielded a great deal of information about how health was managed by the individual, usually within the model of a medical marketplace of patient choice in which the practitioner sold his services as a commodity.<sup>66</sup> This strategy, however, has had an obvious disadvantage for the study of children since the choices of children were typically mediated by parents and guardians, rendering children less than full participants in medical exchanges. Secondly, the role of parents in providing health care for children has also obscured the extent to which medical practitioners were involved with child patients, wrongly implying that medical provision for children is a subject for family historians rather than historians of medicine. Lastly, the study of children's health has also been sidelined by histories of eighteenth-century medicine predicated upon the shift from 'bedside' to 'hospital' medicine, or the rise of the birth of the clinic and the loss of patient agency in the medical exchange.<sup>67</sup> As children were generally considered unable to participate in diagnosis, their agency as patients was not destroyed by the advent of clinical medicine, and they were thus not part of what Jewson described as the 'disappearance of the sick man'. Collectively, these factors have contributed to a gap in the historiography which can be filled by combining the history of children with the social history of medicine. A key aim of this thesis,

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<sup>65</sup> Full-length studies of the history of paediatrics include: John Rührhah, *Pediatrics of the Past* (New York, 1925); George Frederic Still, *The History of Paediatrics: The Progress of the Study of the Diseases of Children up to the End of the XVIIIth Century*, repr. (London, 1965); Arthur F. Abt, and Fielding H. Garrison, *Abt-Garrison History of Pediatrics* (Philadelphia, 1965); A.R Colón, and P.A Colón, *Nurturing Children: A History of Pediatrics* (Westport, 1999).

<sup>66</sup> Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14/2 (1985), 175-98; Porter and Porter, *In Sickness and in Health*. For discussion of the medical marketplace see Chapter 2.

<sup>67</sup> The notion of the birth of the clinic as tied to the objectification of the patient was popularised by Michel Foucault while Jewson's scheme of the shifts from bedside to hospital to laboratory medicine has been used to suggest similar shifts in doctor-patient relationships: Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, tr. A.M Sheridan (1973; repr. London, 2006); N.D Jewson, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870', *Sociology* 10 (1976), 225-44.

therefore, is to return children to a place of importance in a narrative of eighteenth-century medicine.

As this thesis contends, closer examination of eighteenth-century medical interest in children has the potential to contribute to several areas currently under discussion among historians of medicine. In recent years, historians of early modern and eighteenth-century medicine have demonstrated that medical authority was under continual construction in the period, and that specialisation both increased and threatened the prestige of medical practitioners.<sup>68</sup> Though, as historians have suggested, the traditional tripartite division of medicine was slowly being eroded in the eighteenth century by the rise of surgeon-apothecaries and other general practitioners, there was still reticence, particularly among physicians, to condone the breakdown of medical practice into specialist niches which continued to be equated with quackery.<sup>69</sup> When seen in this light, the development of medical interest in children acquires an additional level of importance, both as evidence that some practitioners were moving towards greater specialisation, and as an indication of the hurdles they faced in doing so.

Also contributing to emerging claims of medical authority were institutions, such as hospitals which, as historians have suggested, acted as imposing spaces, establishing and then reinforcing medical authority.<sup>70</sup> As the negative view of eighteenth-century hospitals as little more than centres of mortality has declined, scholars have argued that hospitals, as sites of education and experience, played a crucial role in eighteenth-century

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<sup>68</sup> The juxtaposition between regular and irregular medicine is examined in, among others: Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, 1986); W.F. Bynum and Roy Porter, eds. *Medical Fringe and Medical Orthodoxy, 1750-1850* (Beckenham, 1987); Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester, 1989); Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford, 2003). The complications attached to the development of medical specialisation are explored in: George Rosen, *The Specialization of Medicine, with Particular Reference to Ophthalmology* (New York, 1972); Weisz, *Divide and Conquer*.

<sup>69</sup> Loudon, *Medical Care and the General Practitioner*, 18. As Penelope Corfield argues, this reticence was also motivated by the institutionalization of the tripartite divisions in the medical colleges: Penelope J. Corfield, *Power and the Professions in Britain, 1700-1850* (London, 1995), 149-51.

<sup>70</sup> Mary E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), 7, 35; Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), 3.

changes to medical practice.<sup>71</sup> Similarly, institutions played a central role in how medical practitioners worked to understand the diseases of children, and how they justified their claims to authority over children's health. Traditionally, authorities on children's health were those who possessed knowledge acquired through experience, namely mothers, nurses, and other female caretakers of children. In order to counteract this assumption, medical practitioners needed to gain experience with child patients, and institutions provided them with the means of doing so. The aim of this thesis is not to suggest that authority over children's health became, over the course of the eighteenth century, entirely vested in the male medical practitioner, or that medical authority was in any way fixed within clearly defined boundaries, or solely within institutions. Rather, the intention here is to examine how medical practitioners aimed to fuse knowledge gained through learning and knowledge gained through experience, thereby providing a more comprehensive basis for their claims to authority on the subject. An important element in this effort was the role played by institutions; not only those which were strictly medical, but also those, like the Foundling Hospital, which were tasked with ensuring the health of young charges.

In examining institutions such as the Foundling Hospital, this thesis fits with the above discussions among historians of medicine concerning the importance of eighteenth-century institutions as places where medical practitioners could gain valuable experience. As historians such as Alys Levene have argued, high profile institutions like the Foundling Hospital also served an additional function as social experiments in raising children.<sup>72</sup> The Foundling Hospital provided a space within which ideas about everything from wet-nursing to inoculation for smallpox could be explored by practitioners and new methods could be tested. Secondly, the visibility of institutions like the Foundling

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<sup>71</sup> Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986), 2-4; Lawrence, *Charitable Knowledge*.

<sup>72</sup> Levene, *Childcare, Health and Mortality*, 202.

Hospital and the dispensaries, where children received increased medical provision, also enhanced the importance of children's health and kept issues of child sickness and child mortality in the public eye. Lastly, and most importantly, institutions provided an arena for medical practitioners to encounter child patients, in many cases over long periods of time and, in the case of the Foundling Hospital, without the interference of parents.

These experiences had a direct impact on how medical authority over children's health was constructed and reinforced over the course of the eighteenth century.

As mentioned above, gender also had a particular role to play in the development of medical interest in children. As such, this thesis intersects with the growing number of studies on the gendering of medical practice and the rise of the man-midwife.<sup>73</sup> As historians have suggested, both man-midwifery and changing ideas about the science of reproduction brought medical practice related to the female body and attendant issues of gender and authority to the fore.<sup>74</sup> Crucially, the emergence of man-midwifery raised the question of how a male medical practitioner could involve himself in an area of medicine formerly dominated by women, while still retaining his legitimacy and masculinity. As Lisa Forman Cody argues, male midwives were successful 'not because they coerced the mother, but partly because they taught fellow inhabitants of the public sphere what it was

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<sup>73</sup> The traditional view is that the arrival of the man-midwife robbed women of their role in the birthing room. More recently, historians have suggested that the emergence of man-midwifery was tied to female agency: Judith Schneid Lewis, *In the Family Way: Childbearing in the British Aristocracy, 1760-1860* (New Brunswick, 1986); Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (London, 1995). Another strand of historiographical inquiry has focused on examining the gendered dimensions of medical practice, often in relation to male involvement in the care of women and children, and the accompanying gender anxieties: Caroline Bicks, 'Midwiving Virility in Early Modern England' in Miller and Yavneh, *Maternal Measures*, 49-64; Roy Porter, 'A Touch of Danger: The Man-Midwife as Sexual Predator' in G.S Rousseau and Roy Porter, eds. *Sexual Underworlds of the Enlightenment* (Manchester, 1987), 206-32. A more comprehensive overview of the gendering of medical practice is provided by Margaret Pelling, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in Hilary Marland and Margaret Pelling, eds. *The Task of Healing: Medicine, Religion, and Gender in England and the Netherlands, 1450-1800* (Rotterdam, 1996), 101-33; Margaret Pelling, 'Thoroughly Resented?: Older Women and the Medical Role in Early Modern London', in Lynette Hunter and Sarah Hutton, eds. *Women, Science, and Medicine, 1500-1700: Mothers and Sisters of the Royal Society* (Phoenix Mill, 1997), 63-88.

<sup>74</sup> Male medical understandings of the female body have been examined in: Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries* (Hemel Hempstead, 1989); Barbara Duden, *Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (trans. Thomas Dunlap, Cambridge, 1991); Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford, 2004); Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford, 2005).

to be a man'.<sup>75</sup> Harnessing the culture of sensibility, male midwives were able to reconfigure their own masculinity, criticising the assumption that only a woman had the sensitivity and experience to understand the female body. The arguments of Cody and others can easily be applied to the emergence of medical interest in children which, as will be argued here, raised many of the same questions concerning the gendering of medical practice.

The gendering of medical practice related to children can also be connected to studies of parenthood, and fatherhood in particular.<sup>76</sup> In involving themselves in medicine for children, medical men were often inspired by their roles as biological fathers and 'civic fathers'.<sup>77</sup> Indeed, they often justified their own interest in an area of medicine previously delineated as women's work by positioning themselves as fathers, an acceptable and respectable role for a man to have in relation to a child. Just as the spectrum of maternal or care-giving roles extended beyond mothers, so the spectrum of paternal roles extended beyond biological fatherhood.<sup>78</sup> This blurring of the boundaries between the man as a public father, and the man as a private father, speaks to the ongoing debate surrounding the division between the public and private spheres in the eighteenth century.<sup>79</sup> This debate has particular significance for the rise of medical interest in

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<sup>75</sup> Lisa Forman Cody, 'The Politics of Reproduction: From Midwives' Alternative Public Sphere to the Public Spectacle of Man Midwifery', *Eighteenth-Century Studies* 32/4 (1999), 488.

<sup>76</sup> Several historians have begun to examine the gendering of parenthood. Most recently: Bailey, 'Reassessing Parenting'; Fletcher, *Growing Up in England*; Lisa Wilson, "'Ye Heart of a Father": Male Parenting in Colonial New England', *Journal of Family History* 24/3 (1999), 255-74; Broughton and Rogers, eds. *Gender and Fatherhood in the Nineteenth Century*. Eighteenth-century mores of masculinity have also been the subject of numerous studies, including: Philip Carter, *Men and the Emergence of Polite Society in Britain, 1660-1800* (Harlow, 2001); Robert B. Shoemaker, *Gender in English Society, 1650-1850: The Emergence of Separate Spheres?* (Harlow, 1998); Michèle Cohen, *Fashioning Masculinity: National Identity and Language in the Eighteenth Century* (London, 1996).

<sup>77</sup> The term 'civic fathers' is taken from Patricia Crawford's study of poor parents in the early modern period. Crawford defines the term as 'men who undertook public roles as fathers of poor children, substituting adequate fathers for inadequate or absent ones': Crawford, *Parents of Poor Children*, 194.

<sup>78</sup> Multiple caregiving roles assumed by women have been examined in: Miller and Yavneh, eds. *Maternal Measures*.

<sup>79</sup> An overview of the arguments of Koselleck and Habermas can be found in Dena Goodman, 'Public Sphere and Private Life: Towards a Synthesis of Current Historiographical Approaches to the Old Regime', *History and Theory* 31/1 (1992), 1-20. Recent historiography on the public sphere has worked to collapse the boundaries between public and private, now seen as largely artificial, particularly in relation to class and gender: Amanda Vickery, 'Golden Age to Separate Spheres? A Review of the Categories and

children since experiences with both biological fatherhood and civic fatherhood were often used by medical men to justify their interest in children's health.

Also under-explored is the issue of how larger shifts in medical culture directed medical interest towards children. The extent to which the Enlightenment can be seen as a positive influence on eighteenth-century medicine has been the subject of considerable debate among historians.<sup>80</sup> As Porter has argued, the Enlightenment influence in the eighteenth century was apparent in the secularization of understandings of sickness and cure, the expansion of medical institutions and changing expectations about health.<sup>81</sup> Increased interest in children should also be seen as part of this Enlightenment impact on medicine, and complementary to the strands of influence isolated by Porter and others. The decline of Galenism had particular importance for medical understandings of children. The movement away from the patient narrative and towards the observation of signs and symptoms assisted in medical willingness to see children as patients since the lack of a coherent patient narrative was frequently cited by practitioners as their main reason for avoiding children as patients. In addition, the Enlightenment emphasis on disease as avoidable discouraged some of the fatalism, which had previously influenced some approaches to sick children. Lastly, Enlightenment optimism about the possibilities of understanding nature encouraged new approaches to health, sickness, and the body. As will be discussed in Chapter Five it was in this context that nosologies, the categorisation of diseases, had a particular role to play.

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Chronology of English Women's History', *The Historical Journal* 36/2 (1993), 383-414; Dario Castiglione and Lesley Sharpe, eds. *Shifting the Boundaries: Transformation of the Languages of Public and Private in the Eighteenth Century* (Exeter, 1995).

<sup>80</sup> Part of this debate has centred around the problem of isolating a single 'Enlightenment'. As Israel argues, the Enlightenment period engendered two opposing approaches to medical change: Jonathan I. Israel, 'Enlightenment, Radical Enlightenment, and the "Medical Revolution" of the Late Seventeenth and Eighteenth Centuries' in Ole Peter Grell and Andrew Cunningham, eds. *Medicine and Religion in Enlightenment Europe* (Aldershot, 2007), 6. Most historians, however, have suggested that it is possible to speak of an English or Scottish Enlightenment which contributed, in a general sense, to a feeling of optimism about the power of medicine and the associated importance of medical institutions and re-assessment of traditionally-held medical beliefs: Guenter B. Risse, 'Medicine in the Age of Enlightenment' in Andrew Wear, ed. *Medicine in Society: Historical Essays* (Cambridge, 1992), 150.

<sup>81</sup> Roy Porter, 'Was There a Medical Enlightenment in Eighteenth-Century England?', *British Journal for Eighteenth-Century Studies* 5/1 (1982), 54-5.

In addition to shedding light on understandings of medical authority, the role of institutions, the gendering of medical practice, fatherhood, and the Enlightenment influence on medicine, the examination of medical interest in children also has particular relevance to historiographical discussion surrounding the provision of medical aid for the poor in the eighteenth century. Medical interest in children was encouraged, in part, by debates surrounding the problematic nature of the children of the poor. Poor children existed in the popular imagination as ‘objects which convey to our Minds a double Idea of Helplessness, and by which we are doubly called upon to offer every Relief in our Power’.<sup>82</sup> Consequently these children were the subjects of much attention from philanthropists and reformers who were quite willing to see children as a particularly deserving subsection of the poor population. This state of affairs had a direct impact on the expansion of medical provision for children and also had considerable influence in encouraging medical practitioners to devote attention to children. George Armstrong’s Dispensary for the Infant Poor, for example, targeted

the Children of the industrious Poor, viz. of Journeymen, Artificers, Handicraftmen, and Labourers, who can just procure their Children Maintenance and Raiment, but [are] not able to get the Advice of the Faculty in difficult Cases, or to pay for proper Medicines.<sup>83</sup>

While the plight of the children of the poor was instrumental in encouraging medical interest in children, it is important to note that medical practitioners often addressed issues of children’s health in a more general manner. In part this was a result of the medium through which they were addressing the public. The manuals they wrote were often aimed at a combined audience of other medical practitioners and educated parents from the middling and upper orders. In general, the assumption was often made that the bodies of children were similar from one class to another, though the environment in which a child lived, of course, had a measurable impact on his or her

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<sup>82</sup> *Plan of the General Dispensary for inoculating and administering advice and medicines gratis to all the infant poor at their own habitations and at the dispensary...* (London, 1794), 5.

<sup>83</sup> ‘State of the Dispensary for the Infant Poor’, *London Chronicle*, 31 Aug- 2 Sep, 1769.

health. This thesis contends that, while medical discourses often spoke of children in general, the children of the poor were crucial to medical practitioners, since it was these children who received medical treatment in dispensaries, in the London Foundling Hospital, and to some degree, in other London medical institutions. Medical practitioners interested in children's health gained experience with child patients by treating the children of the poor in institutions. They then applied what they learned when speaking of children in a more general sense.

### *Sources*

This thesis utilizes a variety of primary source material to explore how medical interest in, and authority over, children's health developed. Since the primary consideration here is with medical understandings of children, rather than the place of the child in the home, medical literature and the records of institutions provide the bulk of primary source material examined. The decision to focus on children outside the home does not reflect a suggestion that medicine in the home was in any way unimportant or that there was a wholesale shift away from domestic management of childhood illness. This decision was motivated instead by the desire to construct a complementary narrative to the large body of research that has examined parent-child relations and the provision of medical care for children within the home. Though this thesis does touch on issues of parent-child relations, particularly in terms of the roles ascribed to mothers and fathers by medical practitioners, the primary relationship under examination here is the relationship between the child and the medical practitioner; more particularly, how medical practitioners approached children as patients, and how they sought to understand the diseases children suffered from.

The printed medical literature examined in this thesis was drawn from a fairly broad spectrum, from domestic medical texts like William Buchan's *Domestic Medicine*, through to more comprehensive textbooks, such as Michael Underwood's *A treatise on*

*the diseases of children*, articles on children's health published in the *Philosophical Transactions* and the *London Medical Journal*, and lectures given on the diseases of children. Examining a broad collection of texts was intentional since, in the eighteenth century, no clear dividing line existed between literature designated for a popular audience and texts intended solely for medical practitioners. As several historians have suggested, efforts to differentiate between lay and professional medical knowledge in the early modern period do a disservice to the lingering overlap between lay and medical understandings of the body and disease.<sup>84</sup> Also contributing to the variety of texts examined in this thesis was the recognition that, as will be discussed in Chapter Three, information on children's health could be found in a variety of places in eighteenth-century printed literature, and to adopt a more narrow focus would exclude a great deal of valuable material.

These printed sources are not, however, unproblematic. The difficulties of using advice texts as evidence of behaviour have been identified by several historians though, as Hugh Cunningham has succinctly suggested, 'we might do better to assume that the advice was necessary only because practice was to the contrary'.<sup>85</sup> Seen in this light, the endless admonitions to parents not to coddle their children should be read as evidence of a surfeit of affection in parent-child relations rather than as a deficit of emotion. Similarly, the fact that so many medical writers campaigned against the damaging practices of nurses and midwives, should not necessarily be taken as evidence that these women were particularly deficient caretakers of children. As will be discussed in this thesis, such admonitions were, in fact, part of efforts on the part of medical practitioners to position themselves as authorities on issues of child rearing and children's diseases.

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<sup>84</sup> Roy Porter, 'Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*', in Roy Porter, ed. *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), 293; Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London, 1987), 4; Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000), 105.

<sup>85</sup> Cunningham, *Children and Childhood in Western Society*, 43.

These texts are thus extremely useful sources for examining how medical practitioners construed their own roles in relation to the women who traditionally dominated childcare. Conversely, those texts which addressed a more explicitly medical audience are useful for studying how medical practitioners communicated new theories and therapeutic practices to one another. Since medical practice as it related to children was under continual formation in this period, printed texts were an absolutely crucial medium for spreading medical interest in children, initiating a dialogue, and disseminating new ideas.

The records of institutions have provided a second set of primary sources for this thesis. The records of the London Foundling Hospital, in particular, yield a wealth of information on how the health of children was managed within an institution. Though the Foundling Hospital was not, strictly speaking, a medical institution, the medical function of the Hospital was crucial to its operation. The Hospital undertook to care for children from infancy through to adulthood and, as such, the institution was intimately concerned with ensuring the continued health of its children, a task which could not be accomplished without the assistance of medical practitioners and the consideration of medical matters by the governors and administrators of the Hospital.

The Foundling Hospital was visible in the public eye for so much of its eighteenth-century history that it is not surprising that a staggering array of detailed records were kept by the administration. The General and Sub Committee Minutes kept by the Hospital's governors provide a chronicle of how medical policies of the institution changed over time, and of the role the Hospital's medical practitioners and medically-trained governors played in influencing policy. Added to these records, the published reports of the Hospital provide a means of assessing the Hospital's successes, failures, and public profile. The Hospital also kept a wide variety of medical records, including a series of infirmary reports which will be examined in detail in Chapter Five. Examination

of the Foundling Hospital records allows for a rare insight into how health care was managed for the children of the poor. The Foundling Hospital also employed several prominent medical practitioners who published texts on children's health, thus making it possible to connect their experiences in the institutional environment of the Foundling Hospital with their avowed understandings of child patients and children's diseases. To supplement the data from the Foundling Hospital, records and published reports of various other London hospitals and dispensaries have also, where possible, been examined as a means of exploring the extent of institutional medical provision for children.

Despite the usefulness of these records, there are several obvious difficulties in attempting to glean information from institutional sources. Firstly, there is the difficulty in recovering the experiences and perspectives of those living within the institution. Admissions and discharge registers can be useful in yielding data, but they are also unsatisfactory in that they provide only a fleeting glimpse of the individual personalities of patients and inmates. Since the focus of this thesis has been on medical perspectives of children, this problem has not been insurmountable. Indeed, since the Foundling Hospital cared for large numbers of children from infancy to adolescence, it is possible to build up a profile of individual children, thus offsetting the deficiencies of many institutional records in providing details about individual patients.

A second difficulty is that the records of institutions frequently vary in detail, between institutions and over time, making it difficult to establish a comprehensive picture, not just of the care provided by the Foundling Hospital, but of medical care offered by several different institutions. The records of the dispensaries, in particular, vary in usefulness. Some, such as the Surrey Dispensary, recorded, at least for some years, the ages of patients treated. In most other cases where registers survive, only names and dates were recorded, making it more difficult to assess the extent to which

these institutions provided medical care for children. For other dispensaries, such as the Dispensary for the Infant Poor, the lack of records has forced exclusive reliance on printed reports, a strategy which creates a third difficulty, since it is important to distinguish reports published for public consumption from the records which detailed the day-to-day operations of the institution. Institutions had a vested interest in appearing to the public in the best possible light. Thus, while the published reports of institutions like the Foundling Hospital provide a predominantly positive picture of how well the institution functioned, the records of the administration by contrast often contain discussions of policies which failed, disagreements between staff, and more in-depth information on sickness and mortality within the institution. It is fortunate that both sets of records are available to examine in the case of the Foundling Hospital—another reason why this particular institution provides a useful case study of how medical care was provided for children.

Historians have suggested that medical relief distributed under the Old Poor Law has been an under-studied subject.<sup>86</sup> However, parish and workhouse records have not been examined in this thesis in part because to provide a comprehensive picture of medical care of children at the parish level would require more space than is available here. Also, since the intent of this thesis has been, where possible, to connect the published writings of medical practitioners with their institutional experiences, the focus has been on institutions rather than on outdoor relief provided by parishes, or on parish workhouses. As far as could be discovered, none of the practitioners under close study in this thesis also held contracts with parishes. The increased preference for the use of such contracts by the 1760s would also, of course, have made it difficult to assess how

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<sup>86</sup> Steven King, ““Stop This Overwhelming Torment of Destiny”: Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840”, *Bulletin of the History of Medicine* 79/2 (2005), 229.

children were receiving medical treatment since a payment to the practitioner replaced details related to patients in the overseers' accounts.<sup>87</sup>

Where it has proved useful, other types of primary sources have been examined. As a consequence of their roles in discussions of, among other things, infant and child mortality, and population depletion, children enjoyed a relatively high social profile in the eighteenth century. It is, therefore, not surprising that the impetus to preserve, protect, and provide for children furnished much of the backdrop for the development of medical interest in children and their diseases. Philanthropists such as Jonas Hanway helped focus public interest on the plight of children, and his writings provide clues into how poor children were perceived in the larger social context, particularly since Hanway was successful in agitating for pieces of legislation which sought to provide greater protection to the children of the poor.<sup>88</sup> Certain debates also elevated the place of children in social commentary. Discussions of smallpox mortality and inoculation, in particular, brought children's health to the forefront of public discussion in newspapers and periodicals such as the *Gentleman's Magazine*. Similarly, concerns with low levels of population in the first half of the eighteenth century focused public interest on the necessity, for the sake of national prosperity, to ensure that children reached adulthood and economic productivity. These debates figured prominently in periodicals, newspapers, and other printed texts, thereby serving to further direct public interest towards children. Medical interest in children followed closely on the heels of these debates.

The institutional and printed sources used in this thesis have been drawn almost exclusively from London. The decision to focus on London was determined in part by the large number of institutions in the capital which provided medical care for children.

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<sup>87</sup> Joan Lane, *A Social History of Medicine: Health, Healing, and Disease in England, 1750-1950* (London, 2001), 50; E. G. Thomas, 'The Old Poor Law and Medicine', *Medical History* 24 (1980), 2.

<sup>88</sup> Hanway was influential in the passage of the Registers Bill, or 'Hanway's Act' in 1762, which required that parish keep records of the children they cared for. In 1767 he also ensured the passage of an act which stipulated that parishes follow the example of the Foundling Hospital and send children to the country to be nursed: James Stephen Taylor, *Jonas Hanway: Founder of the Marine Society, Charity and Policy in Eighteenth-Century Britain* (London, 1985), 106-114.

Though institutions in other parts of the country provided medical assistance to children, the London Foundling Hospital and the Dispensary for the Infant Poor, both located in London, were both high-profile institutions which focused solely on caring for children, though the medical function of the Foundling Hospital was subsumed within its larger impetus to care for foundling children.

In addition, as will be discussed in Chapter Two, by the mid-eighteenth century, London was established as a centre for medical education and for gaining medical experience. Though many practitioners acquired a formal education elsewhere, London was a magnet for medical practitioners interested in increasing their experience in institutions and establishing themselves within the burgeoning medical community. Accordingly, though this thesis examines a few practitioners who established medical practice in other parts of the country, or in North America, the focus is predominantly on those men who practised medicine in London, and in particular, those who filled posts in London institutions.

This thesis traces the increasing medical interest in children over the course of the eighteenth century and, as such, encompasses a broad span of time. Since it involved an array of individuals in a variety of capacities, the growth of medical interest in children does not fit easily into a tidy chronological period. Consequently, sources have been drawn from the entire eighteenth century. However, since many of the archival sources used in this thesis have been drawn from the Foundling Hospital and other institutions, which developed, roughly speaking, in the second half of the century, the emphasis is predominantly on the second half of the eighteenth century. While the developments discussed in this thesis did, of course, continue into the nineteenth century, the intent of this thesis has been to examine how medical interest in children emerged, and how medical authority over children's health began to coalesce. Consequently, the year 1800 has been used as a convenient concluding point.

*Overview of Arguments*

The central aim of this thesis is to trace how medical interest in children was converted into claims of medical authority over children's health. Chapter Two begins by examining the network of medical practitioners in eighteenth-century London whose educational backgrounds, institutional experiences, and social connections, encouraged them to develop an interest in children's health. This interest in children was manifested in printed texts, in institutional encounters between practitioners and children, in medical approaches to the diseases and conditions suffered by children, and in the therapeutics devised for children by medical practitioners. These four subjects will be examined in turn in the last four chapters of this thesis.

Chapter Three focuses on the proliferation of printed texts on the subjects of child-rearing and children's health over the course of the eighteenth century. These texts acted as a vehicle for medical authority through the utilization of two strategies. Firstly, the medical practitioners who authored these texts presented themselves as 'men of sense', in opposition to the traditional caretakers of children, women. Secondly, these authors used the medium of print to construct a dialogue on children's health which placed the subject within a medical framework. In printed texts, medical practitioners could respond to one another, and could also display their knowledge of children's health, derived from experience with child patients. Significantly, this rhetorical strategy reflected the expansion of opportunities for institutional encounters between medical practitioners and child patients.

Chapter Four examines this increase of institutional medical provision for children. As much of the historiography on medicine for children in the early modern period has focused on medical attention provided in the home, this chapter attempts to balance this emphasis by examining the role of institutions in providing a space for

medical practitioners and children to encounter one another, and for practitioners to formulate ideas about the diseases of children and possible treatments.

Chapter Five follows this trajectory to explore the diseases confronted by practitioners who treated child patients in institutional spaces, and the process of creating and consolidating medical knowledge about children's bodies and the nature of disease in children. In order to contextualize the process by which practitioners sought to describe the diseases of children, this chapter examines the infirmary reports of the London Foundling Hospital using the framework of William Cullen's nosology. William Cullen (1710-1790) published his nosology in 1769, and his system quickly gained popularity as a method of categorisation aptly suited to the vagaries of actual medical practice. The system was later elaborated upon in minute detail in Cullen's *First lines of the practice of physic* (1777-1784), the 'culmination and the swansong of Enlightenment medicine'.<sup>89</sup> Though the medical practitioners of the Foundling Hospital did not always use Cullen's terminology in identifying conditions among the children in the infirmary, they followed in a similar vein of categorisation by attempting to be as descriptive as possible when labelling the diseases and disorders they confronted. The Foundling Hospital, and other similar institutions, thus provided useful spaces for practitioners to categorise disease in children and, over the long term, to understand how such diseases progressed in child patients.

Finally, Chapter Six discusses how medical practitioners approached the task of adapting or developing medical practice for child patients, and the corresponding ethical issues surrounding innovation. This bulk of this chapter explores three case studies, two at the London Foundling Hospital, and one at the Dispensary for the Infant Poor. Each of these three cases involved a medical practitioner attempting an innovative therapeutic treatment on a child patient, or patients, in an institutional setting. This chapter then

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<sup>89</sup> W.F Bynum, 'Cullen, William (1710-1790)', *Oxford DNB*.

concludes by examining the role institutions like the Foundling Hospital played in the development of inoculation for smallpox, a debate which spanned the majority of the eighteenth century, and which also brought the issue of innovative medical practice related to children into public and prolonged debate.

### *Conclusion*

While paediatrics did not exist as a formal medical specialisation in the eighteenth century, several eighteenth-century medical practitioners devoted immense amounts of time and energy to investigating children's diseases and disorders. While this process occasionally devolved into dissent and disagreement, on the whole these practitioners were motivated towards co-operation rather than competition. Though in many respects these men formed only an informal network, they met with one another, in both social and professional capacities, discussed cases of interest, and published their results in texts devoted solely to issues of children's health. As the eighteenth century progressed, these texts no longer took the form of brief discussions of children's health appended to texts on midwifery or women's health. Instead, these publications were increasingly confident expressions of medical practitioners who considered themselves fully qualified to assert their authority as experts on children's health. Contributing to this state of affairs was the experience these practitioners gained with large numbers of child patients in institutions. Observing large groups of children, in some cases over long periods of time, afforded practitioners the opportunity to gain the necessary knowledge and experience to justify their claims of authority. When paediatrics emerged as a medical specialisation in the second half of the nineteenth century and in the early twentieth century, the formal nature of the discipline was new, but the role medical practitioners played in providing medical care for children had a much longer history, rooted in an earlier century.

***Chapter 2: A Community of Practitioners: Medical Interest in Children's Health in Eighteenth-Century London***

The landmarks which have typically been used to chart medical interest in children are often drawn from the mid-nineteenth century at the earliest.<sup>1</sup> The first London hospital devoted specifically to children opened in 1852. The first British journal dedicated solely to the topic of children's health was established in 1904.<sup>2</sup> The first paediatrician to be recognized as a professional in the field was Sir George Frederic Still in 1906.<sup>3</sup> The British Paediatric Association was not established until 1928. However, the association of these dates with the origins of children's medicine ignores a vibrant and widespread medical interest in children from an earlier era. There may have been no professional paediatricians operational in eighteenth-century London, and no medical journals devoted solely to issues of children's health. There were, however, medical practitioners who treated children as patients, both in private practice and in the proliferating institutions of the eighteenth century. Therefore, to assess the building medical interest in children in the eighteenth century, we must look beyond the typical benchmarks used to delineate the beginnings of paediatric medicine, to examine the manifold ways in which there were, in fact, a number of eighteenth-century medical practitioners who demonstrated interest and concern in the health of children. Strands of influence created by education, institutional affiliation, sociability, and common causes constructed a loosely tied web of individuals whose interest in children caused them to cross paths in a variety of forums. By examining the activities of these practitioners, particularly those who authored texts on the subject, and those who encountered children in an institutional setting, we can begin to piece together why and how medical interest in children began to

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<sup>1</sup> In part this is a consequence of the tendency of histories of medical specialization to focus on formal specialization from the nineteenth-century onwards: Sydney A. Halpern, *American Pediatrics: The Social Dynamics of Professionalism, 1880-1980* (Berkeley, 1988), 35.

<sup>2</sup> Deborah Dwork, 'The Milk Option: An Aspect of the History of the Infant Welfare Movement in England, 1898-1908', *Medical History* 31 (1987), 66.

<sup>3</sup> In 1906 Still became professor of the diseases of children at King's College London. G.J. Piller, 'Still, Sir (George) Frederic (1868-1941), paediatrician' *Oxford DNB*.

coalesce and, by extension, the eighteenth-century roots of medical claims to authority and expertise over the care and cure of children.

### *The Medical Community*

The historiography of medicine has shifted in the second half of the twentieth century, and in the early twenty-first century, away from ‘the unproblematic chronicle of how dreadful diseases had been conquered by great doctors’.<sup>4</sup> The place of this narrative has been taken, in part, by the social history of medicine, with its emphasis on healers as well as doctors, patients as well as practitioners. Emphasis on the patient’s experience of sickness was a necessary counterbalance to a narrative of medical history previously dominated by the role of medical men and institutions. In the process, however, the agency of practitioners has often been downplayed in efforts to see at work in the early modern world a medical marketplace governed by competition and patient choice.<sup>5</sup> The connections between practitioners have also been obscured by this emphasis on the ways in which practitioners were in competition with one another for patients and posts.<sup>6</sup> In short, in elevating the patient, the practitioner, as a member of a community, has often been relegated to the background.

There is value, however, in examining the careers of practitioners and their connections to one another, particularly in instances where new approaches to medical practice were being explored. The integration of midwifery into male medical practice in the seventeenth and eighteenth centuries, for example, has provided a major source of

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<sup>4</sup> Roy Porter, ‘The Historiography of Medicine in the United Kingdom’, in Frank Huisman and John Harley Warner, eds. *Locating Medical History: The Stories and Their Meanings* (Baltimore, 2004), 195.

<sup>5</sup> The idea of a medical marketplace has been supported by several scholars including: Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986); Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, 1986); Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London, 1987); Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester, 1989). Recently, however, historians have begun to question the usefulness of the term ‘medical marketplace’: Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford, 2003), 343; Mark S.R Jenner and Patrick Wallis, ‘The Medical Marketplace’ in Mark S.R Jenner and Patrick Wallis, eds. *Medicine and the Market in England and its Colonies, c.1450-c.1850* (New York, 2007), 1-23.

<sup>6</sup> Patrick Wallis, ‘Competition and Cooperation in the Early Modern Medical Economy’, in Jenner & Wallis, eds. *Medicine and the Market in England and its Colonies*, 48.

historiographical inquiry.<sup>7</sup> Medical interest in children over the same period, however, has gone largely unremarked upon by historians.<sup>8</sup> In part this can be traced to the fact that, while medical men increasingly identified themselves as male-midwives, or as specialists in the diseases of women, the same was not true for practitioners who treated children, at least not in the eighteenth century. Such practitioners typically combined treating child patients with treating adult patients and, while many wrote texts on the health and care of children, they often nurtured other medical and scientific interests. As such, medical practitioners who developed an interest in children's health were not, in this period, part of a separately organized body of specialists, as they would later become. Their engagement with questions of children's health, however, lent them a measure of distinctiveness and coherence. These practitioners were drawn to the subject of children's health by educational and institutional experiences, as well as through their involvement in clubs, societies and common causes, where they crossed paths with one another. While many of these forums served to link the larger medical community together and were thus not unique to those practitioners interested in children's health, the fact that these men learned, worked, and corresponded with one another, and the fact that they often did so with issues of children's health in mind suggests that these pathways linking the medical community could also be used to connect those practitioners interested in children, thereby constructing a series of affiliations between

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<sup>7</sup> Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* (London, 1988); Doreen Evenden, 'Mothers and Their Midwives in Seventeenth-Century London', in Hilary Marland, ed. *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993), 9-26; Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (London, 1995); Josephine M. Lloyd, 'The "Languid Child" and the Eighteenth-Century Man-Midwife', *Bulletin of the History of Medicine* 75 (2001), 641-79; Lisa Forman Cody, *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons* (Oxford, 2005).

<sup>8</sup> While there are histories of 'paediatrics', there are few histories of early 'paediatricians', an exception being Boyd M. Berry, 'The First English Paediatricians and Tudor Attitudes Towards Childhood', *Journal of the History of Ideas* 35/4 (1974), 561-77. The standard histories of paediatrics include: John Ruhräh, *Pediatrics of the Past* (New York, 1925); Arthur F. Abt and Fielding H. Garrison, *Abt-Garrison History of Pediatrics* (Philadelphia, 1965); George Frederic Still, *The History of Paediatrics: The Progress of the Study of Diseases of Children Up to the End of the XVIIIth Century*, repr. (London, 1965); A.R Colón and P.A Colón, *Nurturing Children: A History of Pediatrics* (Westport, 1999). All of these texts include some discussion of the careers of specific practitioners but the emphasis is on texts published and advances made rather than interactions within the medical community itself.

practitioners and, by extension, a loose community of practitioners interested in the health of children. In examining these links, we can begin to trace how and why certain eighteenth-century medical men developed an interest in medicine for children, and how their connections to one another served to lay the groundwork for the expansion of medical interest in children over the course of the century.

### *The Impact of Education*

Where and from whom a medical practitioner acquired his education had a considerable impact in directing his interests, and in shaping the milieu in which he operated. While not all medical practitioners developed an interest in children as a result of their educational experiences, in many cases, such experiences played a role in encouraging practitioners to consider children as patients, or in inspiring their interest in diseases incident to children. Not least, educational experiences played a role in connecting practitioners to one another, establishing chains of communication and common interest.

In the first half of the eighteenth century, Leiden was widely considered to be the centre of cutting-edge medical education. Students at Leiden absorbed the teachings of Franz de la Boe, or Franciscus Sylvius (1614-1672), a proponent of iatrochemistry who taught at the university from 1658, and who also published a Latin text on children's health in 1674. From Sylvius, students at Leiden learned the importance of correcting, through emetics and purgatives, the excess of acids and alkalis within the body.<sup>9</sup> A generation later, students of Hermann Boerhaave (1668-1738) acquired an appreciation of the importance of bedside medicine and a clinical approach to medical practice. Boerhaave was particularly successful in synthesizing mechanical philosophy, chemistry and the remnants of Galenism.<sup>10</sup> Though the approaches to medical practice presented by

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<sup>9</sup> Henry E. Sigerist, *Great Doctors: A Biographical History of Medicine*, trans. Eden and Cedar Paul (London, 1933), 166.

<sup>10</sup> Lester S. King, *The Road to Medical Enlightenment, 1650-1695* (London, 1970), 3; Gerrit Arie Lindeboom, 'Boerhaave's Impact on Medicine', in Gerrit Arie Lindeboom, ed. *Boerhaave and His Time*:

Sylvius and Boerhaave obviously had wider applicability for medicine in general, they also provided the milieu in which medical practitioners investigated disease in children. The emphasis on the role of acidity as a generator of illness was, in particular, absorbed by practitioners who sought to investigate the roots of illness in children. The clinical approach promoted by Boerhaave also allowed practitioners to view medical practice as something systematic, and diagnosis as a progression through steps. Since the diseases of children were viewed as something of a mystery by the majority of medical practitioners, this emphasis on a simple, clear approach to medical practice undoubtedly had some impact in encouraging practitioners to approach children as patients.

The significance of Boerhaave's teaching for developments in medical understandings of children also included the specific advice on children contained in his aphorisms, published in Latin in 1709 and in English in 1715.<sup>11</sup> He was frequently cited in subsequent decades by authors of texts on children's health, many of whom had been his students at Leiden. Henry Bracken (1697- 1764), who attended Boerhaave's lectures in 1730, later published a text on midwifery and infant health which he dedicated to Boerhaave, noting, 'I know no other Person to whom I am more indebted (for my knowledge in the Physical Science) than your self'.<sup>12</sup> Practitioners like Bracken later went on to educate others, establishing a chain of influence from one generation to the next. William Moss (d. 1802), who published *An essay on the management and nursing*

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*Papers Read at the International Symposium in Commemoration of the Tercentenary of Boerhaave's Birth, Leiden, 15-16 November 1968* (Leiden, 1970), 34-38.

<sup>11</sup> Boerhaave's teachings were not synonymous with the birth of the clinic, however, since 'the intention of the Boerhaavian clinic was to *transmit* rather than build up knowledge': Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, 1999), 100. A similar argument is advanced by Risse who suggests Boerhaave's intent was not to discard existing knowledge but to synthesize theory and practice through a clinical approach: Guenter B. Risse, 'Clinical Instruction in Hospitals: The Boerhaavian Tradition in Leyden, Edinburgh, Vienna and Pavia', *Clinical Teaching, Past and Present* 21 (1989), 4-5. The time frame within which Boerhaave taught at Leiden has been a source of disagreement with the end date listed as 1726, 1729, or 1738. Though Boerhaave may have continued to lecture on a more informal basis, he resigned his university posts in 1729: Andrew Cunningham, 'Medicine to Calm the Mind: Boerhaave's Medical System, and Why it was Adopted in Edinburgh', in Andrew Cunningham and Roger French, eds. *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), 43.

<sup>12</sup> Henry Bracken, *The midwife's companion; or, a treatise of midwifery...to which is subjoined, the true and only safe method of managing all the different kinds of the small-pox, and the distempers incident to new-born children* (London 1737), [page not numbered].

*of children in the earlier periods of infancy* in 1781, received instruction, and possibly his earliest interest in the health of children, from Henry Bracken.<sup>13</sup> A large number of the practitioners involved in the London medical community, and many of those also interested in the diseases of children, received medical degrees from Leiden, thus absorbing the teachings of Boerhaave, which continued to dominate even after his death in 1738.<sup>14</sup> Among others, these practitioners included Richard Conyers (1707-1759), William Cadogan (1711-1797), and Charles Morton (1716-1799), all of whom served as physicians to the London Foundling Hospital, as well as James Sims (1741-1820) and John Coakley Lettsom (1744-1815), who acted as physicians to the General Dispensary.

From the middle of the eighteenth century the epicentre of medical education shifted to Scotland, and to Edinburgh in particular, where medical students absorbed the teachings of a succession of Monros, as well as those of William Cullen (1710-1790), John Gregory (1724-1773), and other figures within the medical school.<sup>15</sup> Gregory's emphasis on the popularization of medical knowledge as an antidote to quackery resonated in attempts to produce medical texts, such as William Buchan's *Domestic medicine*, which could be easily understood by the population at large, a significant encouragement for the proliferation of child-rearing texts.<sup>16</sup> Gregory's views on medical ethics and the importance of sympathy between patient and practitioner also proved to be influential.<sup>17</sup> His emphasis on trust had some impact on how practitioners in the later eighteenth century approached children as patients, since he effectively balanced a belief

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<sup>13</sup> Still, *The History of Paediatrics*, 471. Moss practised in Liverpool and acted as midwife to the city's 'Ladies Charity' from 1796 to 1801: M.W Royden, 'The Roots of the New Liverpool Women's Hospital: Early Care of Women in the First Half of the Nineteenth Century', (lecture given at the Liverpool Medical History Society, 4 Apr 1998) < <http://www.btinternet.com/~m.royden/mrlhp/local/hospitals/hospitals.htm> > accessed 3 Nov 2010.

<sup>14</sup> Boerhaave's influence extended throughout the eighteenth century. Over 700 English-speaking students were taught by Boerhaave at Leiden and his last surviving pupil died in 1800: E. Ashworth Underwood, *Boerhaave's Men: At Leyden and After* (Edinburgh, 1977), 187.

<sup>15</sup> Lisa Rosner, *Medical Education in the Age of Improvement* (Edinburgh, 1991); Christopher Lawrence, 'Ornate Physicians and Learned Artisans: Edinburgh Medical Men, 1726-1776', in W.F Bynum & Roy Porter, eds. *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), 163-67.

<sup>16</sup> Christopher Lawrence, 'William Buchan: Medicine Laid Open', *Medical History* 19 (1975), 23.

<sup>17</sup> Laurence B. McCullough, *John Gregory and the Invention of Professional Medical Ethics and the Profession of Medicine* (Dordrecht, 1998), 4, 138.

in the need for medical disinterestedness with the necessity for the existence of sympathy between practitioner and patient. Since sympathy governed how adults in general approached children in need, the suggestion that such an emotion could and should be present in a medical encounter between practitioner and child patient was particularly helpful in encouraging practitioners to consider children as patients.<sup>18</sup>

Several practitioners who attended Edinburgh went on to publish texts on children's health. John Armstrong (1708/9-1779), who compiled *A full view of the diseases incident to children* in 1742, graduated with a medical degree from Edinburgh. His brother George (1719/20-1789), who established the Dispensary for the Infant Poor, also attended Edinburgh for a period of time but left without taking a degree. Andrew Wilson (1718-1792), who served with Armstrong at the Dispensary for the Infant Poor, also graduated with a medical degree from Edinburgh. Christopher Stanger (1759-1834) and William Buchan (1729-1805), both affiliated with the Foundling Hospital, attended Edinburgh, as well as John Fothergill (1712-1780), who published a text on the ulcerated sore throat in children in 1748. Fothergill's protégé, John Coakley Lettsom (1744-1815), was a student of Cullen's while at Edinburgh, though he obtained his medical degree from Leiden. Lettsom went on to be influential in establishing several London dispensaries, where the provision of medical treatment for children was a primary concern.

Very few eighteenth-century practitioners involved in children's health, who also acquired medical degrees, attended neither Leiden nor Edinburgh. However, John Mayo (1761-1818), physician to the Foundling Hospital, received his medical education from Oxford, graduating in 1788. William Watson (1715-1787), also physician to the

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<sup>18</sup> Gregory also touched on issues of childrearing in *A Comparative View of the State and Faculties of Man, with Those of the Animal World* (1765) and *A Father's Legacy to His Daughters* (1774). McCullough suggests the two texts reflected Gregory's concern for women and his 'robust, even radical feminism'. The two texts also suggest that Gregory had more than a passing interest in children and that it is entirely plausible that he may have passed on some of this interest to his students: McCullough, *John Gregory and the Invention of Professional Medical Ethics*, 151-165

Foundling Hospital, received his MD from Halle in 1757.<sup>19</sup> Some attended both institutions, such as John Haygarth (1740-1827), who attended both Edinburgh and Leiden, as well as London and Paris, before settling in Chester, where he conducted research on smallpox, inoculation, and population.<sup>20</sup> In addition, several practitioners who published texts on children's health received medical education in the form of apprenticeship. By the end of the eighteenth century, however, apprenticeship was increasingly utilised as a foundation for future education, rather than an education in itself.<sup>21</sup>

While universities provided a forum for practitioners to meet and to be influenced by established medical thinkers, medical students also acquired an education, as well as an array of social and professional connections, in London by attending lectures and by walking the wards of hospitals. In London a medical practitioner could, for a price, pursue a variety of interests in subjects like midwifery and children's medicine, which were not yet fully sanctioned aspects of the university curriculum. The popularity of lecturing further disengaged medicine from the traditional routes towards practice, namely apprenticeship and university education, and the entire system flourished in a burgeoning consumer society.<sup>22</sup>

Just as printed texts on the subject of children's health often developed as adjuncts to texts on the subjects of women's health and midwifery, lectures given on midwifery and the diseases of women were often combined with lectures on the diseases of children. Though many of these lectures were given in the homes of practitioners,

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<sup>19</sup> Burnby states that Watson also obtained an MD from Wittenberg, though this is not stated in the *Oxford DNB*: Juanita Burnby, *A Study of the English Apothecary from 1660 to 1760*, Medical History Supplement No. 3 (London, 1983), 69.

<sup>20</sup> Haygarth subsequently published several texts on smallpox including, *Observations on the Population and Diseases of Chester in 1774* (1774) and *An Inquiry How to Prevent the Smallpox* (1784).

<sup>21</sup> Joan Lane, 'The Role of Apprenticeship in Eighteenth-Century Medical Education in England', in Bynum and Porter, eds. *William Hunter and the Eighteenth-Century Medical World*, 86.

<sup>22</sup> Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), 163. A similar point is made by Roy Porter, who argues that extra-university lecturing and the private medical schools had to offer a good education in order to survive in a competitive market and that informal medical education was in no way second-rate: Roy Porter, 'Medical Lecturing in Georgian London', *The British Journal for the History of Science* 28/1 (1995), 96.

lying-in hospitals also provided an important venue. At the New Westminster Lying-In Hospital, later the General Lying-In Hospital, John Leake (1729-1792) offered lectures on the diseases of women and children.<sup>23</sup> John Clarke (b.1760- d.1815) gave lectures on midwifery and the diseases of women and children with William Osborn (1736-1808) at St. Bart's, and at his own home in New Burlington Street.<sup>24</sup> George Fordyce (1736-1802), a student of William Cullen, began lecturing in London in the early 1760s and included in his lecture series on the practice of physic a course on the diseases of women and children.<sup>25</sup> The copy of Fordyce's lectures kept by the Royal College of Physicians was written by Henry Rumsey (dates not known), a surgeon who later published a paper in the *Transactions of a society for the improvement of medical and chirurgical knowledge* on the effects of croup in children, indicating that Fordyce's lectures may have had some impact on Rumsey's own medical interests.<sup>26</sup> William Saunders (1743-1817), physician to Guy's Hospital from 1770, also offered a lecture series on the diseases of children.<sup>27</sup> John Haighton (c.1755-1823), a collaborator of Saunders, and another specialist in midwifery, advertised lectures on midwifery and the diseases of children in 1797.<sup>28</sup> In the same year, Thomas Pole (1753-1829) published the syllabus for

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<sup>23</sup> Philip Rhodes, *Dr. John Leake's Hospital: A History of the General Lying-in Hospital, York Road, Lambeth, 1765-1971* (London, 1977). A syllabus of his lectures was published in 1767 and again in 1775, 1776, 1782 and 1787, indicating that he continued to conduct lectures over this period.

<sup>24</sup> John L. Thornton, 'The Medical College from its Origins to the End of the Nineteenth Century' in Victor Cornelius Medvei and John L. Thornton, eds. *The Royal Hospital of St. Bartholomew, 1123-1973* (Ipswich, 1974), 49.

<sup>25</sup> 'Lectures on the Diseases of Women and Children by George Fordyce (1786)', London, Royal College of Physicians, MS 150.

<sup>26</sup> Henry Rumsey, 'An Account of the Croup, as it appeared in the Town and Neighbourhood of Chesham, in Buckinghamshire, in the Years 1793 and 1794, by Henry Rumsey, Surgeon at Chesham. Communicated by Dr. Clarke', *Transactions of a society for the improvement of medical and chirurgical knowledge* (1793-1812), 25-31.

<sup>27</sup> Saunders offered lectures on chemistry at his home until 1770 when he was made physician at Guy's Hospital, after which he began to lecture from the hospital on materia medica: Noel G. Coley, 'George Fordyce M.D., F.R.S (1736-1802): Physician-Chemist and Eccentric"', *Notes and Records of the Royal Society of London* 55/3 (2001), 398; 'Diseases of Women and Children in the Form of Lectures by Dr. Saunders (1770)', London, Royal College of Physicians, MS 528.

<sup>28</sup> 'Classified ads', *Morning Chronicle*, Issue 8672, 29 Jul 1797.

his similar lecture series.<sup>29</sup> The enduring popularity of these lecture series indicates that there was a thriving community of medical practitioners in London who were interested in children's health, if only as an adjunct to the study of midwifery and the diseases of women. Collectively, these lectures helped fill the gap in medical education left by the universities, catering to an apparent desire among medical practitioners to become better informed on the subject of children's health.

A medical education was seldom acquired in a single location and the task of accumulating medical knowledge was ongoing throughout a practitioner's career. Whether or not the venue was Edinburgh, Leiden, or London, and whether or not the educator was a university professor, an apprentice master, or a lecturer, where and from whom a practitioner acquired an education had an impact on the shape of that practitioner's future career. In the case of Henry Bracken and William Moss, the legacy was a direct one. In other cases, the teachings of Boerhaave, Sylvius, Cullen, or Gregory simply became part of a practitioner's understanding of medicine, conditioning how that practitioner went on to practice medicine himself, and how he approached challenges and new interests. In either case, the construction of this understanding was crucial to how and why practitioners developed an interest in children.

### *Institutional Affiliations*

Just as educational experiences instilled in many practitioners an interest in children, so too did their involvement in hospitals, charities, and other institutions. Institutional affiliation extended not just to practitioners who acquired medical posts in hospitals, but also to those who acted as governors or filled administrative roles. As has often been noted by scholars, philanthropy was intricately connected to the

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<sup>29</sup> Thomas Pole, *A syllabus of a course of lectures on the theory and practice of midwifery, including the diseases of women and children: read by Thomas Pole, at his theatre in Thomas's-Street, Between Thomas's and Guy's Hospitals, In the Borough of Southwark, London. With a prefatory address to his pupils* (London 1797).

professionalising aims of medical practitioners.<sup>30</sup> Eighteenth-century medicine was still dominated by trade and economic transactions, and efforts on the part of practitioners to appear genteel were tied to an attempt to erase, or at least to obscure, the mercenary nature of medical dealings.<sup>31</sup> Hospital posts also had a dual function in providing the opportunity for clinical experience and some specialisation, though the extent of these opportunities varied between institutions.<sup>32</sup> Institutional provision for children will be discussed at further length in Chapter Four. The intent of this section is to highlight the connections between practitioners involved in institutions which provided medical care for children, and their individual careers. By examining the practitioners who filled hospital posts in London, particularly those affiliated with the London Foundling Hospital, the dispensaries, and the Dispensary for the Infant Poor, where children were more frequently seen than in other hospitals, we can assess the extent to which institutional experience played a definitive role in connecting these practitioners to one another, and in fostering medical interest in children.

The London Foundling Hospital, as a popular philanthropic cause focused specifically on children, attracted interest from all segments of society, including a significant number of medical practitioners, some of whom offered their medical services

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<sup>30</sup> While Geoffrey Holmes argued that the medical profession emerged between 1660 and 1740, other scholars have been reticent about labelling medical practice in the eighteenth century ‘professional’ as a result of the lingering divisions between physic, surgery, and pharmacy, and the inability of the colleges to curb quackery. Most historians concur, however, that there was a drive among eighteenth-century medical practitioners, as well as from within the colleges, for greater regulation and for the respectability and authority accorded to professionals with specialist knowledge: Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680-1730* (London, 1982), 167; Loudon, *Medical Care and the General Practitioner*, 11-18; Penelope J. Corfield, *Power and the Professions in Britain, 1700-1850* (London, 1995), 151; Rosemary O’Day, *The Professions in Early Modern England, 1450-1800: Servants of the Commonweal* (Harlow, 2000), 183.

<sup>31</sup> Anne Digby has argued that transactions between doctors and patients were not uncomplicated acts of patronage but continued, instead, to be governed by economic concerns. She also suggests, however, that the number of practitioners who were financially successful was relatively small and that, had doctors been sufficiently mercenary, more would have been able to make a decent living: Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), 7.

<sup>32</sup> Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986), 3; Anne Borsay, *Medicine and Charity in Georgian Bath: A Social History of the General Infirmary, c.1739-1830* (Aldershot, 1999), 114. As Joan Lane argues, the opportunity to specialise has often been overlooked as a reason practitioners sought hospital posts: Joan Lane, *A Social History of Medicine: Health, Healing, and Disease in England, 1750-1950* (London, 2001), 21.

directly as physicians, surgeons, and apothecaries to the institution, and some of whom served as governors, offering financial investment, time, effort, and advice. In the tally of 375 male supporters for the scheme submitted by Thomas Coram (c.1668-1751) to the Privy Council in 1739, 20 were listed as physicians or surgeons, 18 of whom had consented to act as governors, or had subscribed to one of Coram's petitions.<sup>33</sup> Though the public profile of the Hospital suffered in the wake of the General Reception period of 1756-1760, when the Hospital received funds from parliament in exchange for an agreement to institute an open admissions policy, the institution, throughout the eighteenth century, drew support from a wide variety of individuals who could see either a personal or altruistic benefit in offering their assistance.

It was common practice for governors of the Hospital to have some input into policies of the institution, and governors with medical experience were relied upon to contribute advice on how medical practice was to be conducted within the Hospital. Richard Mead (1673-1754) and Sir Hans Sloane (1660-1753) were both governors with medical experience who advised the hospital on several matters of medical policy. In 1748 Sir Hans Sloane wrote a letter on childrearing, addressed to one of the Vice Presidents of the Hospital, in which he argued against the initial decision to bring the children up by hand rather than to employ wet nurses, as well as against the practice of encouraging children to walk at a young age.<sup>34</sup> By the time the Foundling Hospital was created, both Mead and Sloane were well established in their careers, were prominent figures in the London medical community, and were able to use their position to influence Hospital policy, as they did in encouraging the Hospital to adopt the practice of inoculation.<sup>35</sup> Along with Robert Nesbitt (d.1761), also a governor and a medical

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<sup>33</sup> Ruth McClure, *Coram's Children: The London Foundling Hospital in the Eighteenth Century* (New Haven, 1981), 259. Occupations were not listed for 85 of the 286 commoners listed by Coram as supporters. It is possible that some of this number may have been medical practitioners.

<sup>34</sup> R.H Nichols and F.A Wray, *The History of the Foundling Hospital* (London, 1935), 130.

<sup>35</sup> McClure argues that the advocacy of inoculation by both Mead and Sloane influenced the decision of the Governors to adopt the procedure: McClure, *Coram's Children*, 207.

practitioner, Mead also advised the General Committee in the early years of the Hospital's operation, as to which medicines were to be kept on the premises for use in the infirmaries.<sup>36</sup> Robert Nesbitt did not serve a specific medical role within the institution but, during the first taking-in of children on 25 March 1741, he assisted in inspecting the children admitted.<sup>37</sup> For a medical practitioner, involvement with the Foundling Hospital as a governor offered the chance to advise the Hospital on matters of health, thereby assisting in shaping the policies of the institution as they related to the health of children. The experience also afforded the opportunity to establish or reinforce connections with influential individuals.

For medical practitioners who filled medical posts within the Hospital, affiliation with the institution provided similar opportunities to network with an influential elite, and to help shape the policies and procedures of the institution. For these practitioners, however, the experience also allowed them to encounter children as patients, both in large numbers, and in an individual one-on-one setting, an experience which could not fail to have some impact in encouraging or reinforcing their interest in issues of children's health. Given that these practitioners, aside from the apothecary, were not paid a salary for their work in the Hospital, it is clear that medical posts in the Foundling Hospital carried a similar cachet to those in the voluntary hospitals, and the variety of personal and professional reasons for assuming these posts were similar. Practitioners accepted posts as favours to friends on the board of governors or among the medical staff, as a means of advancing their careers through contact with the elite, as a public demonstration of charitable character, or as a way of increasing their medical knowledge.

A string of practitioners held medical posts at the Foundling Hospital from its establishment in 1739 through to the end of the eighteenth century, all of whom provided medical treatment for children, and several of whom also published texts on the topic of

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<sup>36</sup> GCM, 21 Feb, 1740/1741, LMA, A/FH/A/03/002/001.

<sup>37</sup> GCM, 25 March 1741, LMA, A/FH/A/03/002/001.

children's health. Richard Conyers (1707-1759) was physician to the hospital from its establishment through to 1754. When Conyers resigned, the General Committee decided to employ two physicians as opposed to one and Charles Morton (1716-1799) was asked to serve as physician alongside William Cadogan (1711-1797), who had replaced Conyers on a temporary basis during 1753.<sup>38</sup> This arrangement also entailed the division of the Hospital's population into girls, who were cared for by Morton, and boys, who were cared for by Cadogan.<sup>39</sup> A similar arrangement was adopted by the surgeons to the Hospital. Morton was still affiliated with the hospital when William Watson (1715-1787) acted as physician from 1762 to 1787. In the last decades of the eighteenth century John Mayo (1761-1818) and Christopher Stanger (1759-1834) served as physicians of the Hospital, and Mayo also acted as consulting physician to the Middlesex Hospital.<sup>40</sup> Stanger served as physician to the Foundling Hospital for 37 years from Morton's retirement in 1792.<sup>41</sup> A dentist was also affiliated with the Hospital from at least 1789 when the General Committee accepted the services of a 'Mr. Parkinson'.<sup>42</sup> Occasionally, practitioners were also brought into the Hospital as substitutes for physicians who were away for extended periods. When Morton was ill in 1787, he nominated a 'Dr. Hervey' of King Street, St. James Square to serve the Hospital as physician until he himself was

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<sup>38</sup> Conyers had several disagreements with the Hospital, but his resignation letter cited nothing more than 'there is something likewise at my time & in my part of life, I owe to myself' as his reason for leaving the Hospital. The letter in which he stated his resignation also complained of an incident involving a governor of the Hospital providing medicines to the children without the knowledge of the physician: Letter to the General Committee from Dr. Conyers, 7 Aug 1754, LMA, A/FH/A/06/007/001.

<sup>39</sup> GCM, 4 Jun 1755, LMA, A/FH/A/03/002/004.

<sup>40</sup> *The medical diary, for the year 1799: containing Ruled Pages for each Day's Business; A correct list of the London and Edinburgh Royal Colleges of Physic, An Alphabetical List of Surgeons and Apothecaries, With the Masters, Wardens, and Courts of Assistants; An Arrangement of the Anatomical, Medical, and other Lectures; Public Hospitals, &c. with a map of the roads ten miles round London* (London, 1799), 19.

<sup>41</sup> John Brownlow, *Memoranda; or, chronicles of the Foundling Hospital, including memoirs of Captain Coram, &c. &c.* (London, 1847), 153.

<sup>42</sup> In the Medical Diary for 1799 John Parkinson of Fleet Street was listed as dentist to the Foundling Hospital, though it is possible that his position was more informal than that of the other medical staff, since his role was never specified in the Hospital regulations: *The medical diary, for the year 1799*, 16. John Parkinson was also a surgeon and was a member of the Royal College of Surgeons: P.J and R.V Wallis, *Eighteenth Century Medics: Subscriptions, Licences, Apprenticeships* (Washington, 1988), 452.

well enough to resume his duties.<sup>43</sup> This appointment was of particular importance since Watson, the Hospital's other physician, had died in the same month and his replacement had not yet been elected.<sup>44</sup>

Alongside the Hospital's physicians, a variety of men served as surgeons. In 1749 a set of published regulations of the Hospital listed a 'Mr. Winchester' (dates not known) who served as surgeon while Conyers acted as the Hospital's physician.<sup>45</sup> During the 1740s and early 1750s, 'Mr. Bell' (dates not known), Thomas Tomkyns (dates not known) and Lewis Way (dates not known) were listed as surgeons of the Hospital, though Bell resigned in 1754 and Tomkyns continued his service to the Hospital for several years afterwards.<sup>46</sup> In 1757, when Lewis Way was offered a position at Guy's Hospital, the Foundling Hospital decided to continue to operate with a single surgeon as opposed to two.<sup>47</sup> In 1795 Thomas Ramsden (dates not known), who also acted as Assistant Surgeon at St. Bartholomew's Hospital, was elected surgeon to the Hospital, filling the position previously occupied by a 'Mr. Porter'.<sup>48</sup>

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<sup>43</sup> GCM, 30 May 1787, LMA, A/FH/A/03/002/015. This 'Dr. Hervey' was likely Dr. Harvey, listed by Wallis & Wallis as a doctor residing at King Street, St. James Square: Wallis and Wallis, *Eighteenth-Century Medics*, 270.

<sup>44</sup> GCM, 16 May 1787, LMA, A/FH/A/03/002/015.

<sup>45</sup> 'Regulations to be observed as to the Nursing, Employment and Destination of the Children of the Foundling Hospital, in order to make them useful to the Public, and thereby answer the Charitable Intentions of the Benefactors to this Hospital; Subject to such Alterations as may be pointed out by future Experience, or better Information, which may be received by Letter, or otherwise' *London Gazetteer* (London, England), Friday 21 April 1749; Issue 119. Mr. Winchester may have been John Winchester, a London surgeon: Wallis and Wallis, *Eighteenth-Century Medics*, 659.

<sup>46</sup> When Mr. Bell resigned in 1754, Mr. Tomkyns was assigned to care for the boys of the Hospital while Mr. Lewis Way was assigned to care for the girls until another surgeon could be chosen by the General Court to replace Bell: GCM, 6 Aug 1754, LMA, A/FH/A/03/002/004. Tomkyns was active in translating French medical texts into English and, when his wife died in 1773, he was 'an eminent surgeon in Norfolk Street in the Strand': *General Advertiser* (1744) (London, England), 29 Jul 1746; Issue 3668; *London Evening Post* (London, England), 5 Oct 1752; Issue 3891; *Public Advertiser* (London, England), 11 Jul 1773; Issue 11933. Mr. Bell is listed in *Eighteenth-Century Medics* as a surgeon associated with the Foundling Hospital, though his first name is not given. There were several London surgeons with the surname Way, none of whom were listed as being associated with the Foundling Hospital: Wallis and Wallis, *Eighteenth-Century Medics*, 44, 634. A notice from the *London Evening Post* for 1754, however, notes that Mr. Lewis Way was elected as one of the surgeons to the Foundling Hospital: *London Evening Post*, 29 Oct 1754, Issue 4208.

<sup>47</sup> GCM, 28 Sep 1757, LMA, A/FH/A/03/002/004.

<sup>48</sup> GCM, 18 Mar 1795, LMA, A/FH/A/03/002/017.

Robert McClellan (1732- c.1783) was the only resident apothecary affiliated with the Foundling Hospital. Prior to his appointment in 1759, the Hospital issued payments to two apothecaries, Edward Payne (dates not known) and Joseph Partington (dates not known), on a periodic basis, though both Payne and Partington also developed partially formal arrangements with the Hospital.<sup>49</sup> Partington served the Hospital until the decision was made to hire an in-house apothecary.<sup>50</sup> In his petition to the governors of the Hospital, Robert McClellan cited as previous experience his involvement in inspecting the Hospital's children at Hampstead as well as his apprenticeship with Joseph Partington.<sup>51</sup> After McClellan's retirement in 1797, Julian Mariner (d. 1831), who had grown up as a child of the Hospital, and who had served as McClellan's apprentice, was appointed visiting apothecary, and later became the first foundling to become a governor of the Hospital.<sup>52</sup> This interconnected chain of practitioners suggests either that the Hospital had a preference for employing apothecaries with whom they were familiar, or that the decision of whom to nominate to medical office within the Hospital, at least in the case of the apothecary, was largely left to the discretion of the medical staff or the outgoing practitioner.<sup>53</sup> Neither McClellan nor any of the men listed as surgeons ever published any text on the subject of children's health. As resident apothecary, however, McClellan was highly involved in the day-to-day care of the Hospital's children and, as will be discussed, played a role in conducting trials of specific therapeutic practices.<sup>54</sup>

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<sup>49</sup> Edward Payne informed the General Committee of his resignation from the office of apothecary in December, 1749: GCM, 17 Dec 1746, LMA, A/FH/A/03/002/002. There was also a formal agreement of sorts with Joseph Partington since he was required, in January 1746/7 to take oaths of allegiance, supremacy and abjuration: GCM, 14 Jan 1746, LMA, A/FH/A/03/002/002. From 1746 all Hospital employees were required to take these oaths: McClure, *Coram's Children*, 176.

<sup>50</sup> Partington then requested a recommendation so that he might become apothecary to the Charter House: SCM, 8 Aug 1759, LMA, A/FH/A/03/005/003.

<sup>51</sup> Petition of Robert McClellan, LMA, A/FH/A/07/005.

<sup>52</sup> McClure, *Coram's Children*, 213, 240.

<sup>53</sup> It is possible that the Hospital's apothecary was required to take on an apprentice who was also a child of the Hospital since, in 1792, McClellan had to obtain special permission from the Committee to take on as an apprentice a child who had not been brought up in the Hospital: GCM, 23 Mar 1792, LMA, A/FH/A/03/002/016.

<sup>54</sup> For further discussion of McClellan's trials with Powis Wells mineral water see Chapter 6.

Of the practitioners of the Hospital who also published texts concerned with children's health, William Cadogan was easily the most renowned. As was the case for many practitioners, Cadogan's interest in children stemmed from the birth of his daughter in 1747.<sup>55</sup> Shortly afterwards, he was asked by the governors of the Foundling Hospital to write the letter which was published in 1749, by order of the General Committee, as *An essay upon nursing and the management of children*.<sup>56</sup> Though the text had wider appeal as a child-rearing manual, Cadogan's work became the blueprint for the childcare practised by the Foundling Hospital. He was elected a governor of the Hospital in June 1749, and physician to the Hospital in 1754.<sup>57</sup> Until he left the Hospital in 1762, Cadogan was active in the institution's medical affairs, particularly in relation to inoculation, which had been introduced into the Hospital in 1743. In 1756 he was given permission to inoculate four boys by friction instead of incision and, in 1760, he was permitted to try another similar inoculation attempt on six of the Hospital's children.<sup>58</sup> During his time at the Hospital, and in addition to his duties as physician, he was also commissioned to inspect the cleanliness of the nurseries and infirmaries, and to report to the sub-committee on the practices of the nurses.<sup>59</sup>

The expansion of the Foundling Hospital during the General Reception period of 1756-1760 led to the establishment of branch hospitals which geographically widened the spectrum of practitioners affiliated with the institution. William Buchan (1729-1805) was appointed medical officer to the Foundling Hospital's Ackworth branch, where he served from 1759 to 1763. Buchan's interest in treating infants and children can be traced to his MD thesis, *De infantum vita conservanda*, composed during his time at Ackworth.

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<sup>55</sup> Rendle-Short suggests, 'like many medical fathers since, Cadogan's interest in the upbringing of young children was first stirred by the advent of a baby in his own household': John Rendle-Short, 'William Cadogan, Eighteenth-Century Physician', *Medical History* 4 (1960), 291.

<sup>56</sup> Rendle-Short, 'William Cadogan, Eighteenth-Century Physician', 292-3.

<sup>57</sup> In 1753 Cadogan was appointed physician temporarily during Dr. Conyers' illness, but his position was made permanent in 1754: Rendle-Short, 'William Cadogan, Eighteenth-Century Physician', 295.

<sup>58</sup> Rendle-Short, 'William Cadogan, Eighteenth-Century Physician', 296.

<sup>59</sup> SCM, 24 Feb 1759, LMA, A/FH/A/03/005/003.

This concern with children's health was later evident in his *Domestic medicine* (1769), which became an immensely popular household text. Buchan also published several other texts related to domestic management and childrearing including: *On the offices and duties of a mother* (1800), and *Advice to mothers on the subject of their own health, and on the means of promoting the health, strength, and beauty of their offspring* (1803). The content of both texts suggests that his interest in children spanned the course of his medical career.

In the preface to the second edition of *Domestic medicine*, Buchan made clear the connection between his experiences at the Foundling Hospital and his opinions on children's health, noting,

the observations relative to Nursing and the Management of Children, were chiefly suggested by an extensive practice among infants, in a large branch of the Foundling Hospital, where I had an opportunity not only of treating the diseases incident to childhood, but likewise of trying different plans of nursing and observing their effects.<sup>60</sup>

Just as Buchan's experience at Ackworth had an impact in encouraging his own interest in children, so Buchan himself influenced the policies of the Ackworth branch of the Foundling Hospital. A review of his *Advice to mothers* noted that Buchan had been influential in reducing the use of drugs in the Hospital's branch at Ackworth and, in so doing, had contributed directly to an improvement in the health of those children under his care.<sup>61</sup>

Though several practitioners who served the Foundling Hospital in a medical capacity cultivated relationships with the wider community of natural philosophers, William Watson was, perhaps, the most energetic in pursuing a variety of interests, many of which, including his work on electricity, intersected with his experiences in treating the Foundling Hospital children. Watson, who served as physician to the Foundling

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<sup>60</sup> William Buchan, *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicine*, (2<sup>nd</sup> edn, London 1772), p. vi.

<sup>61</sup> *Annual Review and History of Literature* 2 (Jan 1803), 754.

Hospital from 1762 to 1787, cultivated a wide circle of medically and scientifically-minded acquaintances and collaborators. Watson was a close acquaintance of John Fothergill and collaborated with Benjamin Franklin in electrical experiments as well as through their membership in the Society of Honest Whigs.<sup>62</sup> Watson was also involved with William Battie (b.1703- d.1776) in the establishment of St. Luke's Hospital for the insane, suggesting that he was active in multiple medical projects.<sup>63</sup> Watson had a wide circle of medical acquaintances. Sir Hans Sloane named Watson a trustee of the British Museum and also nominated him for the Royal Society's Copley medal in 1745. William Heberden (1710-1801), who was also a governor of St. Luke's, attended dinners with Watson at Thomas Birch's house in 1759.<sup>64</sup> Birch, also a member of the Royal Society, alongside Heberden and Watson, owed his advancement to the patronage of Lord Hardwicke, one of Watson's patients, suggesting that these London medical practitioners were, indeed, enmeshed in a web of connections and patronage.<sup>65</sup> In 1759 Watson was admitted a licentiate of the Royal College of Physicians, first disenfranchising himself from the Apothecaries' Society. In 1768 he published a pamphlet on smallpox which reflected the influence of his work at the Foundling Hospital. The pamphlet discussed his 1767 experiment which involved inoculating 74 children at various times, and then determining the best treatment and form of preparation for inoculation.<sup>66</sup> Watson's reputation, however, was based to an even greater extent on his publications on electricity, particularly his *Experiments and observations tending to illustrate the nature and properties of electricity* (1745). In this respect his interests in science and innovation intersected with his medical practice at the Foundling Hospital since, in 1763, he treated

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<sup>62</sup> Stanley Finger, *Doctor Franklin's Medicine* (Philadelphia, 2006), 131.

<sup>63</sup> Letter from William Watson to Lord Hardwicke, 21 Jan 1750, British Library, Add. MS 35606.

<sup>64</sup> Dr. Birch's Diary, 2 Sep 1759, London, British Library, Add. MS 4478 C.

<sup>65</sup> Miller, David Philip, 'Birch, Thomas (1705-1766), compiler of histories and biographer', *Oxford DNB*.

<sup>66</sup> Sir William Watson, *An account of a series of experiments, instituted with a view of ascertaining the most successful method of inoculating the small-pox...* (London 1768), 24.

one of the Hospital's children for paralysis using electricity, and then published the details of the case in the *Philosophical Transactions*.<sup>67</sup>

Like William Buchan, Charles Morton's interest in children originated in his doctoral dissertation. In 1748 Morton published his dissertation, *De tussi convulsiva*, which he later presented to the governors of the Foundling Hospital during a whooping cough epidemic in 1760.<sup>68</sup> Shortly after the publication of his text, he also published a paper in the *Philosophical Transactions* which contained a brief mention of the development of senses in children.<sup>69</sup> Morton was elected physician to the Foundling Hospital in 1754 following his admission to the Royal College of Physicians as a licentiate in 1751, and his election to the Royal Society in 1752. Like Watson, he was also involved in the British Museum and was appointed an under-librarian, heading the department of manuscripts from 1758, and becoming principal librarian in 1776.<sup>70</sup>

Unlike William Cadogan, William Buchan, William Watson, and Charles Morton, Christopher Stanger and John Mayo, who also served as physicians to the Foundling Hospital, never published texts specifically related to the health of children. This should not necessarily be equated with a lack of interest however, since all three served the Foundling Hospital as physicians and were involved in varying degrees in shaping the Hospital's policies and procedures. Christopher Stanger, who served as physician to the Foundling Hospital from Morton's retirement in 1792, graduated with an MD from Edinburgh in 1783 and was admitted a licentiate of the Royal College of

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<sup>67</sup> For further discussion of this case, see Chapter 6.

<sup>68</sup> SCM, 8 Nov 1760, LMA, A/FH/A/03/005/004.

<sup>69</sup> Charles Morton, 'Observations and Experiments upon Animal Bodies, Digested in a Philosophical Analysis, or Inquiry into the Cause of Voluntary Muscular Motion', *Philosophical Transactions* 47 (1751-1752), 305-314.

<sup>70</sup> While at the British Museum, Morton kept diaries which chronicled, among other things, his tasks as librarian as well as his discomfort during frequent bouts of gout. His involvement with the Foundling Hospital was not discussed in these diaries indicating perhaps that his involvement with the Hospital had lessened by the time of his appointment to the British Museum. 'Diary and occurrence book of the British Museum affairs, Apr 30 1762 to Feb 11 1774' BL Add. MS 45871; 'Diary and occurrence book of the British Museum, May 5 1775 to Apr 20 1781' BL Add. MS 45872.

Physicians in 1789.<sup>71</sup> Stanger became Physician Extraordinary to the Institution for the Cure and Prevention of Contagious Fever in the Metropolis and, in 1802, published *Remarks on the Necessity and Means of Suppressing Contagious Fevers in the Metropolis*, though he wrote no texts specifically on children. John Mayo replaced William Watson at the Foundling Hospital in 1787 and acted as physician to the institution until 1809. Like Stanger, Mayo published no texts on children's health, but he was extremely active in agitating for reforms within the Hospital.<sup>72</sup> As the careers of Robert McClellan, William Cadogan, William Buchan, William Watson, Charles Morton, Christopher Stanger, and John Mayo indicate, experience in the Foundling Hospital in many cases had a considerable impact in encouraging practitioners to view children as patients, and in directing their attention towards issues of children's health. A similar effect can be discerned by examining the other institutional forums in which medical practitioners encountered child patients.

In addition to the Foundling Hospital, several practitioners gained experience with children in the many London dispensaries which proliferated, particularly from the 1770s onwards.<sup>73</sup> In 1770 John Coakley Lettsom founded the General Dispensary in Aldersgate Street and was appointed physician, alongside Nathaniel Hulme (1732-1807).<sup>74</sup> From its inception, the General Dispensary made particular provision for the diseases of children. The 1771 account of the Dispensary emphasized,

this Charity extends also to the Diseases of Children; as it is but too evident, and much to be lamented, that many of these, under a Variety of slight Maladies which affect their tender Frames, are, by Neglect or improper Treatment, totally

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<sup>71</sup> G. Le G. Norgate, 'Stanger, Christopher (1759-1834)', rev. Kaye Bagshaw, *Oxford DNB*.

<sup>72</sup> For further discussion of Mayo's efforts at reform, see Chapter 5.

<sup>73</sup> For further discussion of the dispensary movement see Chapter 4.

<sup>74</sup> Nathaniel Hulme, John Coakley Lettsom and James Sims were all listed as physicians and governors for life in the 1776 account of the General Dispensary: *An account of the General Dispensary for relief of the poor* (London 1776), 28-29. By 1792 Lettsom was occupying the post of treasurer and the physicians listed were: James Sims, George Sandeman and Joseph Hart Myers. Hulme, Sims and Lettsom were still listed as governors for life: *General Dispensary in Aldersgate Street for relief of the poor* (London 1792), 6. The records of the dispensary, however, were unfortunately destroyed in a bombing in 1941: Michael Brown, 'Medicine, Reform and the "End" of Charity in Early Nineteenth-Century England', *English Historical Review* 511 (2009), 1353.

lost to the Public, or if they survive, are rendered useless if not burthensome Members of the Community.<sup>75</sup>

Several physicians occupied posts in the dispensaries and later went on to publish on issues of children's health. James Sims (1741-1820) was appointed physician to Lettsom's General Dispensary in 1774, and also served as physician to the Surrey Dispensary. In his text on epidemic fevers Sims discussed an outbreak of fatal peripneumony in infants in 1767.<sup>76</sup> He followed this publication many years later, in 1796, with *Observations on the scarlatina anginosa, commonly called the ulcerated sore throat*, a condition which commonly plagued children. William Saunders, who, as previously mentioned, lectured on the diseases of women and children, served as Physician Extraordinary, vice president and governor for life of the Finsbury Dispensary.<sup>77</sup> At the Westminster General Dispensary, John Hunter (1754-1809), Edward Ford (1746-1809) and Samuel Foart Simmons (1750-1813) all served as physicians, while Robert Bland (1740-1816) served as physician-man-midwife.<sup>78</sup> All four also published papers related to issues of children's health in the *London Medical Journal*. This connection between involvement in dispensary work and interest in children's health continued into the nineteenth century with John Bunnell Davis (1777-1824), who served at the Northern and Surrey Dispensaries before founding the Universal Dispensary for Children in 1816.<sup>79</sup> The Universal Dispensary was also where Charles West (1816-1898) gained experience with the diseases of children before going to assist in the establishment of the Great Ormond Street Hospital for Sick Children.

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<sup>75</sup> *An account of the General Dispensary for relief of the poor* (London 1771), 5.

<sup>76</sup> James Sims, *Observations on epidemic disorders with remarks on nervous and malignant fevers* (London, 1773), 55.

<sup>77</sup> *An account of the New Finsbury Dispensary, in St. John's-Street, Clerkenwell, for administering advice and medicines to the poor at the dispensary, or at their own habitations, within certain districts. Instituted September 20, 1786* (London, 1789), 19.

<sup>78</sup> Minutes of General Meetings of Governors for the Westminster General Dispensary (vol. 1, 6 Jun 1774-5 Mar 1793), LMA, MS-WESTG/629. Hunter's position altered from Physician to Physician Extraordinary while he was in Jamaica (3 Jun 1783). The notation about Jamaica suggests that this was not John Hunter (1728-1793), the brother of William Hunter.

<sup>79</sup> I.S.L Loudon, 'John Bunnell Davis and the Universal Dispensary for Children', *British Medical Journal* (1979), 1191

John Coakley Lettsom's involvement with children's health derived in large part from his interest in inoculation. In 1773 he gave a paper at the Medical Society entitled 'Defence of Inoculation'. Like Cadogan, his interest in children's health also stemmed naturally from his experiences as a father.<sup>80</sup> His career was also marked by various other campaigns including those carried out against medical practitioners he believed to be charlatans or quacks. His 1776 campaign against the uroscopist Theodor Myersbach (c.1730-1798) was, as Roy Porter has argued, somewhat contradictory given Lettsom's own status as an outsider barred, as a Quaker, from membership in the Royal College of Physicians.<sup>81</sup> If Lettsom considered himself to be outside the medical establishment, he certainly did not let this deter him from crusading against what he considered to be dangerous medical practices. This was the case with his 1777 attack on George Armstrong, whose use of hemlock on children with whooping cough Lettsom criticised as indiscriminate experimentation. Clearly Lettsom felt himself to be a champion of public welfare. Acting in favour of the public good was particularly compatible with the outlook of the Quakers, and Lettsom's efforts to curb quackery and to encourage philanthropic investment in medical establishments like the General Dispensary should be seen in light of his membership in the Quaker community.<sup>82</sup>

Indeed, the involvement of both benefactors and medical practitioners in the dispensaries was, to some extent, determined by religious affiliation as well as personal

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<sup>80</sup> In 1774 Lettsom recorded the death of his three year-old daughter Mary on the back of her birth certificate noting, 'it is natural for Parents to think of their children with partiality, but this dear pledge of united affection, exhibited peculiar marks of a sweet disposition, passing some months of her infancy in a calm unruffled temper, ever upon the smile and ready to rush into the arms of those she had the least knowledge of': James Johnston Abraham, *Lettsom: His Life, Times, Friends and Descendants* (London, 1933), 139.

<sup>81</sup> Roy Porter, "'I Think Ye Both Quacks": The Controversy Between Dr Theodor Myersbach and Dr John Coakley Lettsom' in W.F Bynum and Roy Porter, eds. *Medical Fringe and Medical Orthodoxy, 1750-1850* (Beckenham, 1987), 63.

<sup>82</sup> Penelope Hunting has argued that Lettsom's response to the sick poor was in line with the Quaker belief in corporate responsibility for the sick. His involvement in the dispensary movement should thus be seen as indicative of this larger community imperative: Penelope Hunting, *The Medical Society of London, 1773-2003* (Salisbury, 2003), 59.

and political connections.<sup>83</sup> The medical practitioners who staffed the dispensaries were often those who could not obtain posts in the larger general hospitals as a result of circumstances or lack of patronage. Prohibitions on matriculation to Oxford until the early 1770s and on graduation from Cambridge for those outside the Church of England led a large number of non-conformist medical practitioners to seek medical education elsewhere and to use connections within their religious communities in London to advance their careers. This Dissenting network was closely connected with networks of philanthropy in general and medical philanthropy specifically, and played a role in recruiting practitioners to dispensary work. John Fothergill (1712-1780) was a particularly influential Quaker who assisted younger medical practitioners in establishing themselves in London. Fothergill played a role in encouraging the career of Robert Willan (1757-1812), also a Quaker, who served as physician to the Public/Drury Lane Dispensary and the Finsbury Dispensary. Willan went on to publish an account of St. Vitus' Dance in a three-year old boy in the 1786 edition of the *London Medical Journal*.<sup>84</sup> Fothergill was also influential in developing Lettsom's career and it was Fothergill who ensured that Lettsom received a position at St. Thomas' when Lettsom arrived in London in 1766.<sup>85</sup> Their friendship continued through weekly breakfasts at which Fothergill introduced Lettsom to other influential Quakers such as Benjamin Franklin (1706-1790), who was a patient of Fothergill's.<sup>86</sup> In 1762 these weekly breakfasts included Benjamin Rush (1746-1813), who went on to become a leading

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<sup>83</sup> The political dimension of dispensary involvement has been examined by Bronwen Croxson, though her emphasis was largely on individuals who acted as benefactors to the dispensaries rather than on those who acted as medical practitioners. It is likely, however, that since, as she notes, 'a dispensary effectively borrowed the reputation of its patrons', medical practitioners might have been drawn to specific dispensaries for their political affiliations. Equally, the political affiliations which already existed between practitioners may have dictated which dispensaries they chose to offer their services to: Bronwen Croxson, 'The Public and Private Faces of Eighteenth-Century London Dispensary Charity', *Medical History* 41 (1997), 142-48.

<sup>84</sup> Robert Willan, 'Case of Chorea Sancti Viti cured by Cuprum Ammoniacum...' *The London Medical Journal for 1786, Part II* (1786), 187-189. Willan also published 'Observations on the Use of Arsenic in Intermittent Fevers', which contained a case study of a 12 year-old boy. *The London Medical Journal for 1787, Part II* (1787), 191-198.

<sup>85</sup> Abraham, *Lettsom*, 34.

<sup>86</sup> Abraham, *Lettsom*, 47.

physician in Pennsylvania, and who published a text on cholera in infants.<sup>87</sup> With Lettsom's assistance, Waterhouse established himself as a well-known proponent of vaccination in North America.<sup>88</sup> It is thus clear that these religious, personal, and institutional connections between practitioners had some bearing on the shape of their future careers and in directing their interests towards common issues, such as that of children's health.

As will be discussed in Chapter Four, the dispensaries afforded medical practitioners greater opportunities to encounter children than the general hospitals, largely as a result of the propensity of dispensaries to favour a system of out-patients and some home visiting. In one dispensary in particular, however, children were the only patients treated. The Dispensary for the Infant Poor, established in 1769 by George Armstrong (1719/20-1789), attracted the support of several medical practitioners, who provided advice in extraordinary cases, though it was Armstrong himself who handled most of the day-to-day medical treatment at the dispensary.<sup>89</sup> His experiences in the

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<sup>87</sup> Betsy C. Corner and Christopher C. Booth, eds. *Chain of Friendship: Selected Letters of Dr. John Fothergill of London, 1735-1780* (Cambridge, Mass., 1971), 14; Colón and Colón, *Nurturing Children*, 155.

<sup>88</sup> Philip Cash, *Dr. Benjamin Waterhouse: A Life in Medicine and Public Service, 1754-1846* (Sagamore Beach, 2006), 111.

<sup>89</sup> George Armstrong, *An essay on the diseases most fatal to infants. To which are added rules to be observed in the nursing of children: with a particular view to those who are brought up by hand* (2<sup>nd</sup> edn, London, 1771), 183. The ten original sponsors of the dispensary included: doctors Addington, Baker, Ford, Huck, Hunter, Wathen, Watson, and Wilbraham, as well as Sir William Duncan and Sir John Pringle: Armstrong, *A general account for the Dispensary for the Relief of the Infant Poor...* (London, 1772), 10. It is possible to identify several of the medical men to whom Armstrong was likely referring, including: Anthony Addington (1713-1790), Sir George Baker (b.1723-d.1809), Edward Ford (1746-1809), Richard Saunders Huck (1720-1785), Sir William Watson (1715-1787), and Sir John Pringle (1707-1782). Wathen and Wilbraham are unknown. 'Hunter' may have referred to William or John Hunter. John Hunter was known to both Pringle and Watson through the Monday Club. Maloney, however, argues that Armstrong was referring to William Hunter: William J. Maloney, *George and John Armstrong of Castleton: Two Eighteenth-Century Medical Pioneers* (Edinburgh, 1954), 58. The 1772 list of consulting physicians also included Richard Brocklesby (1722-1797), Richard Warren (1731-1797), John Turton (1735-1806), Maxwell Garthshore (1732-1812), and John Armstrong (1708/9-1779), along with Hunter, Watson, Huck, and James Ford. Biographical information derived from the *Oxford DNB*; Maloney, *George and John Armstrong of Castleton*; Louella Kate Vaughan, 'Improvements in the Art of Healing: William Heberden (1710-1801) and the Emergence of Modern Medicine in Eighteenth-Century England' (DPhil Thesis, University of Oxford, 2004), 200-5.

dispensary had a direct impact on the later editions of his *An essay on the diseases most fatal to infants*, originally published in 1767.<sup>90</sup>

Both George Armstrong and Andrew Wilson were listed as physicians of the institution in 1783. In the same year Wilson (1718-1792), who was born in the same Scottish county as the Armstrongs, published *Aphorisms composed for a text to practical lectures on the constitution and diseases of children*. Significantly, Wilson used his affiliation with the Dispensary for the Infant Poor as an enticement to students interested in the health of children, indicating that he may have conducted his lectures from within the Dispensary. As he noted,

though, as I have intimated above, my attention has been long particularly directed to the subject of the Aphorisms: the charge I am entrusted with of that Excellent Charity for the relief of Infant Poor, first instituted by Dr. Armstrong, ought to furnish me with the Means of rendering the subject daily more instructing to such Pupils as favour me with their attendance.<sup>91</sup>

In acquiring posts in the dispensaries, John Coakley Lettsom, George Armstrong, Andrew Wilson, and a variety of other practitioners increased their chances of encountering children in an institutional context. Not every practitioner who worked in the dispensaries used the opportunity to take a closer look at issues of children's health. The fact that several did so, however, suggests that dispensary experience was useful in introducing practitioners to child patients, and in encouraging them to investigate the nature and problems of children's health. A similar opportunity was presented to those practitioners who served medical positions in the lying-in hospitals.

The development of lying-in hospitals, connected to the corresponding rise of man-midwifery, offered male practitioners a greater opportunity to involve themselves in the diseases of infants as an extension of providing assistance in childbirth and caring for new mothers. Several of the practitioners who staffed the lying-in hospitals developed

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<sup>90</sup> Revised editions appeared in 1771, 1777, and 1783, containing accounts of the Dispensary for the Infant Poor as well as details of his experiences treating dispensary patients.

<sup>91</sup> Andrew Wilson, *Aphorisms, Composed for a text to practical lectures on the constitution and diseases of children...* (London, 1783), p. x.

interests in formulating medical practice related not only to infants, but to children as well. Thomas Denman (1733-1815), who served as Physician-Accoucheur to the Middlesex Hospital, published a paper in the *London Medical Journal* for 1790 on a condition in children he labelled as ‘thrush of the nose’.<sup>92</sup> Like Denman, Michael Underwood (1737-1820) used his post in a lying-in hospital to investigate and then publish on the subject of children’s health. Underwood served an apprenticeship with the surgeon Sir Caesar Hawkins (1711-1786) and, through Hawkins’ influence, became house surgeon at St. George’s Hospital between 1761 and 1762.<sup>93</sup> Underwood also set up a private practice in Margaret Street, Cavendish Square and, in 1766, was elected surgeon and practitioner of midwifery at the British Lying-in Hospital, where gave lectures and instructed the Hospital’s midwifery pupils. He gained some recognition with two publications on ulcers in 1783 and 1784, but his reputation as a surgeon was jeopardized by his efforts to become a licentiate of the Royal College of Physicians. The College resolved in 1783 to grant licences to practitioners of midwifery and Underwood was the third of ten practitioners to whom such licences were granted.<sup>94</sup> He went on to publish, in 1784, *A treatise on the diseases of children*, which has subsequently been regarded as a seminal paediatrics text.<sup>95</sup> In addition to Underwood, the British Lying-In Hospital also employed Maxwell Garthshore (1732-1812) and Robert Bromfield (d.1786), who together investigated the treatment of erysipelas in infants.<sup>96</sup>

The London Foundling Hospital, the dispensaries, the Dispensary for the Infant Poor, and the lying-in hospitals all offered practitioners the opportunity to meet, to make connections, to collaborate, and to gain experience with child patients. As we have seen,

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<sup>92</sup> Thomas Denman, ‘Some Account of a Disease lately observed in Infants’, *London Medical Journal*, 4 (1790), 374.

<sup>93</sup> W.J Maloney, ‘Michael Underwood: Surgeon Practising Midwifery from 1764 to 1784’, *Journal of the History of Medicine and Allied Sciences* 5/3 (1950), 297.

<sup>94</sup> Maloney, ‘Michael Underwood’, 309.

<sup>95</sup> Still argued, ‘with Underwood paediatrics in England had crossed the Rubicon; the modern study of disease in childhood had begun’: Still, *A History of Paediatrics*, 478.

<sup>96</sup> See Chapter Four.

these experiences encouraged, either directly or indirectly, medical interest in children and, in many cases, resulted in publications which, in a cyclical fashion, inspired further examination of children's health. While education and institutional experience encouraged practitioners to turn their attention to children, so too did their involvement in clubs and societies, which served a similar function of establishing a network of connections between practitioners but also, significantly, provided a forum for practitioners to air new ideas and to debate new issues.

### *Clubs, Societies, and Common Causes*

Clubs, societies, and philanthropic associations served two important functions: firstly, they provided spaces for individuals to meet, to network, and to gain access to one another, nurturing networks of patronage, obligation, and general conviviality.<sup>97</sup> Secondly, they provided spaces for new ideas to be aired and for communication to occur, and, as such, were catalysts for intellectual debate.<sup>98</sup> Both of these functions had important implications for medical practitioners interested in children. Georgian clubs have traditionally been depicted as sites of gentlemanly collusion, though, as Paul Langford argues, involvement in clubs was a universal activity rather than the preserve of a single social group.<sup>99</sup> At the same time, the exclusive membership of many clubs and societies reinforced their role in signifying social status. Fellowship in the Royal Society, for example, continued to be coveted throughout the eighteenth century.<sup>100</sup> Indeed, the

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<sup>97</sup> Roy Porter, 'The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth Century England' in Lindsay Granshaw and Roy Porter, eds. *The Hospital in History* (London, 1989), 149-178; Adrian Wilson, 'Conflict, Consensus and Charity: Politics and the Provincial Voluntary Hospitals in the Eighteenth Century' *The English Historical Review* 111/442 (1996), 599-619; Sarah Lloyd, 'Pleasing Spectacles and Elegant Dinners: Conviviality, Benevolence and Charity Anniversaries in Eighteenth-Century London' *Journal of British Studies* 41/1 (2002), 23-57.

<sup>98</sup> Peter Clark, *British Clubs and Societies, 1580-1800: The Origins of an Associational World* (Oxford, 2000), p. ix; James E. McClellan III, *Science Reorganized: Scientific Societies in the Eighteenth Century* (New York, 1985), p. xxiii.

<sup>99</sup> Paul Langford, *A Polite and Commercial People: England, 1727-1783* (London, 1989), 100. In contrast to Langford, Lisa Rosner argues that the medical societies, like the university system, reinforced the notion of a medical elite since they were financially restrictive: Rosner, *Medical Education in the Age of Improvement*, 29, 128.

<sup>100</sup> Revisionist accounts have questioned the supposed decline of the Royal Society in the eighteenth century: Andrea Rusnock, 'Correspondence Networks and the Royal Society, 1700-1750', *British Journal*

Royal Society had particular relevance in the eighteenth century for its role in information gathering and communication.<sup>101</sup> In addition, the later eighteenth century witnessed a shift in the tone of the society towards the aims of improvement and assisting the public good in a practical manner, a trend which complemented the growing medical and philanthropic interest in children and, in particular, the children of the poor.<sup>102</sup>

Whatever the practical application served by groups like the Royal Society, clubs and societies catered to a community of urban-based professionals whose careers, in the absence of formalized structures of professionalization, depended in large part on patronage and personal connections. Sociability was far more than the mark of a civilized individual, it was a necessary stepping stone to future advancement. The political nature of several clubs, however, complicated an easy path to advancement. For many, the maintenance of a stable clientele required establishing and maintaining a safe distance from political affiliation and civic office.<sup>103</sup> On the other hand, the cultivation of the identity of a gentlemanly professional required engagement with the elite and with systems of patronage and power. Despite the problems of openly declaring a political bias, political affiliation, like religious affiliation, was important in reinforcing relationships between practitioners. Clubs and societies encouraged relationships and connections of patronage to flourish, and also allowed shared interests to coalesce.

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*of the History of Science* 32 (1999), 155-169; Richard Sorrenson, 'Towards a History of the Royal Society in the Eighteenth Century', *Notes and Records of the Royal Society of London* 50/1 (1996), 29-46; David Philip Miller, "'Into the Valley of Darkness": Reflections on the Royal Society in the Eighteenth Century', *History of Science* 27/2 (1989), 155-66.

<sup>101</sup> Andrea Rusnock has emphasized the role of James Jurin in encouraging the Society's network of correspondence and using the institution as a means of gathering relevant data: Rusnock, 'Correspondence Networks and the Royal Society', 157; Andrea Rusnock, *Vital Accounts: Quantifying Health and Population in Eighteenth-Century England and France* (Cambridge, 2002).

<sup>102</sup> David Philip Miller, 'The Usefulness of Natural Philosophy: The Royal Society and the Culture of Practical Utility in the Later Eighteenth Century', *British Journal for the History of Science* 32 (1999), 185-201.

<sup>103</sup> Margaret Pelling, 'Politics, Medicine and Masculinity: Physicians and Office-Bearing in Early Modern England', in Margaret Pelling and Scott Mandelbrote, eds. *The Practice of Reform in Health, Medicine and Science, 1500-2000: Essays for Charles Webster* (Aldershot, 2005), 104.

The Royal Society Club, the Monday Club, and the Club of Honest Whigs all contained medical men as members.<sup>104</sup> Though discussion of medical matters likely took place in these clubs, other clubs and societies were founded with a specifically medical outlook. As such, these clubs, while obviously still a forum for social and political networking, also provided practitioners with the opportunity to meet and exchange ideas, and to publish articles on new topics of interest, including children's health. John Fothergill founded the Medical Society around 1752 and, by 1783, there were seven members: William Hunter, Richard Brocklesby, Richard Morris, William Pitcairne, William Watson, Richard Saunders and Gilbert Thompson.<sup>105</sup> Of these seven, only two, Richard Morris and Gilbert Thompson, were not also fellows of the Royal Society, an indication of how membership in these societies overlapped as a consequence of their tendency to narrow their focus on specific areas of interest.<sup>106</sup> Many of these societies tended to recruit from specific segments of the medical population. In 1773 John Coakley Lettsom founded the Medical Society of London, which included many of the practitioners who staffed the various London Dispensaries, such as: Nathaniel Hulme, who served the General Dispensary, James Sims, physician to the General and Surrey Dispensaries, Robert Willan, physician to the Carey Street dispensary, and John Millar, physician to the Westminster General Dispensary.<sup>107</sup> There was also considerable overlap between the members of the Medical Society of London and practitioners involved in other child-centred groups, institutions and causes. Members of the Medical Society of

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<sup>104</sup> Medical members of the Royal Society Club included: William Watson, Charles Morton, William Battie, Charles Feake, Gowin Knight and William Heberden. The Monday Club included: William Heberden, William Watson, Sir John Pringle, Benjamin Franklin, John Hunter and others. The Club of Honest Whigs included: Benjamin Franklin, John Pringle, John Fothergill, William Watson, and Matthew Maty, though there is some debate as to whether all these men were members. Sir Archibald Geikie, *Annals of the Royal Society Club: The Record of a London Dining-Club in the Eighteenth and Nineteenth Centuries* (London, 1917); Vaughan, 'Improvements in the Art of Healing', 205; Verner W. Crane, 'The Club of Honest Whigs: Friends of Science and Liberty', *The William and Mary Quarterly* 23/2 (1966), 220; Finger, *Doctor Franklin's Medicine*, 132.

<sup>105</sup> Abraham, *Lettsom*, 124.

<sup>106</sup> 'List of fellows, 1660-2007', The Royal Society <<http://royal.society.org/about-us/fellowship/?from=basefeature>> accessed 1 Feb 2011.

<sup>107</sup> Hunting, *The Medical Society of London*, 65.

London also staffed Lettsom's Sea Bathing Infirmary at Margate as well as the Smallpox and Inoculation Hospital, and supported the Royal Jennerian Society for the Extermination of Small Pox.<sup>108</sup> William Perfect, another member of the Medical Society of London, operated a private asylum for the insane in Kent, to which the Foundling Hospital sent at least one of its children.<sup>109</sup> The societies thus acted as a recruiting ground, reinforcing links between medical practitioners and the larger charitable and professional community.<sup>110</sup>

Key to the influence and importance of the clubs and societies were the opportunities they offered for discussion and publication of interesting cases, data and trials with new therapies or medicines. Though eighteenth-century medical journals were not nearly as numerous as their nineteenth-century counterparts, a few journals were published, allowing medical practitioners and natural philosophers an arena to consolidate and expand their knowledge. In providing a forum for the publication of numerical data and comparisons, the medical periodicals 'revolutionalised the exchange of ideas in medicine', a development which had considerable meaning for an un-established area of medical practice, such as children's medicine.<sup>111</sup> Several practitioners including William Watson, Charles Morton, John Coakley Lettsom, John Hunter, Everard Home, Thomas Percival, Percival Pott, and Robert Bland published articles related to issues of children's health in the *Philosophical Transactions* of the Royal Society. Between 1700 and 1800, 128 articles related to children's health were published in the *Philosophical Transactions*, ten of which were published in the 1739-1741 issue alone, the same years which saw the foundation of the London Foundling Hospital,

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<sup>108</sup> Hunting, *The Medical Society of London*, 61.

<sup>109</sup> The child in question, Mercy Draper, was sent to Dr. Perfect's establishment in 1784 at the cost of £40 per annum, but she was returned to the Foundling Hospital in 1787 with the intent of admitting her to Bethlem: GCM, 15 Dec 1784, LMA, A/FH/A/03/002/015; GCM, 21 Mar, 1787, LMA, A/FH/A/03/002/015.

<sup>110</sup> Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, 1989), 89.

<sup>111</sup> Ulrich Tröhler, 'To Improve the Evidence of Medicine': *The Eighteenth-Century British Origins of a Critical Approach* (Edinburgh, 2000), 11.

indicating the possible influence of child-centred social causes on the interests of medical practitioners. A second peak of seven articles appeared in the 1757-1758 issue, shortly after the beginning of the General Reception period at the Foundling Hospital, an experiment in Hospital management which provoked vociferous debate and criticism, further focusing medical interest onto children.

Though articles on children's health appeared in the *Philosophical Transactions*, the journal was not, strictly speaking, medical. As medical journals began to appear in the late eighteenth century, they provided an expanded forum for medical practitioners eager to share their findings with a predominantly medical audience. One such journal was the *London Medical Journal*, published in 11 volumes between 1781 and 1790 by Samuel Foart Simmons. Unlike the *Philosophical Transactions*, the *London Medical Journal* was not associated with a specific society, thus allowing practitioners outside the societies to gain a greater voice.<sup>112</sup> The 11 volumes of the *London Medical Journal* contained 304 essays, of which 73, or 24%, dealt expressly with cases involving specific children whose ages were often identified, while an additional 15 made some mention of children in a more general sense. While the epicentre of the journal's operation was in London, and was conducted largely through correspondence received by Simmons, contributors to the journal were scattered much further afield. Of the 73 essays dealing with children, 62 listed the location of the author. Eleven of these articles were submitted by authors located in London, while the remainder of articles were submitted from various areas of England, as well as from Scotland, Ireland, North America, and Jamaica. While the primary goal of such journals was to create a forum for medical ideas to be disseminated, a clear secondary effect of the *Philosophical Transactions* and the *London Medical Journal* was that they provided a space for practitioners, many of whom were geographically dispersed, to articulate ideas and concerns about children's health, and to

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<sup>112</sup> Helen Brock, 'Simmons, Samuel Foart (1750-1813)', *Oxford DNB*

discuss interesting cases and new therapeutics in a format which allowed greater leeway than a full-length text.

While the involvement of medical practitioners in clubs, societies, and journal publications offered opportunities to forge connections and discuss new ideas, these practitioners also existed in a social context within which children enjoyed a high profile, both as symbols and as a real group perceived to be in need of protection and assistance. The intent of this chapter has been to uncover the factors which led medical practitioners towards greater attention to children's health. As has been discussed, education may have encouraged medical interest in that direction. Institutional experience certainly afforded opportunities for many practitioners to encounter children as patients. Similarly, involvement in a community of practitioners through sociability and print created opportunities to investigate in new directions and to communicate new ideas. Added to all these elements was the relationship the practitioner himself had both with specific children, such as his own children, and children in general through his involvement with child-centred causes. Many of these men were fathers themselves and their concerns with children's health reflected the experiences of their own family life. Significantly, many of these same men were also 'civic fathers', and were thus part of a culture which naturally positioned them with a responsibility towards children in general.<sup>113</sup>

The traditional narrative of the family suggests that the eighteenth century was a period in which mothers and children were placed even more definitively into the private sphere, largely as a consequence of the rise of the sentimental family and the separation of work life from home life.<sup>114</sup> Drawing a clear boundary between the public and private spheres, however, is detrimental to a full understanding of the experiences of all children

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<sup>113</sup> Patricia Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford, 2010), 194.

<sup>114</sup> Philippe Ariès, 'The Family and the City', *Daedalus* 106/2 (1977), 229; Lawrence Stone, *The Family, Sex, and Marriage in England, 1500-1800* (London, 1977), 7.

and an appreciation of the very public debates which raged over issues of child care.<sup>115</sup> Child-rearing was very much a topic of public debate and there was a growing sense that, in many cases, children had to be protected, even from their own mothers, suggesting that the historiographical placement of children in the private sphere of home and family needs to be qualified by a consideration of social status.<sup>116</sup> Social censure of poor mothers was highly prevalent and was made graphically explicit in Hogarth's *Gin Lane*, which rendered 'central one of the most obsessive and significant plots of Augustan narrative, the plot of maternal failure'.<sup>117</sup> At the other end of the social spectrum, censure of middling and elite mothers was also evident, particularly in relation to issues such as breastfeeding, where elite women were accused of elevating fashion over nature.<sup>118</sup> This multifaceted criticism was in accordance with the views of many medical practitioners who were eager to indict the reprehensible habits of the poor as well as the dissolute lifestyle of the wealthy. Those practitioners who commented on childrearing practices were thus already predisposed by the high profile of these debates to enter the debate on childcare.

From the seventeenth century, conduct literature had extolled the natural virtues of the mother. Writers of conduct literature in the eighteenth century responded to this perceived challenge to the authority of the father by stressing the importance of both

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<sup>115</sup> The problems of erecting a public/private divide have more commonly been recognised in relation to the experiences of women: Lawrence E. Klein, 'Gender and the Public/Private Distinction in the Eighteenth Century: Some Questions About Evidence and the Analytic Procedure', *Eighteenth-Century Studies* 29/1 (1995), 97-109; Amanda Vickery, 'Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women's History', *The Historical Journal* 36 (1994), 383-414.

<sup>116</sup> Tanya Evans argues that unmarried mothers enjoyed a degree of popular sympathy until the late eighteenth century when a combination of factors including the rise of evangelical religion, the popularity of Malthusianism, fears of the criminal class, resentment at the increased poor rates and the impact of the French Revolution, conspired to cause the increased exclusion of unmarried mothers from receipt of charity: Tanya Evans, *'Unfortunate Objects': Lone Mothers in Eighteenth-Century London* (Houndmills, 2005), 96, 208.

<sup>117</sup> Toni Bowers, *The Politics of Motherhood: British Writing and Culture, 1680-1760* (Cambridge, 1996), 1. In addition to general criticism of maternal negligence, Hogarth's print also embodied recognition of the effects of maternal alcoholism on children: Fiona Haslam, *From Hogarth to Rowlandson: Medicine and Art in Eighteenth Century Britain* (Liverpool, 1996), 127.

<sup>118</sup> Valerie Fildes, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh, 1986), 100.

parents in the childrearing process.<sup>119</sup> In his poem on infancy, the physician Hugh

Downman exhorted fathers,

Come then Ye Sires  
Whom love of Offspring, or of Country sways,  
Think not these strains, think not the Nursery's care  
Beneath your notice; truest Wisdom calls,  
And deep Philosophy. O, aid the toil  
Of a fond Mother, with your reason guide  
Her gentler faculties; invigorate  
Her virtuous weakness.<sup>120</sup>

Such texts established that concern for a child was not incompatible with masculinity but was, rather, a sign of male sensibility and feeling. Grafting sensibility onto the traditional patriarchal structure, these responsibilities were tied to a construction of masculinity predicated upon a man's role as a leader, both within the household, and in the community.<sup>121</sup>

This encouragement for fathers to involve themselves in child-rearing also found emotional purchase on a personal level. For many, the experience of watching a child die or suffer through a serious illness provided impetus for an interest in children's health to develop. Benjamin Franklin's son died of smallpox in 1736 leading him to re-think his position on inoculation.<sup>122</sup> George Fordyce's eleven-year-old son William drowned in the Thames, an event which had a considerable impact on Fordyce's interest in children.<sup>123</sup> For others, like George Armstrong, concern with children was derived from the challenges of child-rearing. Armstrong, whose wife was ill following the birth of one of their children, experimented with dry-nursing three of his children, and his *Essay*

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<sup>119</sup> Toni Bowers, "A Point of Conscience": Breastfeeding and Maternal Authority in *Pamela Part 2* in Susan C. Greenfield & Carol Barash, eds. *Inventing Maternity: Politics, Science and Literature, 1650-1865* (Lexington, 1999), 145.

<sup>120</sup> Hugh Downman, *Infancy. A Poem. Book the Second. By Hugh Downman, M.D* (London 1775), 3.

<sup>121</sup> Lisa Smith, 'The Relative Duties of a Man: Domestic Medicine in England and France, ca. 1685-1740', *Journal of Family History* 31/3 (July 2006), 247.

<sup>122</sup> Finger, *Doctor Franklin's Medicine*, 49.

<sup>123</sup> Coley, 'George Fordyce', 398.

contained a full description of the apparent success of these trials.<sup>124</sup> Certainly the experiences of nursing a sick child or of watching a child die were not uncommon in this period, as in any other. Such trials and tribulations, as well as the daily experience of fatherhood itself, stimulated a medical practitioner to pay closer attention to children's health and debates on child-rearing, and to develop an interest in causes which featured children. Whether biological fatherhood or civic fatherhood was in play, it is not difficult to see why medical men, influenced by their own experiences and by their role as father figures, would have turned their attention to child-centred causes.

When combined with discussion of the importance of child-rearing, these child-centred causes provided yet another element creating favourable conditions for the emergence of medical interest in children. As Hugh Cunningham has argued, as Rousseau's notion of children as the embodiment of lost innocence gained popularity, the belief that all children, even children of the poor, were entitled to a proper childhood, began to prevail.<sup>125</sup> As a firm belief in childhood as a formative life stage gained in importance, emphasis was increasingly placed on protecting both children and childhood. Of course, protecting children meant different things for different groups of children. A host of child-saving endeavours emerged which sought either to educate poor parents on the practices of enlightened child-rearing or, failing the success of that programme, to remove children from their damaging influence entirely.<sup>126</sup> In this sense, the involvement of medical practitioners in dictating proper child-rearing practices was a natural adjunct of the efforts of philanthropists and poor law reformers to protect the children of the poor from their parents. As Jonas Hanway suggested,

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<sup>124</sup> George Armstrong, *An essay on the diseases most fatal to infants. To which are added rules to be observed in the nursing of children, with a particular view to those who are brought up by hand* (London, 1767), 109-112.

<sup>125</sup> Hugh Cunningham, *The Children of the Poor: Representations of Childhood Since the Seventeenth Century* (Oxford, 1991), 48.

<sup>126</sup> Though the connection between childhood and innocence was established more fully by Rousseau than by Locke, Locke's emphasis on the child's mind as a blank slate encouraged interest in childhood as a formative stage as well as a perception of children as initially untainted by contact with the world.

forasmuch as we see many great deviations, it is necessary to *interpose*, and to endeavor [sic] to bring the *ignorant* and the *vicious* into the *right path* again; and where this cannot be done by punishing *bad* parents, nor by encouraging *good* ones; where neither *admonition*, *severity*, nor proper *assistance*, will induce them to do their *duty to their children*, there the *poor infant* must be protected by the *public*.<sup>127</sup>

This collective public protection of the ‘poor infant’ provided the impetus for several charitable foundations in the eighteenth century.<sup>128</sup> As these charitable institutions and societies expanded their provision for children, encounters between medical practitioners and poor children increased, and the experiences which resulted proved to be particularly valuable.

Just as the social preoccupation with child-rearing encouraged both civic fathers and biological fathers to attend to children and child-centred causes, concerns with infanticide and abandonment, the declining population, and the development of inoculation for smallpox helped create conditions favourable to the emergence of greater medical interest in children. Abandonment and infanticide functioned both as real threats to the lives of children and as vehicles for rhetorical criticism of society.<sup>129</sup> Both practices were considered to be embarrassments contrary to the prevailing contemporary views of progress and modernity.<sup>130</sup> By the later seventeenth century approximately 1,000 foundlings were abandoned annually in London, famously providing the spectacle

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<sup>127</sup> Jonas Hanway, *A candid historical account of the hospital for the reception of exposed and deserted young children; representing the present plan of it as productive of many evils, and not adapted to the genius and happiness of this nation...* (London, 1759), 12.

<sup>128</sup> David Owen, *English Philanthropy: 1660-1960* (Cambridge, 1965), 53; Andrew, *Philanthropy and Police*, 54-5. As several historians have argued, while the structures of charity altered in the eighteenth century, the impetus to care for poor children was carried over from the sixteenth and seventeenth centuries: Cunningham, *The Children of the Poor*, 20; Paul Slack, *From Reformation to Improvement: Public Welfare in Early Modern England* (Oxford, 1999), 139-40.

<sup>129</sup> The threat of abandonment, however, was mediated by the traditional impetus to provide for such children: Colin Heywood, *A History of Childhood: Children and Childhood in the West from Medieval to Modern Times* (Cambridge, 2001), 79; John Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (London, 1988).

<sup>130</sup> Josephine McDonagh, ‘Infanticide and the Boundaries of Culture from Hume to Arnold’, in Susan C. Greenfield and Carol Barash, eds. *Inventing Maternity: Politics, Science and Literature, 1650-1865* (Lexington, 1999), 216.

which inspired Thomas Coram's resolve to create a hospital for foundlings.<sup>131</sup> Infanticide also functioned as a metaphor, as in Swift's *A Modest Proposal*, in which the savagery of child murder was used to indict the indulgent luxuriousness of commercial society.<sup>132</sup>

The two issues were tied to anxieties about single women, the related threat to the family of illicit sex, and the financial burdens posed by illegitimate children.<sup>133</sup>

Children were also increasingly positioned through rhetoric as essential to the prosperity of the nation. Daniel Defoe criticised infanticide noting,

thus is God robb'd of a Creature, in whom he had breath'd the Breath of Life, and on whom he had stamp'd his Image; the World of an Inhabitant, who might have been of use; the King of a Subject; and future Generations of an Issue not to be accounted for, had this Infant lived to have been a Parent.<sup>134</sup>

Indicative of this connection between the welfare of children and the welfare of the nation was Jonas Hanway's Marine Society, founded in 1756. The Marine Society served two complementary functions: to provide manpower for the navy and merchant marine, and to provide poor boys with a useful start in life through apprenticeship. Jonas Hanway's affiliations form a veritable catalogue of eighteenth-century charitable causes, many of which were specifically concerned with children.<sup>135</sup> Hanway and Robert Dingley, both governors of the Foundling Hospital, were involved in the establishment of the Magdalen Hospital for Penitent Prostitutes. Both the Marine Society and the Magdalen Hospital also drew a measure of support from the medical community,

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<sup>131</sup> Valerie Fildes, 'Maternal Feelings Re-Assessed: Child Abandonment and Neglect in London and Westminster, 1550-1800', in Valerie Fildes, ed. *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren* (London, 1990), 143.

<sup>132</sup> Josephine McDonagh, *Child Murder and British Culture, 1720-1900* (Cambridge, 2003), 14-34.

<sup>133</sup> Mark Jackson, *New-Born Child Murder: Women, Illegitimacy and the Courts in Eighteenth-Century England* (Manchester, 1996), 29. Historians have most often focused on infanticide as a female crime, the result of the social and economic circumstances of women. A counterbalance is provided by scholars such as Dana Rabin who argue that anxieties about masculinity played a role in male involvement in infanticide and that the crime had a male dimension as well as a female one: Dana Rabin, 'Beyond "Lewd Women" and "Wanton Wenches": Infanticide and Child-Murder in the Long Eighteenth Century', in Jennifer Thorn, ed. *Writing British Infanticide: Child-Murder, Gender, and Print, 1722-1859* (Newark, 2003), 45-69.

<sup>134</sup> [Daniel Defoe], *The generous projector, or a friendly proposal to prevent murder and other enormous abuses, By erecting an hospital for foundlings and bastard-children...* (London 1731), 10.

<sup>135</sup> Taylor argues that Hanway's concern with children was motivated in part by general Christian mercantilism, but also by the loss of his own father at a young age: James Stephen Taylor, *Jonas Hanway: Founder of the Marine Society, Charity and Policy in Eighteenth-Century Britain* (London, 1985), 65.

including Sir William Blizard at the Marine Society and William Bromfield, William Heberden, William Hunter, and William Watson at the Magdalen.<sup>136</sup> Hanway, like other philanthropists, while genuinely concerned with the plight of children, was sensible of the value of children to the economy. He articulated the value of children from working families noting,

we ought no more to suffer a child to die for want of the *common necessities* of life, tho' he is born to labor, than one who is the heir to a dukedom. The extinction of those who labor, would be more fatal to the community than if the number of the highest ranks of the people were reduced.<sup>137</sup>

Both the Magdalen and the Marine Society, as well as the Foundling Hospital, utilized similar language to suggest that such institutions would benefit particularly worthy segments of the population, namely children and young women, both of whom were in need of protection from the dangers of the urban landscape. Such language, however, was also underwritten by anxieties about the declining population so common to the first half of the eighteenth century.<sup>138</sup> This concern with population provided another entry for medical practitioners into involvement with issues of children's health.

The population of England increased substantially from 4.9 million in 1680 to 11.5 million in 1820, a growth rate of 133%.<sup>139</sup> In the first half of the century concerns about low levels of population prevailed, particularly in light of the demands on manpower made by almost continuous warfare between 1739 and 1763, as well as by

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<sup>136</sup> Blizard is listed in the *Oxford DNB* as having worked with Hanway in the Marine Society, though his name is not listed among the governors in Jonas Hanway's 1759 account. It is also unclear whether the William Watson listed was William Watson (1715-1787) or his son William Watson (1744-1824), though both were physicians: Jonas Hanway, *An account of the Marine Society, recommending the piety and policy of the institution, and pointing out the advantages accruing to the nation...* (London, 1759); William Dodd, *An account of the rise, progress, and present state of the Magdalen Hospital, for the reception of penitent prostitutes...* (4<sup>th</sup> edn, London, 1770), 350-370.

<sup>137</sup> Jonas Hanway, *An earnest appeal for mercy to the children of the poor, particularly those belonging to the parishes within the Bills of Mortality...* (London 1766), 7.

<sup>138</sup> Mary Peace, 'The Magdalen Hospital and the Fortunes of Whiggish Sentimentality in Mid-Eighteenth-Century Britain: "Well-Grounded" Exemplarity vs. "Romantic" Exceptionality', *The Eighteenth Century* 48/2 (2007), 130. Sarah Lloyd suggests sentiment was also at play in the connection between sympathy and the pleasure of benevolence: Sarah Lloyd, "'Pleasure's Golden Bait': Prostitution, Poverty and the Magdalen Hospital in Eighteenth-Century London', *History Workshop Journal* 41 (1996), 59.

<sup>139</sup> E.A Wrigley, 'The Growth of Population in Eighteenth-Century England: A Conundrum Resolved', *Past and Present* 98 (1983), 122.

alterations in industry.<sup>140</sup> Low levels of population and high levels of infant mortality were also frequently connected to concerns about the unhealthy environment of the city.<sup>141</sup> Anxieties about population depletion thus went hand in hand with anxieties about health, and the health of the infant population in particular, who were most at risk. High infant and child mortality rates had a direct impact in encouraging the creation of foundling hospitals and other charities directed towards children, but also served a secondary role in focusing medical interest on children.<sup>142</sup> The population debates which centred on infants and children often foregrounded the plight of the children of the poor, particularly those consigned to parish care. Hanway in particular criticised the system through which

many children, instead of being nourished with care by the fostering hand of a wholesome country nurse, are thrust into the impure air of a work-house, into the hands of some careless, worthless young female or decrepit old woman, and invariably lost.<sup>143</sup>

This sort of rhetoric encouraged a view of children, particularly poor children, as the building blocks and future promise of the nation. Encouraging the survival of children, especially those urban children who were most at risk, was thus a goal which united population theorists, medical practitioners, and philanthropists. Their outlook was initially hopeful, but this optimism soured in the second half of the century, in particular with the failure of the General Reception period at the Foundling Hospital to have a positive effect on levels of child mortality. This roughly coincided with a shift in the rhetoric associated with population as fears of depopulation gave way to concerns about

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<sup>140</sup> Andrew, *Philanthropy and Police*, 55.

<sup>141</sup> George Rosen, 'A Slaughter of Innocents: Aspects of Child Health in the Eighteenth-Century City', *Studies in Eighteenth-Century Culture* 5 (1976), 293-316.

<sup>142</sup> George Rosen, *The Specialization of Medicine, with Particular Reference to Ophthalmology* (New York, 1972), 42.

<sup>143</sup> Hanway, *An earnest appeal*, 4.

overpopulation, though widespread concerns did not fully appear until the early nineteenth century.<sup>144</sup>

Whether or not population was perceived to be declining or increasing, related anxieties gave rise to various attempts to quantify and therefore to gain some control over levels of mortality. The trend towards quantification of population and mortality significantly provided medical practitioners with the opportunity to comment on the issue of population growth as experts, by virtue of their experience as witnesses of morbidity and mortality. This urge to quantify was not new to the eighteenth century and, indeed, had existed from the mid-seventeenth century when William Petty and John Graunt had attempted to estimate levels of population. Eighteenth-century attempts to quantify population and mortality, however, were increasingly collaborative efforts, involving a dispersed group of individuals in the gathering of data and the sharing and compiling of results. Smallpox mortality, in particular, proved to be a popular concern and there were efforts by James Jurin, John Haygarth, Thomas Percival and others to quantify smallpox mortality using the bills of mortality for London, Chester, and Manchester respectively.

Concern with smallpox mortality naturally intersected with debates surrounding the efficacy, first of inoculation, and then of vaccination. These controversies played a major role in directing popular and medical interest towards children. Interest in inoculation coalesced around the time of its introduction into England in 1721, at the time of city-wide epidemics in London and country-wide epidemics in 1722, 1723 and 1740-2, and during the modification of the procedure by the Suttons in the 1750s and 1760s.<sup>145</sup> Early objections to inoculation came from individuals like William Wagstaffe, physician to St. Bartholomew's. Wagstaffe's criticism of inoculation was founded, in general, on the uncertain nature of the procedure and the extent to which it varied

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<sup>144</sup> Linda Colley argues that belief in population decline was widespread until the introduction of a census in 1801: Linda Colley, *Britons: Forging the Nation, 1707-1837* (New Haven, 1992), 240.

<sup>145</sup> Lane, *A Social History of Medicine*, 136. The progress of inoculation will be discussed at further length in Chapter Six.

between practitioners, but he was also cognizant of the threat inoculation posed to the lives of children, suggesting, ‘if this Experiment at last should not *prevent* the Small Pox for the future, we are worse than when we first set out, and have run the risque [sic] of our Childrens Lives, and our own, to no purpose’.<sup>146</sup> Despite these initial objections, support for inoculation gained ground, though debate later erupted over the dangers of inoculating and containing smallpox among the poor.

Control of smallpox and encouragement of inoculation provided impetus for a variety of societies which multiplied instances in which medical men met to discuss a health issue of particular relevance to children. Lettsom, for instance, was influential in founding the Society for the General Inoculation of the Poor in London in 1775, and was named consulting physician of the Dispensary for General Inoculation, established in 1777.<sup>147</sup> There were also a variety of institutional forums in which practitioners were able to gain experience and make trials with inoculation, though of course such efforts also took place in private settings as well. In 1746 the Smallpox Hospital was established at St. Pancras, the same year as a severe smallpox epidemic hit London.<sup>148</sup> Various trials of inoculation were conducted at the Foundling Hospital, where the children had been inoculated from 1744.<sup>149</sup> This was something of an innovation since the smallpox hospitals did not originally inoculate any children under the age of seven.<sup>150</sup> The Foundling Hospital developed a system in which the children were either inoculated while with their nurses in the country, or were immediately inoculated upon their return to the London Hospital at the age of four or five. In 1767 William Watson conducted

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<sup>146</sup> William Wagstaffe, *A Letter to Dr. Freind. Shewing the danger and uncertainty of inoculating the small pox* (3<sup>rd</sup> edn, London, 1722), 27.

<sup>147</sup> Rusnock, *Vital Accounts*, 95-96.

<sup>148</sup> J.R Smith, *The Speckled Monster: Smallpox in England, 1670-1970, With Particular Reference to Essex* (Chelmsford, 1987), 38.

<sup>149</sup> McClure, *Coram's Children*, 205-8. Andrea Rusnock argues that the Foundling Hospital only began to inoculate its children in the 1760s but, as McClure notes, by 1755 211 of the children admitted to the Hospital had been inoculated, indicating that the procedure was, in fact, being performed as a matter of course at a very early date at the Hospital, though numbers of inoculations obviously increased in the 1760s as a result of the General Reception: Rusnock, *Vital Accounts*, 95.

<sup>150</sup> McClure, *Coram's Children*, 207.

trials to determine the efficacy of mercury as a pre-treatment for children undergoing inoculation.<sup>151</sup> Such trials not only provided opportunities for a wide variety of practitioners to interact with one another, but also provided settings in which practitioners encountered children in a medical context. After the practice of vaccination was introduced by Jenner, vaccination, like inoculation, provided both a rallying cause for practitioners and, significantly, yet another entryway for practitioners into involvement in issues of children's health

### *Conclusion*

This chapter began with a discussion of the landmarks typically associated with the rise of paediatric medicine. While such landmarks are useful in charting the formal rise of a medical specialty, they fail to account for an earlier development of medical interest in children encouraged by the activities of eighteenth-century medical practitioners and their involvement in child-centred causes. To some extent the links between the community of medical practitioners interested in children's health were indicative of the connections between members of the London medical community itself. By the 1780s there were approximately 960 physicians, surgeons and apothecaries in London, serving a population of approximately 800,000.<sup>152</sup> Among members of this community, ties of education, institutional affiliation, sociability, and common causes created affiliations practitioners who knew one another, and whose aims and efforts often crossed, either congenially in the form of appreciation of another's work, or negatively in the form of debate, disagreement, and accusation. However, it is clear that the various practitioners who investigated issues of children's health were loosely bound together not only by their shared membership in the larger medical community but by their common interest in children, which was reinforced along many of the same avenues linking the

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<sup>151</sup> See Chapter Six.

<sup>152</sup> W.F. Bynum, 'Physicians, Hospital and Career Structures in Eighteenth-Century London', in William F. Bynum and Roy Porter, eds. *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), 106.

medical community itself together. As we will see in the following chapters, this shared interest in children was both created and encouraged by the efforts of practitioners to publish texts on issues of children's health, their encounters with children in hospitals, dispensaries, and charities, and their attempts to devise medical treatments for child patients. Over time, this burgeoning interest in children was converted into claims of medical authority over the subject of children's health, thereby providing the basis for what would later become paediatric medicine, a development which would link these practitioners to one another in much more formal and comprehensive professional bonds, building upon an earlier shared interest in children which, though much more informal, was no less significant.

**Chapter 3: ‘Light into the Knowledge of their Diseases’: The Publication of Printed Texts on Children’s Health in the Eighteenth Century**

In 1689, when Walter Harris published his text on the diseases of children, he noted,

I know very well in how unbeaten and almost unknown a Path I am treading; for sick Children, and especially Infants, give no other Light into the Knowledge of their Diseases, than what we are able to discover from their uneasy Cries, and the uncertain Tokens of their Crossness; for which Reason, several Physicians of the first Rank have openly declared to me, that they go very unwillingly to take care of the Diseases of Children, especially of such as are newly born, as if they were to unravel some strange Mystery, or cure some incurable Distemper.<sup>1</sup>

By 1800 the unbeaten and unknown path spoken of by Harris had been traversed many times over by an array of medical practitioners and theorists who, in the process of publishing their ideas in print, brought issues of the health and illnesses of children into public discussion to an unprecedented extent.<sup>2</sup> Texts on the subject of children’s health had, of course, been written and published in earlier centuries.<sup>3</sup> What was new in the eighteenth century was the suggestion that medical practitioners, and medical practitioners alone, were best qualified to dictate child-rearing practices, and to treat sick children. This stance on the part of medical practitioners was a clear signal that they were no longer unwilling, as Harris had suggested, to take care of the diseases of children. As the previous chapter discussed, eighteenth-century medical practitioners were increasingly drawn by a variety of factors to the subject of children’s health. Over the course of the century, this interest in children was translated, through experience and the accumulation of knowledge, into a concerted assertion of medical authority. Printed texts

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<sup>1</sup> Walter Harris, *A treatise of the acute diseases of infants. To which are added, medical observations on several grievous diseases*, tr. John Martyn (London, 1742), 3.

<sup>2</sup> Still mentions 33 texts published in the seventeenth century and 57 published in the eighteenth century. As will be discussed, this expansion was also related to developments in printing and consumerism and thus cannot be tied solely to increased medical interest in children: George Frederic Still, *The History of Paediatrics: The Progress of the Study of Diseases of Children Up to the End of the XVIIIth Century*, repr. (London, 1965).

<sup>3</sup> Seventeenth-century medical opinions on the subject of children’s health are examined in detail in: Hannah Newton, ‘The Sick Child in Early Modern England, c.1580-1720’, PhD thesis, University of Exeter, 2009. The entire history of paediatric texts is examined with varying emphases in: John Ruhräh, *Pediatrics of the Past* (New York, 1925); Arthur F. Abt and Fielding H. Garrison, *Abt-Garrison History of Pediatrics* (Philadelphia, 1965); Still, *The History of Paediatrics*; Christina Hardymont, *Dream Babies: Child Care from Locke to Spock* (Oxford, 1984); A.R Colón and P.A Colón, *Nurturing Children: A History of Pediatrics* (Westport, 1999).

played a major role in this development by sustaining medical interest in children, disseminating the results of medical encounters with child patients, and in encouraging a dialogue between practitioners.

This chapter will examine how printed texts served as a vehicle for medical authority over children's health through the use of two strategies. Firstly, medical authors positioned themselves as 'men of sense', as a means of indicting the practices of nurses, midwives and, in some cases, parents. This rhetorical strategy carved a role for the medical practitioner as the ultimate arbiter of issues of child health and child-rearing and, as such, directly supported medical claims of authority over children's health. Secondly, medical writers sought to emphasize their expertise and knowledge by placing children in a medical framework, moving beyond generalized discussions of child-rearing to focus on the specifics of children's bodies and diseases. This second strategy unified several combined elements. Firstly, it entailed the creation of a dialogue between practitioners, a development which demarcated these eighteenth-century texts from many of the earlier child health manuals. Though earlier authors did, of course, reference one another, there was a shift, over the course of the eighteenth century, away from references to the ancients and towards references to contemporary authors of child health texts, and to current debates. Secondly, tied to the creation of this dialogue between practitioners was a parallel transition away from the use of knowledge as the sole means of authority, and towards the utilization of experience with children as justification for asserting the authority of a medical author. In this context, the experiences practitioners gained with child patients in institutions were important in testifying to an author's accumulated experience and authority. When combined in printed texts, these two strategies, namely the positioning of medical men as 'men of sense' where the health of children was concerned, and the creation of a textual dialogue between practitioners on the subjects of children's bodies and diseases, served to bolster medical claims to authority.

*The Context for the Expansion of Children's Health Texts*

The proliferation of printed texts on the subject of children's health was, in many respects, a product of the expansion of printing in the eighteenth century following from the lapse of the Licensing Act in 1695, and thus cannot entirely be divorced from a general increase in printing. The eighteenth century also witnessed the growth of a literate audience of consumers with disposable incomes, a factor which contributed to rising numbers of printed texts and the diversification of print genres.<sup>4</sup> The origin of this diversification of genres is often traced to the second half of the seventeenth century, when audiences for vernacular literature expanded and genres multiplied to meet this demand.<sup>5</sup> As the number of genres increased to meet the desires of specialised markets, a greater number of texts began to address issues of relevance to parents, particularly those parents who, as members of the middling orders of society, formed the bulk of consumers. By the mid-eighteenth century this expansion of books for parents was joined by the rise of children's books, and it is not implausible to see the two developments as related. As Plumb suggested, parents and children across the social spectrum were increasingly viewed as desirable markets for commercial goods, including books for children, as well as childrearing books, and children's health manuals.<sup>6</sup>

Added to these developments was the creation of a relationship between medicine and the public which nurtured the proliferation of medically-related texts. The general predilection towards self-medication, as well as the increased availability of commercial medicines, nourished a market for texts which instructed literate readers on issues of health and medicine, feeding a general eighteenth-century obsession with health, illness,

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<sup>4</sup> Mary Hilton and Morag Styles, *Opening the Nursery Door: Reading, Writing, and Childhood, 1600-1900* (London, 1997), 3. Three out of five men, and two out of five women were literate by the mid-eighteenth century: Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), 42.

<sup>5</sup> Lynette Hunter, 'Books for Daily Life: Household, Husbandry, Behaviour', in John Barnard, D. F. McKenzie & Maureen Bell, eds. *Cambridge History of the Book in Britain*, vol. 4, 1557-1695 (Cambridge, 1999), 527-32.

<sup>6</sup> J.H. Plumb, 'The New World of Children in Eighteenth-Century England', *Past and Present* 67 (1975), 80-86.

and the body.<sup>7</sup> For medical practitioners, this demand presented an attractive window into a thriving commercial market, and many seized the opportunity to use publication as a means of entry into lay medicine.<sup>8</sup> In short, eighteenth-century people, at least those who could afford to be consumers, inhabited a world of greater choice in which choosing to self-medicate and to educate one's self on issues of health and the body were increasingly viable and desirable options.<sup>9</sup>

The market for child health texts was also influenced by the existence of a market for texts which defined proper behaviour. As discussed in the previous chapter, one facet of medical interest in children derived from broadly social and philanthropic efforts to rescue and safeguard children at risk. When elided with the professionalising agenda of many medical practitioners, this trend encouraged the production of childrearing texts which sought to define proper practices and appropriate parental behaviour. Parenthood was traditionally understood to be a natural skill, innate for a mother and, for a father, rooted in his authoritative position as head of the household. Increasingly, however,

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<sup>7</sup> The interface between medicine and print in the early modern period has been explored by a number of scholars including: Roy Porter, 'Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine', in Roy Porter, ed. *Patients and Practitioners: Lay Perceptions of Medicine in pre-Industrial Society* (Cambridge, 1985), 283-314; Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, 2002); Mary E. Fissell 'The Marketplace of Print' in Mark S. R. Jenner and Patrick Wallis, eds. *Medicine and the Market in England and its Colonies, c. 1450- c. 1850* (Houndmills, 2007), 108-132. Among historians of medicine, this profile of the eighteenth century is largely due to the trend towards writing history from the perspective of the patient; significantly with the patient as an agent, an informed consumer of medicines and medical advice. This view of the eighteenth century is prominent in most of Roy Porter's work, particularly *Patient's Progress*, which ties the increased engagement between people and medicine/medical practitioners over the course of the eighteenth century to the expansion of the commercial economy. Historians such as Joan Lane have also made a similar argument in suggesting that a higher standard of living, particularly in the second half of the eighteenth century, led to greater sums of money spent on medicines and medical attention. For an earlier period, Ian Mortimer has suggested that there was increased availability of medical services for patients across the social spectrum over the course of the seventeenth century as 'the English turned from praying for spiritual physic to paying for medicines when struggling with grave illness': Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge, 1989); Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London, 2001), 11; Ian Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge, 2009), 2, 40-41.

<sup>8</sup> Porter, 'Laymen, Doctors, and Medical Knowledge', 313.

<sup>9</sup> Digby, *Making a Medical Living*, 201.

parenthood was re-configured as a skill to be learned, purchased, and earned.<sup>10</sup>

Historians of the book, and historians of print more generally, influenced in part by Habermas' conceptualization of the public sphere, have traditionally focused on the ways in which print acted to liberate, democratize, and disseminate knowledge.<sup>11</sup> Far less common is the story of how printing functioned to coerce and control by prescribing normative behaviour.<sup>12</sup> Didactic, moralistic texts imposed on the public an ideal of behaviour, though discussion of moral codes of behaviour also acted to liberate by airing anxieties and inviting advice.<sup>13</sup> Medical texts similarly reinforced social norms by defining how one should react in times of individual sickness, epidemics, or death.<sup>14</sup> Whether or not such texts were successful, they sought to create a common understanding of an ideal to be aspired to, and delineated behaviour that was labelled unacceptable or deviant.

However, these prescriptive texts, such as those which suggested regimens of health or forms of medical treatment, engaged with readers in a myriad of ways and did not necessarily work to reproduce in the social sphere the forms of behaviour advocated by the author. Even the author was not immune to this disjoint between prescription and practice. As Peter Earle has suggested, 'even Cotton Mather was far more terrible in print

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<sup>10</sup> Siân Pooley, 'Child Care and Neglect: A Comparative Local Study of Late Nineteenth-Century Parental Authority', in Lucy Delap, Ben Griffin & Abigail Wills, eds. *The Politics of Domestic Authority in Britain Since 1800* (Houndmills, 2009), 225.

<sup>11</sup> Though most historians concede that the bourgeois public sphere outlined by Habermas was overly optimistic, historians such as Adrian Johns have argued that readers were agents and that texts could not simply compel readers to act in a given manner: Johns, *The Nature of the Book*, 20.

<sup>12</sup> Historians of women in particular have increasingly criticized the notion that print had a positive and liberating effect. As Katherine Shevelow argues, 'the tools of liberation are not in themselves liberating. Print culture can provide the bricks and mortar for constructing a prison—or the dynamite for shattering its walls': Katherine Shevelow, *Women and Print Culture: The Construction of Femininity in the Early Periodical* (London, 1989), 198.

<sup>13</sup> Helen Berry, *Gender, Society and Print Culture in Late-Stuart England: The Cultural World of the 'Athenian Mercury'* (Aldershot, 2003), 237-42.

<sup>14</sup> Paul Slack, 'Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England', in Charles Webster, ed. *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge, 1979), 271.

than he ever was in reality'.<sup>15</sup> Readers were, themselves, part of the finished textual product since they were crucial to how the text was received and adopted.<sup>16</sup> Clearly, texts which advocated behaviour suggested an ideal which could be followed or discarded by readers, and even authors. This highlights the problem of drawing a line between such texts and actual child-rearing practices. Since child-rearing texts often promoted an ideal, historians have questioned whether or not parenting in practice had anything at all to do with the advice contained in manuals.<sup>17</sup> As Jay Mechling notes, parenting skills can be acquired through a variety of avenues which collectively compromise the apparent monopoly of the advice manuals over the outcome of parental behaviour.<sup>18</sup> In addition, the act of being a parent is as performative a social role as any other. Parents may have followed the advice of conduct manuals in company, and abandoned the same recommended precepts in private. Thus it is clear that a divide, however permeable, between public and private behaviour is crucial to assessing the effects of advice literature on the actual practices of parents and nurses. Despite this qualification, advice manuals are not useless as sources for investigating childrearing values and medical claims to authority. The simple fact that texts on child-rearing continued to be produced over the course of the early modern period suggests that authors continued to see a market for such texts and a need to correct, modify, or echo popular practice.

There was, therefore, an established eighteenth-century market for texts on the subject of children's health. While many of these texts, particularly those which contained general child-rearing advice and dictates on proper behaviour, were written by

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<sup>15</sup> Peter Earle, *The Making of the English Middle Class: Business, Society and Family Life in London, 1660-1730* (London, 1989), 232.

<sup>16</sup> Roger Chartier, *The Order of Books: Readers, Authors, and Libraries in Europe Between the Fourteenth and Eighteenth Centuries*, tr. Lydia G. Cochrane (Cambridge, 1994), 10; David McKitterick, *Print, Manuscript, and the Search for Order, 1450-1830* (Cambridge, 2003), 8.

<sup>17</sup> Earle, *The Making of the English Middle Class*, 234. As Anthony Fletcher has noted, 'parenting was never a question of deliberate and unhurried reference to the manual: it was a day-to-day effort to do the sincere best that adults could for their children': Anthony Fletcher, *Growing Up in England: The Experience of Childhood, 1600-1914* (New Haven, 2008), p. xvi.

<sup>18</sup> Jay E. Mechling, 'Advice to Historians on Advice to Mothers', *Journal of Social History* 9/1 (1975), 49.

laypeople, those texts which contained advice on medicine and health were frequently the work of medical practitioners. This raises the associated question of just who these medical authors intended their audience to be. Most authors aimed for the largest possible combined audience of educated laypeople, both men and women, and medical practitioners. The cost of several of these texts, however, would have placed them out of reach of most of the population, though this was offset to some respect by the tendency for periodicals to reprint segments of popular texts. The median price of vernacular medical texts in the late seventeenth and early eighteenth century was 1s 6d, a quarter of a labourer's weekly income.<sup>19</sup> During the eighteenth century the average price of a family advice book ranged from six shillings to half a guinea or more, indicating that, while ownership of such texts did not necessarily extend to all segments of the population, these texts were affordable enough to be accessible to a significant proportion of the literate population.<sup>20</sup>

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<sup>19</sup> Fissell, 'The Marketplace of Print', 112; Slack, 'Mirrors of Health', 247.

<sup>20</sup> Ginnie Smith, 'Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century', in Roy Porter, ed. *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), 263.

**Table 1: The price of children's health texts**

<b>Author</b>	<b>Date</b>	<b>Price (l.s.d.)</b>
<b>William Cadogan</b> <i>An essay on the management of children</i>	1748 (1 <sup>st</sup> edn, 1 vol, 34 pages)	0. 0. 6
<b>William Buchan</b> <i>Domestic medicine</i>	1772 (2 <sup>nd</sup> edn, 8 vols, 758 pages)	0. 7. 0
<b>George Armstrong</b> <i>An account of the diseases most incident to children</i>	1777 (2 <sup>nd</sup> edn, 1 vol, 188 pages)	0. 3. 0
<b>Michael Underwood</b> <i>A treatise on the diseases of children</i>	1784 (1 <sup>st</sup> edn, 1 vol, 288 pages)	0. 3. 0
<b>Michael Underwood</b> <i>A treatise on the diseases of children</i>	1789 (2 <sup>nd</sup> edn, 2 vols, 639 pages)	0. 7. 0
<b>Michael Underwood</b> <i>A treatise on the diseases of children</i>	1795 (3 <sup>rd</sup> edn, 2 vols, 548 pages)	0. 10. 6
<b>Michael Underwood</b> <i>A treatise on the diseases of children</i>	1799 (4 <sup>th</sup> edn, 3 vols, 826 pages)	0. 12. 0

Note: Where texts comprised multiple volumes, the cost listed was the amount charged for the full set of volumes. The page numbers listed also apply to the set of volumes as a whole. Source: Pricing information taken from title pages of texts.

The texts listed above were those which were some of the most well-known child health texts published in England in the eighteenth century, and they are those which will predominantly be the focus of this chapter. It is clear that short texts, such as Cadogan's pamphlet, could be purchased for a relatively low price, while household medical texts printed in multiple volumes, such as Buchan's *Domestic medicine*, required greater expenditure; though, as will be discussed, Buchan's text, like Cadogan's, was also reprinted in journals and magazines, thus widening the audience. Most child health texts which followed a format similar to that used by Armstrong and Underwood were priced in the region of three shillings, with an additional cost of six pence if the reader wanted their copy bound. The increase in cost of Underwood's text was largely due to the expansion of the text itself, in terms of both number of volumes and pages, though this does not explain the increase in cost between the second and third editions. The popularity of the text may have encouraged some of this increase in price, as well as the fact that Underwood, far more than many of his predecessors, attempted to encourage a largely medical readership. As will be discussed, this sort of positioning was part of a

strategy used by medical practitioners to label themselves as ‘men of sense’ and authorities on the subject of child health. For the moment, it is sufficient to note that the rising cost of texts like Underwood’s would have priced several of these books out of reach for the labouring poor, but that many of these texts would still have been relatively affordable by the literate middle classes.

Therefore, these child health texts, though dispersed fairly widely, were predominantly intended for middling and elite audiences, two groups who did not necessarily, however, share the same values. Davidoff and Hall suggest that, by the end of the eighteenth century, the middle class had positioned themselves in opposition to the dangerous and profligate morals and manners of the upper classes.<sup>21</sup> If this was the case, it is difficult to imagine emulation operating from the top down to encourage the middling to adopt the values and concerns of the elite. If, on the other hand, social divisions were not as fixed, it is possible to see how prescriptive texts operated through various interpretations according to the tone of the text and the goals and social status of the reader. The availability of such texts indicated that social behaviour was not necessarily fixed along middling lines but was, rather, open to negotiation and discussion.<sup>22</sup> Advice manuals on child rearing might have been written with middling or elite parents as an intended audience but this was not necessarily a barrier to the adoption of their precepts by other groups, either directly through reading the text or indirectly through some form of emulation.<sup>23</sup> Such texts established rational childrearing in the space between the over-indulgent, or self-indulgent, practices of the wealthy and the

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<sup>21</sup> Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (rev. edn, London, 2002), 23. This picture of an emerging class society has been questioned by Amanda Vickery, who argues that, ‘the notion of a cultural chasm yawning between an emergent “middle class” and a regressive “aristocracy” is extremely unhelpful in the context of rural, provincial society between 1750 and 1825’: Amanda Vickery, ‘Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women’s History’, *The Historical Journal* 36/2 (1993), 395. A similar argument is advanced by David Cannadine, *Class in Britain* (New Haven, 1998) 51.

<sup>22</sup> Jeremy Black, *The English Press in the Eighteenth Century* (Beckenham, 1987), 247.

<sup>23</sup> Felicity Riddy, ‘Mother Knows Best: Reading Social Change in a Courtesy Text’, *Speculum* 71/1 (1996), 66-86; Mary Fissell, ‘Readers, Texts and Contexts: Vernacular Medical Works in Early Modern England’, in Roy Porter, ed. *The Popularization of Medicine, 1650-1850* (London, 1992), 74.

neglectful care provided by poor parents, thereby charting a middle ground which appealed to an extensive audience.<sup>24</sup> Additionally, as will be discussed in subsequent chapters, many of these medical authors gained experience with child patients in institutions, where the patient population was drawn almost entirely from the poor. Poor children were thus crucial to expanding medical claims of authority over children's health, and yet, in published texts, their role was obscured as authors, aware of appealing to the ideal middling and elite audience, often referred simply to 'children', rather than differentiating between the children of the poor and those children from more wealthy families. Where these authors did refer specifically to the children of the poor, they often emphasized that poor children were rendered sickly through an unhealthy environment and the neglectful practices of their parents. As will be discussed, this positioning resonated with the attempts of medical practitioners to indict the harmful child-rearing practices of the ignorant. Thus, while poor children figured prominently in institutional encounters between medical practitioners and children, their role in child health texts was somewhat obscured, both by the suggestion that the bodies of all children were essentially the same, and were ruined by poor environments and neglectful or indulgent care, but also by the awareness of medical authors of the necessity to appeal to the audience most equipped with the funds and literacy skills to consume such texts.

Though the audience for child health texts was always fairly broad, its composition was not entirely stable over time. Since child-rearing was a crucial domestic task, and since child mortality was a perennial cause of concern, it is not surprising that the demand for advice on child-rearing was sustained over the entire early modern period, though there was an increase in the number of new texts produced during the eighteenth century.<sup>25</sup> In the first half of the eighteenth century most, though by no means

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<sup>24</sup> Ludmilla Jordanova, 'Conceptualizing Childhood in the Eighteenth Century: The Problem of Child Labour', *British Journal for Eighteenth-Century Studies* 10/2 (1987), 191.

<sup>25</sup> Colón and Colón, *Nurturing Children*, 158-159.

all, child-rearing texts were addressed to parents. Those texts which were not addressed to parents were targeted towards other individuals entrusted with the care of children. For instance, William Cadogan's essay on childrearing was addressed specifically to the governors and administrators of the London Foundling Hospital. Similarly, John Armstrong dedicated his 1742 compilation of child-rearing advice to female practitioners involved in the care of children, noting, 'it is intirely [sic] upon Account of those Female Practitioners, that I have put all the Formulae into English and have set down all the Articles and their Doses at full Length; being resolved to have as little Hand as possible in leading them into Mistakes'.<sup>26</sup>

Over the second half of the century there was an uneven shift as such texts were increasingly addressed to other male medical practitioners, thereby placing parents in the background though, of course, this trend did not necessarily prevent literate parents from purchasing and absorbing such texts. Some practitioners cleverly sought to pitch their texts to both parents and other practitioners, thereby ensuring for themselves the widest possible audience. Michael Underwood took great pains to ensure that his text was accessible to both medical practitioners and parents, and even noted gradations among practitioners which made a widely accessible tone necessary. In the 1795 edition to his text the editor pointed out the existence of 'practitioners employed among the lower class of people who need to be instructed nearly in the same mode with Parents'.<sup>27</sup>

Parents and guardians were always present, if only in the assumption that they would be the ones to provide day-to-day health care for children. Such texts, therefore, even when addressed to medical practitioners, had much to say about the expectations of parenthood, both motherhood and fatherhood, and the occasionally overlapping roles to be played by mother, father and medical practitioner in ensuring the continued health of

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<sup>26</sup> John Armstrong, *A full view of all the diseases incident to children* (London, 1742), p. vix.

<sup>27</sup> Michael Underwood, *A treatise on the diseases of children, with general directions for the management of infants from the birth*, vol. i (3<sup>rd</sup> edn, London, 1795), p. xii.

children. Medical writers in the late eighteenth century continued to address their texts to parents and guardians alone, or to both parents and other practitioners who needed to understand the illnesses of children so as to know when medical intervention was appropriate. In many respects this mirrored the strategy used by medical practitioners in relation to midwifery. Increasingly, however, medical practitioners, in the interests of establishing and reinforcing their claims to knowledge and authority over children's health, were more willing to indict what they saw as harmful child-rearing practices and to forcefully educate their audience on methods they deemed healthy and appropriate. By the end of the century, they were also operating on the assumption that their medical colleagues would need to know how to treat disease in children, an indication of how medical interest in children had translated by the end of the century into an increase of medical encounters with child patients.

#### *Tracing the Expansion of Child Health Texts*

It is difficult to establish a clear chronology of texts written about children's health since the topic breached several different genres. Advice on parenting was diffused throughout the social body in a variety of forms running from the oral tradition and conversation through to commonplace books, pamphlets, periodicals, conduct books, and books on midwifery.<sup>28</sup> George Frederic Still argued that 'the study of diseases of children dates from Hippocrates'.<sup>29</sup> Accordingly he isolated over 121 different authors between Hippocrates and Edward Jenner who had written texts which included some information on the diseases most incident to children, or on the general health of children. Many of the texts discussed by Still were compendiums of earlier authors, or

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<sup>28</sup> Historians of childhood have focused in particular on the spread of child-rearing advice in conduct books: Robert V. Schnucker, 'Puritan Attitudes Towards Childhood Discipline, 1560-1634' in Valerie Fildes, ed. *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren* (London, 1990), 108-121; Valerie Wayne, 'Advice for Women from Mothers and Patriarchs' in Helen Wilcox, ed. *Women and Literature in Britain, 1500-1700* (Cambridge, 1996), 56-79; Marsha Urban, *Seventeenth-Century Mother's Advice Books* (New York, 2006). The dissemination of child-rearing advice in periodicals has received attention in: Anja Müller, *Framing Childhood in Eighteenth-Century English Periodicals and Prints, 1689-1789* (Aldershot, 2009), 20-40.

<sup>29</sup> Still, *The History of Paediatrics*, p. i.

texts which spoke to issues of children's health in a single section. Still also included texts in which child health formed but one subject out of many, and texts which dealt with diseases like rickets, which was often associated with children. If a text on child health was narrowly defined as one in which the health of children served as the sole topic of discussion, Still's chronology would appear to be somewhat inflated. There is value, however, in searching for information on children in a variety of genres and in unlikely places, particularly since medical literature, in general, often breached several genres in an era prior to the formal professionalization of medicine.<sup>30</sup>

Eighteenth-century practitioners who chose to investigate children's health drew upon a corpus of available printed work which provided the basis for knowledge of children's health. The medical canon, as represented by Galen, Hippocrates, and Avicenna, as well as by Aristotle, contributed a relatively small body of advice specifically related to the health and diseases of children, though in forming the basis of most subsequent medical theory, these texts, by extension, had an obvious impact on medical ideas about children. In the late fifteenth century, these canonical texts were joined by four additional texts written specifically on the physiology of children and on pathology as related to children.<sup>31</sup> Another influential text, more detailed than most, was Eucharius Roesslin's *Der swangern frawen und hebammen rosegarten*, published in 1512 and translated into English in 1540 as *The byrth of mankynde*.<sup>32</sup> The first English-language text to focus solely on the health care of children was Thomas Phaer's *The boke of chyldren*, published in 1544 and in 26 subsequent editions by 1656.<sup>33</sup> When Phaer's text was published, the only previous works on the diseases of children available in

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<sup>30</sup> Slack, 'Mirrors of Health', 238.

<sup>31</sup> Namely: Paulus Bagellardus, *De infantium aegritudinibus* (1472); Bartolomaeus Metlinger, *Ein regiment der jungerkinder* (1473); Cornelius Roelans' text of 1483; Heinrich von Louffenburgh, *Versehung des leibs* (1491).

<sup>32</sup> Alice Ribbink-Goslinga, 'Child Care Through the Centuries', in John Cule and Terry Turner, eds. *Child Care Through the Centuries: An Historical Survey from Papers Given at the Tenth British Congress on the History of Medicine at Clyne Castle, Swansea, April 6-8, 1984* (Cardiff, 1986), 180.

<sup>33</sup> Thomas Phaer, *The Boke of Chyldren* (London, 1544; facs. edn, ed. Rick Bowers, Arizona, 1999), 2.

English were two separate translations of Roesslin's text.<sup>34</sup> Many of the subsequent texts published in the sixteenth and seventeenth centuries were compendiums or reprints of these and other earlier writings on children's health.<sup>35</sup> A few new texts did appear, however, which indicated a slow building of interest in children's health and the first forays into specialisation.<sup>36</sup> Aside from translations of these texts and other classical texts, there were few new English-language texts on children's health between Phaer's publication in 1544 and Walter Harris' *A treatise of the acute diseases of infants*, published in Latin in 1689 and in English in 1693.<sup>37</sup> One notable exception to this absence was Robert Pemell's *De morbis puerorum or, a treatise on the diseases of children*, published in 1653.

The relative dearth of English-language texts on children's health in this period was not necessarily an indication of a lack of general interest in the subject. This interest was met, in part, by texts written in other languages, texts on midwifery, such as Culpeper's *Directory for midwives*, or texts on family or general medicine, such as Thomas Elyot's *The castel of health*. This trend of including information on children's health in general household texts was continued in the eighteenth century with, among others, John Wesley's *Primitive physick* and William Buchan's *Domestic medicine*. It is thus more valuable to see the changes in childrearing texts in the eighteenth century as part of a slow shift towards greater medical involvement and increased medical assertion of authority, rather than an abrupt transition between a lack of medical interest in children and a glut of texts printed on the subject by medical practitioners.

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<sup>34</sup> Still, *The History of Paediatrics*, 108.

<sup>35</sup> Slack argues that reissues of medical texts exceeded new works until after 1575: Slack, 'Mirrors of Health', 241.

<sup>36</sup> The first treatise on infant surgery, *Practica der wundartzney*, was published by Felix Würtz, a Basle medical practitioner, in 1563: J.D. Atwell, 'Paediatric Surgery', in Cule and Turner, eds. *Child Care Through the Centuries*, 41.

<sup>37</sup> On Harris see: John Ruhräh, 'Pediatric Biographies: Walter Harris, 1647-1742', *American Journal of Disease in Childhood* 38/5 (1929), 1064-67.

It would be impossible to touch upon every medical text related to children published in the eighteenth century. Many, such as John Armstrong's *A full view of the diseases incident to children* (1742), appeared in only one edition and were, in large part, compendiums of the writings of previous authors such as Harris. As such, these texts were legacies of an older tradition of child health texts. Several authors also appended abridgements of Harris' text to their own work.<sup>38</sup> Such texts were influential in keeping the ideas of important figures like Harris in circulation and in encouraging medical interest in children, but they contributed little to contemporary debates surrounding issues of children's health since they merely reiterated widely accepted views.

Alongside these texts, however, several publications began to appear, particularly in the second half of the eighteenth century, which reflected medical efforts to develop new understandings of children's bodies and the progress of disease in children. While there was no wholesale shift away from theories advanced by Harris and other seventeenth-century practitioners, these new texts did represent a departure in several respects. The four texts written by William Cadogan, William Buchan, George Armstrong, and Michael Underwood were written in English and were intended for an audience of medical practitioners alone, or a combined audience of medical practitioners and educated parents. Most importantly, these authors cited their experiences in institutional settings as important in encouraging their interest in children and in expanding their knowledge of children's health. Together, these texts highlight a shift towards greater medical involvement in child health and, significantly, the influence of institutional experience on the form and substance of advice offered by medical practitioners on the subjects of childrearing and the health of children.

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<sup>38</sup> William Forster, *A treatise on the various kinds and qualities of foods: with aphorisms of health; or, rules to preserve the body to a good old age. To which is added, a compendious discourse of the diseases of children* (London, 1738). Forster interspersed his abridgement of Harris' text with his own observations but did not depart from Harris' views in any significant respect.

William Cadogan's *An essay upon nursing and management of children*, published in 1748 and in nine subsequent editions by 1772, was one of the most popular and frequently cited eighteenth-century texts on the subject of children's health.<sup>39</sup>

Sections of the text were also published in the *Gentleman's Magazine*, thereby expanding the influence of Cadogan's theories and advice. The text has frequently been cited by historians as a starting point for a shift in the relationship of medical practitioners to children's medicine, though establishing such a definitive starting point for a long-term transition is problematic.<sup>40</sup>

The timing of Cadogan's work and its format as a letter to the governors of the Foundling Hospital reflected a ground-swell of popular interest in children as well as something of a departure in medical advice on childrearing, since the text specifically addressed the problems of rearing children in institutions, though of course the text also had wider applicability as an advice manual for parents and guardians. Indeed, it was assumed by many that the Foundling Hospital was to be used as a site for testing the effectiveness of the child-rearing practices advocated by Cadogan. One new father wrote to the General Committee of the Hospital complaining that Cadogan's dictates were not being followed within the Hospital and 'how is the Publick to profit from such a Nursery?'.<sup>41</sup> This particular man was not, in fact, a full supporter of Cadogan's theories,

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<sup>39</sup> On Cadogan see: John Rendle-Short, 'William Cadogan, Eighteenth-Century Physician', *Medical History* 4 (1960), 288-309; John Rendle-Short, 'Infant Management in the Eighteenth Century with Special Reference to the Work of William Cadogan', *Bulletin of the History of Medicine* 34 (1960), 97-122; Alys Levene, "'Reasonable Creatures": A Common Sense Guide to Childcare', *History Today* 56/12 (2006), 30-36.

<sup>40</sup> For Wilson, Cadogan's text represented the origins of enlightened thinking about child-rearing while, for Hardyment, Cadogan marked the beginnings of a belief that medical practitioners were best qualified to comment on child-rearing practices: Adrian F. Wilson, 'The Enlightenment and Infant Care', *Bulletin for the Society for the Social History of Medicine* 25 (1979), 44; Hardyment, *Dream Babies*, 10.

<sup>41</sup> The author of the letter hoped to gain proof of that Cadogan's dictates had been adopted by the Matron of the Foundling Hospital in order to convince the author's wife to adopt Cadogan's practices in raising their own children. Not convinced by either Cadogan or the practices of the Hospital, he concluded the letter 'I fancy Sir a Committee of Women wou'd not be useless there & offer it to your & their Consideration; for I verily believe Sr our great Grandmothers were very good Nurses & very good Housewifes': 'Letter relating to the non-management of Children according to Dr. Cadogan's Schem & Book', 14 Jan 1749, LMA, A/FH/A/06/001/002.

but his argument did reflect the assumption that the Hospital could and should be used to test childrearing theories and practices.

Joining Cadogan's text was George Armstrong's *Essay on the diseases most fatal to infants*, which was published in 1767, and republished in subsequent editions in 1771, 1777, 1783, and 1808.<sup>42</sup> The second, third and fourth editions contained revised findings from Armstrong's case studies as well as details on the inner workings and success rates of the Dispensary for the Infant Poor. As a consequence, Armstrong has often been credited with initiating the scientific study of paediatric medicine, though, as with Cadogan, it is problematic to ascribe such a development to a single individual.<sup>43</sup> Though Armstrong's methods cannot necessarily be characterised as 'scientific' in the sense of careful compilation of data and results, he was active in testing new treatments and innovative approaches, and was a partial advocate of dry nursing at a time when most of his contemporaries were adamant about the necessity of breast-feeding.<sup>44</sup>

Two years after Armstrong published the first edition of his essay, William Buchan's *Domestic medicine* appeared; a text which, like Armstrong's, reflected the influence of institutional experience. *Domestic medicine* enjoyed immense popularity and passed through nineteen editions, continuing in print in Britain until 1846, and in America until 1913.<sup>45</sup> Extracts from *Domestic medicine* were also printed in journals like

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<sup>42</sup> Armstrong made alterations and additions to the text each time it was published, though large sections remained stable over time. The 1767 edition has been used for the purposes of this thesis, except in cases where additions or changes were made. In these instances the specific edition has been cited. On George Armstrong see: William J. Maloney, *George and John Armstrong of Castleton: Two Eighteenth-Century Medical Pioneers* (Edinburgh, 1954).

<sup>43</sup> Maloney, *George and John Armstrong of Castleton*, 49, 89.

<sup>44</sup> Armstrong noted, 'I do not advise dry nursing of infants, when they can be properly suckled, yet I would not have parents to be discouraged from trying it when it becomes requisite, being firmly persuaded, that if a child is born pretty strong and healthy, it had better be brought up by hand in the method to be afterwards explained, than suckled by an ailing nurse, or one that has not a sufficient quantity of milk': George Armstrong, *An essay on the diseases most fatal to infants. To which are added rules to be observed in the nursing of children; with a particular view to those who are brought up by hand* (1767), 100.

<sup>45</sup> Still, *The History of Paediatrics*, 410; Christopher Lawrence, 'William Buchan: Medicine Laid Open', *Medical History* 19 (1975), 20. The second (1772) and third (1774) editions of *Domestic medicine* have been consulted here since, though there were changes between the second and third editions, the third edition formed the stable basis of future editions and few subsequent alterations were made: Lawrence, 'William Buchan: Medicine Laid Open', 32. In contrast to Lawrence, Rosenberg argues that there were at least 142 English language editions between 1769 and the last edition, published in Philadelphia in 1871:

the *Weekly Miscellany* and the *Universal Magazine of Knowledge and Pleasure*, thereby disseminating the content of the text even further.<sup>46</sup> While Buchan's text was not devoted entirely to issues of children's health, his long-standing interest in children, dating from his doctoral dissertation, as well as his experiences within the Foundling Hospital, make his text worthy of mention alongside those of Cadogan, Armstrong, and other contemporaries. Indeed, the fact that Buchan's text was a domestic medicine manual which contained information on children's health reinforces the point that these genres continued to overlap and that there was no clear transition between texts which included advice on medical treatment for children and those which were entirely devoted to children.

Institutional experience also inspired Michael Underwood's *A treatise on the diseases of children*, which was published in 1784 and was followed by three subsequent eighteenth-century editions in 1789, 1795, and 1799.<sup>47</sup> When Underwood's text first appeared, it drew the comment, 'if we except a few pamphlets on detached parts, we have had no regular account of the method of treating the diseases of children, since that given by Dr. Armstrong, twenty years ago'.<sup>48</sup> The importance of the text was even more strongly emphasized by the time the second edition appeared in 1789 when it was claimed, 'Dr. Underwood has treated more largely, and indeed more usefully, of the diseases of children, than any preceding writer on the subject'.<sup>49</sup>

Underwood intended his text for educated parents as well as for 'such practitioners in physic, as may not have had the advantage of great experience in the

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Charles E. Rosenberg, 'Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*', *Bulletin of the History of Medicine*, 67 (1983), 22.

<sup>46</sup> 'Of the Sources of Family Diseases', *Weekly Miscellany: or, Instructive entertainer*, 7/165 (Nov 1776), 173; 'Of Cleanliness. From Dr. Buchan's *Domestic Medicine*', *Universal Magazine of Knowledge and Pleasure* 45/313 (Oct 1769), 207. The *Universal Magazine* continued to reprint extracts from the text in 1772, 1773.

<sup>47</sup> The text was published in: 1784, 1789, 1793, 1795, 1797, 1799. Revised editions appeared in 1789, 1795 and 1799.

<sup>48</sup> *English Review, or, An abstract of English and foreign literature* 5 (London, Feb 1785), 148.

<sup>49</sup> *English Review, or, An abstract of English and foreign literature* 14 (London, Dec 1789), 428.

management of their complaints'.<sup>50</sup> The first edition of the *Treatise* was advertised as 'adapted to the Use of Private Families, as well as Medical People'.<sup>51</sup> A reviewer of the 1789 edition pointed out the difficulty of this position since 'to one party, he must seem triflingly minute; to the other, unintelligibly abstruse'.<sup>52</sup> However, Underwood was also praised for limiting his use of technical language as a consequence of his intent that the text be accessible to the non-medical population.<sup>53</sup> An additional audience for the text was highlighted by one reviewer who noted of Underwood, 'his own practice is rational and experimental, and his disclosing it for the benefit of the younger part of the faculty, cannot but be attended with general utility'.<sup>54</sup> Significantly, one reviewer of the original 1784 edition commented that the *Treatise* 'highly deserves the attention of those medical gentlemen to whom the care of the health of children is generally committed', suggesting that it was already assumed by some in the early 1780s that the health of children should be left to the control and expertise of medical practitioners.<sup>55</sup>

While the texts discussed above differed in some respects, in terms of specific issues such as the breast-feeding debate, what these medical authors shared was a desire to contribute to knowledge of children's health, and to be considered authorities on the subject. The simple act of publishing these texts indicated that these authors felt themselves to have privileged knowledge. What remained was for them to convince their readers that they spoke from a position of experience and authority, and that the health of children was the province of medical practitioners. To persuade their readers of their own wisdom on the subject of children's health, these writers used two linked strategies. Firstly, they positioned themselves as 'men of sense' in opposition to the negligent

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<sup>50</sup> Michael Underwood, *A treatise on the diseases of children, with directions for the management of infants from the birth; especially such as are brought up by hand* (London 1784), 1.

<sup>51</sup> *Morning Herald and Daily Advertiser* (London, 8 Sep 1784), issue 1207.

<sup>52</sup> *Monthly Review* 1 (London, Mar 1790), 301.

<sup>53</sup> *English Review* 14 (London, Dec 1789), 431.

<sup>54</sup> *English Review* 5 (London, Feb 1785), 148.

<sup>55</sup> 'Book review' *Monthly Review* 71 (London, Dec 1784), 477.

practices and deficient expertise of mothers, nurses, and midwives. Secondly, they sought to create a medical dialogue on children's health through which they could speak to one another, thereby signalling to their readers that children's health was a subject best left to the expert authority of medical men. When combined, these two strategies allowed for printed texts to become apt vehicles for the expansion of medical authority over children's health, thereby carving a niche for the medical practitioner in provision of medical care for children.

*Medical Men as 'Men of Sense' Where Children Were Concerned*

William Cadogan began his text with the bold statement, 'it is with great Pleasure I see at last the Preservation of Children become the Care of Men of Sense', thus immediately setting up a dichotomy between the ignorant female nurse or practitioner, and the rational man of medicine or the enlightened layman, a clever juxtaposition which was adopted by several subsequent authors of similar texts, some of whom, like William Moss, copied the 'men of sense' distinction verbatim.<sup>56</sup> The 'man of sense' terminology suggested not only a divide between ignorant and educated, but also between female and male care of children's health. Indeed the two discourses were intimately connected. Rebecca Laroche has argued that authors of seventeenth-century herbals depicted work with herbs as specifically masculine to offset associations of herbal practice with women and the domestic environment.<sup>57</sup> A similar positioning was used by Cadogan to suggest that the medical care of children should, in fact, be a masculine endeavour. An extended gendered framework for the text can be established by examining the wider context of contemporary medical changes. Along these lines, Adrian Wilson has suggested that the

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<sup>56</sup> William Cadogan, *An essay upon nursing and the management of children from their birth to three years of age* (London 1748), 3. Cadogan's terminology was repeated verbatim by William Moss: William Moss, *An essay on the management, nursing and diseases of children, from the birth: and on the treatment and diseases of pregnant and lying-in women...* (2<sup>nd</sup> edn, Egham, 1794), 13.

<sup>57</sup> Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550-1650* (Farnham, 2009), 28. As Margaret Pelling has noted, these gendered associations were perceived as particularly damaging to the status of medical practitioners: Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford, 2003), 191.

rise of man-midwifery had a considerable impact on the timing and context of Cadogan's text.<sup>58</sup> Cadogan emphatically rejected practices like swaddling traditionally performed in the all-female birthing room. In this sense, as Wilson argues, his *Essay* should be seen within a wider framework of shifts away from female involvement in medical practice, which collectively made room for the control and authority of the 'man of sense'.

A proponent of the establishment of greater medical authority over children's health, Cadogan argued that educated medical practitioners were far more qualified to treat children as a result of advances made over the course of the late seventeenth and early eighteenth centuries in natural science and medicine.<sup>59</sup> He went on to suggest that the weakness of many children was due to inappropriate nursing practices, most notably swaddling and a rich diet, which predisposed children to illness. This followed from his assumption that the lifestyle of the upper classes was not conducive to sound childrearing and that, conversely, lower class children enjoyed better health as a result of a hardier upbringing.<sup>60</sup> Included in this assumption was a critique of the effects of civilization on the practices of childrearing. Civilization, in this context, also carried negative connotations of excessive femininity and the dangers of an over-luxurious lifestyle. In this sense, authors like Cadogan were cleverly criticising both female care of children, and the child-rearing practices of the elite.

This notion of the evils of luxury, and the dangers of a civilised lifestyle, was echoed by George Fordyce, who argued, 'we remark with surprise & infinite regret that of all animals mankind rear the fewest of their young and that the more cultivated the country the greater number of young is lost'.<sup>61</sup> However, this sentiment also embodied some of the ambiguity in several of the eighteenth-century texts on children's health over

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<sup>58</sup> Wilson, 'The Enlightenment and Infant Care', 46.

<sup>59</sup> Cadogan, *An essay*, 4.

<sup>60</sup> Cadogan, *An essay*, 7.

<sup>61</sup> Lectures on the Diseases of Women and Children by George Fordyce, 1786, Royal College of Physicians, MS 150.

the issues of natural instinct versus learned behaviour. Practitioners like Cadogan and Fordyce positioned themselves as experts, or ‘men of sense’, thereby elevating the role of learning over instinct. Despite this rhetorical strategy, belief in the instinctual nature of childrearing was difficult to dispense with entirely. The result was usually an emphasis on ‘common sense’ childrearing, inherited from Locke and assumed to be in line with natural behaviour, in opposition to overindulgence and luxury, the pitfalls of civilized society. This strategy cleverly implied that it was the man of sense, or the medical practitioner, who was able to distinguish reasonable or ‘common sense’ practices of childcare, while over-fond parents, mothers in particular, were all too likely to fall into damaging practices.

Warnings about the dangers of spoiling children also accorded with perspectives on children espoused by late eighteenth-century evangelicals, whose campaigns to reform the education of children reflected a similar indebtedness to Locke, and an emphasis on the dangers of allowing children to progress to adulthood without careful education to form character.<sup>62</sup> Most importantly, texts like Cadogan’s also signalled quite clearly that childrearing was not necessarily a skill which derived from natural instinct, but was, rather, something to be learned by applying common sense precepts and consulting educated opinion. This position created a clear niche for the medical practitioner to act as an authority on medicine for children though, significantly, it did not entirely destroy the extent to which maternity could be utilized as a source of female authority.

William Buchan’s use of the ‘man of sense’ strategy entailed the suggestion that the medical practitioner had an indispensable role to play in selecting appropriate caretakers for a child, and then in employing these women as intermediaries, thus

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<sup>62</sup> Anne Stott, ‘Evangelism and Enlightenment: The Educational Agenda of Hannah More’, in Mary Hilton and Jill Shefrin, eds. *Educating the Child in Enlightenment Britain: Beliefs, Cultures, Practices* (Farnham, 2009), 41-55.

removing them from a position of authority to one of service to the medical practitioner.

As he noted,

whenever I had it in my power to place the children under the care of proper nurses, to instruct these nurses in their duty, and to be satisfied that they performed it, very few of them died; but when, from distance of place, and other unavoidable circumstances, the children were left to the sole care of mercenary nurses, without any one to instruct or superintend them, scarce any of them lived.<sup>63</sup>

He also dismissed the commonly held notion that physicians were unable to provide medical treatment for a class of patients unable to properly verbalize their own illness. Of children Buchan noted, ‘it is true, they cannot tell their complaints; but the causes of them may be pretty certainly discovered, by putting proper questions to the nurses and such as are about them’.<sup>64</sup> Clearly Buchan envisioned a situation in which the authority rested with the male medical practitioner, who would ask the questions and provide the diagnosis. The nurse’s role in this scenario was to act as a proxy for the child patient by providing the narrative of illness. This arrangement cleverly carved a role for the medical practitioner as the authoritative figure, while still retaining a role for the mother or nurse, with her instinctive understanding of the child and ability to decipher the child’s speech and cries. Buchan also implied that it was the responsibility of medical practitioners to gain knowledge of children’s health to prevent the deaths of children at the hands of unqualified female carers. As he suggested,

even physicians themselves have not been sufficiently attentive to the management of children: That has been generally considered as the sole province of old women. . . such conduct in the faculty has not only caused this branch of medicine to be neglected, but has also encouraged the other sex to assume an absolute title to prescribe for children in the most dangerous diseases.<sup>65</sup>

This sort of reasoning clearly highlights the extent to which issues of authority in encounters between child patients and medical practitioners were being examined and

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<sup>63</sup> William Buchan, *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicine* (2<sup>nd</sup> edn., London, 1772), p. vi.

<sup>64</sup> Buchan, *Domestic medicine*, 7.

<sup>65</sup> Buchan, *Domestic medicine*, 6.

negotiated throughout these published texts. Increasingly, even texts like Buchan's which fell under the genre of domestic medicine manuals, were suggesting that medical practitioners, as 'men of sense' had an indispensable role to play in children's health.

Buchan was also in accord with Cadogan in emphasizing the efficacy of a simple environment in rearing healthy children though, where Cadogan cited the simplicity of the country life, Buchan referenced the healthy child-rearing practices of 'savage nations'.<sup>66</sup> In general, both Cadogan and Buchan presented what they felt to be 'common-sense' advice which could easily be followed by the literate laity. As Rosenberg argues, the readership of *Domestic Medicine* represented a broad cross-section of the middling orders, wary of parting with their money in payments to a medical practitioner when a common-sense guide could provide them with the knowledge to manage medical affairs from within the household.<sup>67</sup> Both writers, however, were careful to suggest that certain conditions required the expertise and authority of a trained medical practitioner, and both were emphatic about the dangers of poor nursing and health care provided by unqualified females. Notably, in both texts there was tension between the rejection of professional esotericism in favour of 'common sense' wisdom on one hand, and criticism of ignorant lay people on the other.<sup>68</sup> Medical authors had to be cautious not to alienate lay readers, but they simultaneously had to demonstrate the superior knowledge and experience that qualified them to label themselves experts. Texts like Buchan's and Cadogan's indicate the extent to which tension lingered between the medical practitioner interested in children's health, and the parent, guardian, or nurse who traditionally oversaw the health of children without a great deal of outside medical involvement.

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<sup>66</sup> Buchan, *Domestic medicine*, 13.

<sup>67</sup> Rosenberg, 'Medical Text and Social Context', 26.

<sup>68</sup> Lawrence has noted the tendency in Buchan to deride lay ignorance while simultaneously deifying the observational powers of laymen: Lawrence, 'William Buchan', 27.

Like Buchan, Michael Underwood was willing to allow for the role of the parent or nurses, suggesting that the diseases of children ‘are all plainly and sufficiently marked by the countenance, the age, the manifest symptoms, and the faithful account given by the parent, or an intelligent nurse’, though he was emphatic that ‘every distemper may be said, in some sense, to have a language of its own, and it is the business of a physician to be acquainted with it’.<sup>69</sup> Here, the ‘man of sense’ distinction emerged again in the suggestion that, while the parent or intelligent nurse might be able to decode the presence of disease in children, diagnosis was far more complicated, and was the business of a physician. At one point in his text Underwood cautioned that preparations of antimony ‘are very powerful medicines, and not to be prescribed by nurses and ignorant people’.<sup>70</sup> Clearly Underwood, like Buchan, envisaged a situation in which the medical practitioner would provide advice and prescribe medicines, which could then be administered by a parent or nurse. Underwood and his contemporaries were quite clearly signalling, to both the lay and medical audiences of their texts, that the medical practitioner, or the ‘man of sense’, was to be the supreme authority on the subjects of childrearing and the management of disease in children, even if some tasks could still be allocated to nurses and parents.

Commentary on wet nursing afforded an excellent opportunity for medical authors to use the ‘men of sense’ strategy to demonstrate their own superior wisdom on the subject. Several historians have examined wet nursing as it related to female employment and the economy of the family life cycle.<sup>71</sup> Others have focused on the

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<sup>69</sup> Underwood, *A treatise* (1784), 8.

<sup>70</sup> Underwood, *A treatise* (1784), 109.

<sup>71</sup> George D. Sussman, *Selling Mothers’ Milk: The Wet-Nursing Business in France, 1715-1914* (Urbana, 1982); Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford, 1988); Fiona Newall, ‘Wet Nursing and Child Care in Aldenham, Hertfordshire, 1595-1726: Some Evidence on the Circumstances and Effect of Seventeenth-Century Child Rearing Practices’, in Valerie Fildes, ed. *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren* (London, 1990), 122-38.

extent to which breast-feeding was linked with notions of femininity and maternity.<sup>72</sup> However, the practice of wet nursing also emerged as a key element in medical claims to authority over childrearing, and commentary on wet nursing in child health texts afforded practitioners the opportunity to utilise the ‘men of sense’ strategy to demonstrate their grasp of ‘common sense’ childrearing. Though wet nursing continued to be practised in England throughout the eighteenth century, authors of medical texts increasingly counselled women to nurse their own children.<sup>73</sup> The prime impetus behind this advice was the difficulty of finding appropriate and healthy wet nurses. Popular beliefs and medical opinion alike attributed considerable importance to the quality of a mother’s milk, which was believed to have the capacity to impact on everything from the health of the infant to the nature of its future character and personality. The anonymous author of *The Art of Nursing* propounded, ‘tis a Truth so universally allow’d, that Nurses communicate their own natural Dispositions to Children nurs’d by them, that whenever a Child has nothing of either Father or Mother about him, ‘tis commonly said, *That the Nurse has chang’d him*’.<sup>74</sup> This belief was used as a means of highlighting the unnaturalness of a mother who chose to give her child to another woman to be breastfed. The act of breast-feeding also carried symbolic weight, defining maternity itself. According to the author of *The Art of Nursing*, a woman who breastfeeds her own child ‘becomes a true and real Mother’ while a woman who does not ‘is no more than a Step-

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<sup>72</sup> Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison, 1987); Toni Bowers, “‘A Point of Conscience’: Breastfeeding and Maternal Authority in *Pamela*, Part Two’ in Susan C. Greenfield & Carol Barash, eds. *Inventing Maternity: Politics, Science and Literature, 1650-1865* (Lexington, 1999), 138-58.

<sup>73</sup> Nancy Senior, ‘Aspects of Infant Feeding in Eighteenth-Century France’, *Eighteenth Century Studies* 16/4 (1983), 376.

<sup>74</sup> *The art of nursing: or, the method of bringing up young children according to the rules of physick, for the preservation of health, and prolonging life* (2<sup>nd</sup> edn, London, 1733), 22.

Mother'.<sup>75</sup> Visual and literary imagery also connected nursing with true maternity, and acceptable levels of female authority.<sup>76</sup>

The issue of breastfeeding was a point of interest in both medical and popular discussion in the eighteenth century and, from mid-century, there was a shift in England among the middling and upper orders towards maternal breastfeeding. Historians have discussed the extent to which this shift was the result of fashion and social emulation, as well as a reaction to the idealization of natural motherhood.<sup>77</sup> The movement towards maternal breastfeeding was also motivated by a medical belief that the practice was healthier for children than dry nursing. The argument in favour of a mother's milk as the most natural food for infants was encouraged by the Aristotelian notion of breast milk as purified blood. In his *Letters to Married Women*, Hugh Smith explained the process by which food ingested by the mother became 'a kind of white blood; from whence, animal bodies at all times receive their constant support, and recruit'.<sup>78</sup> In this view maternal breastfeeding was thus sanctioned by nature through the structure and operations of the body of both mother and infant. Also circulating, particularly in the second half of the eighteenth century, were arguments that maternal breastfeeding was healthier for the mother.<sup>79</sup> Given traditional ideas about the dangers to a woman's system from excesses of fluids such as menstrual blood, it is not surprising that maternal breastfeeding was perceived as a natural and healthier practice for both mother and child. Additional arguments in favour of maternal breastfeeding were grafted onto these medical supports for the practice. In the early nineteenth century, John Bunnell Davis argued that maternal

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<sup>75</sup> *The art of nursing*, 22.

<sup>76</sup> The connection between Queen Anne and motherhood was frequently made in sermons. Richard Stephens, *The Queen a nursing mother. A sermon preach'd on Thursday, March the 8<sup>th</sup> 1704-5 being the anniversary day of her majesty's happy accession to the throne* (London, 1704). Medical texts on children's health were also occasionally dedicated to queens who, as mothers and as monarchs, were thought to have a vested interest in alleviating the distress of children and infants: John Millar, *Observations on the asthma, and on the whooping cough* (London, 1769), p. ii.

<sup>77</sup> Fildes, *Wet Nursing*, 116-119; Ruth Perry, 'Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England', *Journal of the History of Sexuality* 2/2 (1991), 213.

<sup>78</sup> Hugh Smith, *Letters to married women* (London, 1767), 63.

<sup>79</sup> Valerie Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh, 1986), 115.

breastfeeding would contribute to domestic happiness and increased morality, as well as to the creation of a stronger, more abundant population.<sup>80</sup>

While most medical practitioners agreed that maternal breastfeeding might be healthier, there was some recognition that alternative options had to be explored in circumstances in which the mother had died, was ill, or had surrendered her child to an institution. George Armstrong's *An essay on the diseases most fatal to infants* was specifically intended to provide information on bringing up children by hand but Armstrong noted, 'I am no advocate for bringing children up by hand, as it is called, when they can be properly suckled'.<sup>81</sup> There was generally a hierarchy of preference where nursing was concerned, with maternal breastfeeding at the top, followed by nursing by an appropriate wet nurse, dry nursing, and, lastly, nursing by an inappropriate or unhealthy wet nurse.<sup>82</sup> Criticism of dry nursing was generally motivated by the belief that the disorders of infants could usually be traced to improper food, being either too rich or given in too great a quantity for the infant to properly digest.<sup>83</sup> This criticism of the diet of infants and children, both before and after weaning, was used by many practitioners, most notably Cadogan, as an opportunity to highlight the dangerous childrearing practices of mothers, nurses and other women. Since diet was believed to be crucial to the balance between health and illness within the child's body, the issues of feeding and proper nourishment went to the centre of medical concerns about children and, in favourably comparing medical views with what were considered the ignorant practices of women, the issue helped justify the involvement of medical men in determining proper childrearing practices. For instance, several authors were sceptical about the value of fruits and vegetables in a child's diet since the bodily systems of

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<sup>80</sup> John Bunnell Davis, *A cursory inquiry into some of the principal causes of mortality among children, with a view to assist in ameliorating the state of the rising generation, in health, morals, and happiness: to which is added an account of the Universal Dispensary for Sick Indigent Children* (London, 1817), 15-17.

<sup>81</sup> Armstrong, *An essay* (1767), 99.

<sup>82</sup> Armstrong, *An essay* (1767), 101.

<sup>83</sup> Smith, *Letters to Married Women*, 117.

children were supposed to be pervaded by an excess of acid. Suspicion of the health value of vegetables to children was not traditionally confined to them and, indeed, was a common view prior to the eighteenth century. However, the connection between the excessive acidity of children's bodies and the dangers of vegetables to health can be seen as a departure.<sup>84</sup>

Despite the prevalent use of the 'man of sense' strategy, not all writers on children's health sought to overtly condemn the childrearing practices of women. Indeed many attempted to highlight the distinctive roles women played in the care of their own children as well as the care of children further down the social scale. The editor of the 1795 edition of Michael Underwood's text pointed out that many ladies of rank

superintend their own children's health with that exactness and attention, and enter so justly into the causes of many of their early complaints, as to prescribe very judiciously, when absent from town; as well as afford much relief to the children of their poor neighbours, who might otherwise be far worse attended to.

Given that Underwood's work was intended for a mixed audience of parents and practitioners it is not surprising to find the editor making an effort to frame a positive appeal to female readers. Despite this tone, a reviewer of Underwood's text pointed out that,

as the dictates of untutored nature are only interpreted by accurate knowledge and careful examination, parents should be very cautious how they trust infants to the management of those whose chief knowledge consists in the indiscriminate use of a fanciful or a traditionary receipt.<sup>85</sup>

This particular comment cleverly indicted ignorant practitioners while separating parents from similar condemnation. Clearly the author of this review felt that the role of the parent in choosing a practitioner to attend to a child's health was as crucial as the role of the parent in choosing a wet nurse. The underlying assumption was that the educated parent, enlightened by texts such as Underwood's, would inevitably choose a practitioner

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<sup>84</sup> J.C Drummond and Anne Wilbraham, *The Englishman's Food: Five Centuries of English Diet* (rev. edn. London, 1991), 110.

<sup>85</sup> 'Book Review', *Critical Review, or, the Annals of literature* 58 (London, Dec 1784), 426.

whose methods were up to date and whose knowledge was derived from study and observation, rather than from tradition and household lore. A clear parallel was thus constructed between the educated medical practitioner on one hand and the ignorant practitioner, who was frequently cast as a woman, on the other. This juxtaposition allowed the writers of medical texts on children's health to suggest to literate parents that their task in seeing to the health of their child involved nothing more than a simple choice between ignorance and education.

Other authors used the 'men of sense' rhetoric to frame a far more scathing portrait of the childrearing practices of women. In Cadogan's opinion childrearing 'has been too long fatally left to the Management of Women, who cannot be supposed to have proper Knowledge to fit them for such a Task, notwithstanding they look upon it to be their own Province'.<sup>86</sup> Much of this rhetoric was also used to bolster the campaign for the creation of workhouses, since an ancillary function of the workhouse was to remove the children from the care of parish nurses.<sup>87</sup> Some medical writers sought to create a divide between the childcare to be provided by nurses, and the treatment to be provided by medical practitioners. Joseph Hurlock conceded that 'the constant Attendance of Nurses may give them Opportunities of experiencing the Success of many little Remedies, which often prove adequate to the common Grievs of new-born Babes', but that children labouring under acute distempers ought to be treated by a medical practitioner.<sup>88</sup>

As the century progressed, medical authors grew ever more emphatic in insisting that medical practitioners were better equipped to care for the health and well being of children than any other individuals. However, this was not a move towards all-encompassing medical involvement in the lives of children at the expense of parental authority and control. Parents were still perceived as the best guardians of their children.

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<sup>86</sup> Cadogan, *An essay*, 3.

<sup>87</sup> Jeremy Boulton, 'Welfare Systems and the Parish Nurse in Early Modern London, 1650-1725', *Family and Community History* 10/2 (2007), 147.

<sup>88</sup> Joseph Hurlock, *A practical treatise upon dentition; or, the breeding of teeth in children* (London, 1742), p. ix-x.

What such writers proposed instead was that parents be better educated as to the instances in which a practitioner needed to be consulted. In many respects this occurred in parallel to a similar development in texts on midwifery which counselled husbands and wives, as well as female practitioners, to be aware of emergencies during which a male medical practitioner needed to be summoned. By using the ‘men of sense’ rhetoric, these practitioners cleverly displaced the traditional caretakers of children: mothers, nurses, and midwives, and signalled to their literate audience that they were the ultimate authorities on all subjects relating to children’s health.

*Creating a Dialogue on Children’s Health, Bodies, and Diseases*

The second strategy by which medical practitioners used texts to assert their authority over the subject of children’s health involved the creation of a dialogue between practitioners, marked by attention to the specifics of children’s bodies and diseases, references to contemporary authors, and the suggestion that medical practitioners had sufficient experience with children to qualify them as experts on child health. Eighteenth-century medical authors increasingly delved into the specifics of children’s health by attempting to more accurately define the chronological stages of childhood, to differentiate between infants and children, or between types of children, and to assess the origins and progress of disease in children. In some respects, these were not entirely new developments since there was always some recognition that children were different from adults. However, the boundaries of childhood were not always fixed, creating an certain amount of confusion and ambiguity which practitioners increasingly sought to resolve. Childhood could simultaneously be perceived positively as a time of innocence and freshness, and negatively as a period of feverish heedlessness, a counterpoint to the sober wisdom of age.<sup>89</sup> In most cases, the two positions co-existed

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<sup>89</sup> Anja Müller, ‘Fashioning Age and Identity: Childhood and the Stages of Life in Eighteenth-Century English Periodicals’ in Anja Müller, ed. *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot, 2006), 96-7.

uneasily in a continually shifting medical paradigm of childhood. This ambiguity was, in part, the result of difficulties in conceptualizing a stage of life that was transitory.<sup>90</sup>

The various schemes outlining the ages of man suggest that infancy, childhood, and adolescence were almost always recognised as distinct stages in the life cycle. Traditionally infancy was defined as the period from birth to age seven, the age of reason.<sup>91</sup> *Infantia* was followed by *pueritia* which lasted from age seven to 12 in girls and age seven to 14 in boys. These divisions, however, were somewhat fluid and discussions of the life cycle often posited alternative stages based on changes in the child's body and capacities. John Graunt suggested that the term 'infancy' applied to the period of life before speech had been acquired and that, 'childhood' applied to the subsequent period.<sup>92</sup> Harris' text, which provided the starting point for many of the eighteenth-century texts on childrearing, used the term 'infant' to apply to a child younger than four years of age, while the term 'child' was used to describe those between the ages of four and 14.<sup>93</sup> Several eighteenth-century medical authors sidestepped the issue by referring more generically to 'younger children' and 'older children'. However, this strategy should not be read as a failure to properly differentiate the stages of childhood since, though there was some ambiguity on the actual boundaries between young children and older children, differentiation between the two was still recognised as important.

Medical authors increasingly signalled their recognition of the differences between the stages of childhood by distinguishing between dosages intended for young children or infants, and those intended for older children or adolescents. In prescribing antimonial wine, George Armstrong noted,

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<sup>90</sup> Jordanova, 'Conceptualizing Childhood in the Eighteenth Century', 197.

<sup>91</sup> Michael E. Goodich, *From Birth to Old Age: The Human Life Cycle in Medieval Thought, 1250-1350* (Lanham, 1989), 83.

<sup>92</sup> John Graunt, *Natural and political observations mentioned in a following index, and made upon the bills of mortality...with reference to the government, religion, trade, growth, ayre, diseases, and the several changes of the said city* (London, 1662), 16.

<sup>93</sup> Harris, *A treatise*, 8.

after the first month, you may give seven, eight, nine, or ten drops, according to the child's strength, or the urgency of the case, and at three or four months old, from ten to fifteen. I always begin with a small dose, for children differ full as much in that respect as grown persons.<sup>94</sup>

While sixteenth and seventeenth-century authors had recommended different doses of medicines for different ages of patients, eighteenth-century medical authors sought even greater specificity by delineating multiple stages within infancy and childhood, and by recognising that children differed from one another. All children did not share the same bodily characteristics and, as Armstrong suggested, the medical practitioner needed to pay as much attention to differences between the bodies of individual children as he would pay to differences between the bodies of his adult patients. Concurring with Armstrong's emphasis on the varying types of children's bodies, Henry Bracken associated overweight children, who had an excess of phlegm, with diseases such as rickets, convulsive coughs, aphthae, ulcers in the mouth, and scrofulous disorders, while suggesting that lean and thin children with an excess of heat were associated with inflammatory and nervous fevers.<sup>95</sup>

Efforts to define more accurate chronological stages within childhood and to identify different types of children's bodies, were related to efforts to conceptualize and understand the distinctiveness of the child's body. A key topic of controversy was the debate over whether the bodies of children were hardy and better able to withstand illness than adults, or were naturally more frail and susceptible to disease. In many respects, the general shift from one paradigm to another supported medical efforts to become more involved in children's health. If a child's body was resilient and able to withstand disease, all that was needed was for the medical practitioner to provide a measure of advice to the parent or guardian, while the child could be left to Nature, free from the meddling and coddling which were thought to have a detrimental effect on the child's

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<sup>94</sup> Armstrong, *An essay* (1767), 37.

<sup>95</sup> Henry Bracken, *The midwife's companion; or, a treatise of midwifery: wherein the whole art is explained...to which is subjoined, the true and only safe method of managing all the different kinds of small-pox, and the distempers incident to new-born children* (London, 1737), 217.

body and character. Conversely if the child was a fragile, helpless being, and was subject to a host of diseases which constantly held the threat of fatality, the place of the medical practitioner in the life of the child was assured, not merely as a theorist of childrearing techniques, but as an active participant in ensuring the child reached a healthy adolescence. In this respect, there was no clear shift from a vision of the child based on Locke to a perspective derived from Rousseau. The two views overlapped in part because both embodied ambiguities where the child was concerned. Locke emphasised the hardiness of the child's body but also admitted that children were susceptible to disease. Similarly, Rousseau stressed the fragility and weakness of the child's body, but was also willing for Nature to play a large role in the rearing of the child, arguing, 'almost the whole period of childhood is sickness and danger... In passing thro' this course of experiments, the child gathers strength and fortitude, and, as soon as he is capable of living, the principles of life become less precarious'.<sup>96</sup>

William Cadogan, generally a vociferous proponent of the strength of a child's body, argued that 'Nature has made Children able to bear even great Hardships, before they are made weak and sickly by their mistaken Nurses', but his condemnation of practices such as swaddling reflected a more nuanced position.<sup>97</sup> He characterised swaddling as 'a very hurtful Circumstance, for Limbs that are not used, will never be strong, and such tender Bodies cannot bear much Pressure'.<sup>98</sup> This ambiguity actually served to bolster Cadogan's argument, since, as he argued, it was improper nursing practices, like swaddling, which weakened the child's body.

It is important to note that medical authors frequently suggested that the child's body could be strengthened through a healthy upbringing including a proper diet and sufficient exercise. Conversely, improper childrearing practices could retard or even

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<sup>96</sup> Jean Jacques Rousseau, *Emilius and Sophia: or, a new system of education. Translated from the French of J.J Rousseau, citizen of Geneva. By the translator of Eloisa*, vol. i (London, 1762), 26.

<sup>97</sup> Cadogan, *An essay*, 10.

<sup>98</sup> Cadogan, *An essay*, 10.

prevent the development of a child's strength, for 'children like dough, are susceptible of all impressions, and an infant well formed at its birth, may become weak, and sickly, thro' the improper management of the nurse'.<sup>99</sup> These sorts of arguments fit quite well with the 'men of sense' strategy and, when combined, the two methods provided a powerful rhetorical argument for greater medical authority over child health.

Those in favour of the idea of a child's inherent weakness included Harris, Buchan, Bracken, Armstrong, and Moss. Harris clearly stated,

if therefore we are desirous of laying any firm Foundation of the Cure of Infants, we must in the first Place have our Eyes on their natural Tenderness and Weakness. We must also make Choice of such Medicines as best agree with the most tender Frame.<sup>100</sup>

A wide variety of metaphors were used to lend credibility to the notion of the fragility of a child's body, and this sort of conceptualization added further support to the argument that medical practitioners were best qualified to understand the bodies of children.

Buchan used the analogy of 'a bundle of soft pipes', while Bracken suggested 'the Body of a young Child is like soft Wax'.<sup>101</sup> William Moss drew upon the tradition of using horticultural language to describe the bodies of children arguing,

as children's lives are so very uncertain, and hang by so slender a thread at, and for some months after, their birth; they, like tender blossoms, are ill qualified to resist a rude assault or severe shock, of any kind, and are seldom able to cope with a complication of diseases.<sup>102</sup>

These suggestions that a child's body was inherently weak created a space for the medical practitioner to assert himself as an authority. Not only did such language suggest that the medical practitioner was knowledgeable about the distinctiveness of children's bodies, it implied that children required specialised and careful care, which could only be provided by someone with medical expertise.

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<sup>99</sup> John Theobald, *The Youngwife's Guide in the Management of her Children* (London, 1764), 'To the Reader' [no pagination]

<sup>100</sup> Harris, *A treatise*, 38.

<sup>101</sup> Bracken, *The midwife's companion*, 272; Buchan, *Domestic medicine*, 14.

<sup>102</sup> William Moss, *An essay on the management and nursing of children in the earlier periods of infancy...* (London, 1781), 192. Comparison between children and plants also persisted in eighteenth-century periodicals: Müller, *Framing Childhood*, 83.

Just as conceptualisation of the child's body was used to signal medical knowledge, examinations of how disease originated in children were conscripted into claims for medical authority over children's health. Much of the discussion of the nature of children's bodies reflected the lingering presence of humoral understandings of the body, which were only slowly declining over the eighteenth century.<sup>103</sup> Accordingly, children, and the diseases they suffered, were often associated with moistness, heat, and phlegm. However, the language of humoral medicine did not have a monopoly over medical understandings of the body in this period and, indeed, the decline of humoral medicine presented practitioners with the opportunity to create a new medical view of how disease operated within the body of a child. Following from Sydenham, Sylvius, and Harris, most eighteenth-century medical authors who published texts on children's health ascribed disease in children to an excess of acidity in the body. As Bracken argued, 'all the Symptoms of Infants owe their Original to *Acids* as their first Parents'.<sup>104</sup> Underwood provided a more refined picture of the role of acidity, identifying glandular secretion, the quality of food, the delicacy of the muscular fibres, and the want of exercise, as generators of acid in the bodies of infants and children.<sup>105</sup> While medical authors continued to follow Cadogan's lead in suggesting that improper nursing was a major cause of illness in children, these discussions of how disease operated within the body of a child signalled to readers of child health texts that medical authors were aware of contemporary medical debates, and were capable of arriving at finely nuanced explanations for how disease affected a child's body.

Significantly, examinations of the origins of disease in children also further justified the role of the medical practitioner. The idea of the child's mind as a blank slate,

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<sup>103</sup> Humoral understandings of the body continued to influence perceptions of a child's strength in advice manuals into the twentieth century: Siân Pooley, "All we parents want is that our children's health and lives should be regarded": Child Health and Parental Concern in England, c.1860-1910', *Social History of Medicine* 23/3 (2010), 5.

<sup>104</sup> Bracken, *The midwife's companion*, 214.

<sup>105</sup> Underwood, *A treatise* (1784), 11-13.

as popularised by John Locke, contributed to the notion of a child's body as an unwritten territory for disease. As Andrew Wilson argued,

the constitutions of infants being in general sounder, and more free from any internal seeds of diseases, than grown-up persons, it yields two very important inferences; namely; 1. That the most early disorders of infants (having no seeds of diseases in themselves) must be caused by mismanagement through ignorance or negligence. 2. Their disorders being, on the above account, simple, must be much more easily redressed, being complicated with few internal seeds of disease inherent in their constitutions.<sup>106</sup>

Similarly, William Moss suggested that,

the diseases and affections to which young children and lying-in women are naturally liable, are more regular, uniform, and less variable in their appearances and events, than those at other periods...and this is readily accounted for, by considering; that in the infant state, the refinements and luxuries of life can seldom operate upon the constitution, to such a degree, as to produce a diversity of complicated, or unnatural or artificial complaints.<sup>107</sup>

However, as with several other debates surrounding the health and diseases of children, dissent among practitioners was common. Both Percival and Dimsdale argued that the high number of diseases to which infants were subject rendered them unfit for inoculation.<sup>108</sup> In either line of reasoning, however, a space was created for the medical practitioner. If children, and infants in particular, were largely free from 'internal seeds of disease', the role of the medical practitioner was to ensure that disease did not subsequently arise from poor child-rearing practices and neglect. If infants and children were subject to a greater variety of disorders, rendering their bodies fragile and vulnerable, the role of the medical practitioner was to ensure their survival by expanding upon the existing body of knowledge concerning children's health and diseases. The related assumption was also increasingly being made that the line between a healthy

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<sup>106</sup> Andrew Wilson, *Aphorisms, Composed for a text to practical lectures on the constitution and diseases of children...* (London, 1783), p. v.

<sup>107</sup> Moss, *An essay* (1781), p. xxvi.

<sup>108</sup> Thomas Percival, *Philosophical, medical and experimental essays; viz. I. On the state of population in Manchester, and other adjacent places. . .* (London 1776), 98.

child and a sick child was so permeable that some level of medical involvement in the care and management of children was crucial, even beyond the sick bed.<sup>109</sup>

Just as greater specificity served the interests of medical authors eager to assert their own authority over the subject of children's health, so too did the combined strategies of referencing current authors and current debates, and foregrounding medical experience with child patients. In some respects, the extent to which authors referenced one another was an indication of the size of the text. Cadogan's short pamphlet, for example, left little room for extensive references or footnotes. Similarly, the intended audience of a text had an impact on the number of references included by an author, particularly since excessive referencing was thought to alienate lay readers. However, by the second half of the eighteenth century medical authors of texts on children's health were much more likely to include references to contemporary authors and contemporary debates. While Buchan's second edition of *Domestic medicine* referenced Boerhaave, Harris, Hippocrates, Sydenham, Tissot, and van Swieten, William Moss' essay, published approximately ten years later in 1781, made reference to Cullen, Dobson, Hoffman, Millar, Pitcairne, Pringle, White, and Whytt, and omitted any mention of Hippocrates.<sup>110</sup> This tendency to reference contemporary authors was also combined with increased efforts to cite multiple medical authorities. While Michael Underwood referenced 20 medical authorities in the first edition of his essay in 1784, the second edition, published in 1795, contained references to over 57. In some respects, this was simply the result of the expansion of the text itself. However, Underwood's almost excessive tendency to drop names was also clearly a strategy, signalling to his readership

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<sup>109</sup> O'Malley suggests that this was one reason that late eighteenth-century child health texts contained information on the management of healthy children, as well as sick children: Andrew O'Malley, *The Making of the Modern Child: Children's Literature and Childhood in the Late Eighteenth Century* (New York, 2003), 83.

<sup>110</sup> Herman Boerhaave (1668-1738), Walter Harris (1647-1742), Hippocrates (c.460-370), Thomas Sydenham (1624-1689), Samuel Auguste Tissot (1728-1797), Gerard van Swieten (1700-1772), William Cullen (1710-1790), Matthew Dobson (1732-1784), Friedrich Hoffmann (1660-1742), John Millar (1733-1805), Archibald Pitcairne (1652-1713), Sir John Pringle (1707-1782), Charles White (1728-1813), Robert Whytt (1714-1766).

his own grasp of both ancient wisdom and contemporary debates. The greatest number of references in Underwood's text were to Harris and to George Armstrong and, while references to Harris declined between the first and second editions, references to Armstrong increased. The progression of Armstrong's text through multiple editions tells a similar tale. When Armstrong first published his text in 1767, the only reference he made to another outside author was to William Cadogan. By the second edition in 1771, he was referring to Astruc, Boerhaave, Brouzet, Harris, Hoffman, Hunter, Sydenham, and van Swieten.<sup>111</sup> The third edition, published in 1783, contained additional references to Dobson, Fordyce, Goulard, and Whyte.<sup>112</sup>

While referencing medical authorities provided a clear means of indicating to readers that the authors of medical texts were themselves authorities on the subject of child health, medical experience with child patients was more difficult to prove, though no less essential. By the mid-eighteenth century, however, institutions had begun to appear, providing medical practitioners with expanded opportunities to encounter child patients. As previously mentioned, William Buchan, George Armstrong, and Michael Underwood all referenced their experiences in the London Foundling Hospital, the Dispensary for the Infant Poor, and the British Lying-in Hospital, respectively, as justification for their claims of experience with child patients. Increasingly, these medical practitioners even sought to differentiate their own experience from those of their contemporaries in the field. Underwood referred to himself as one 'whose particular province is to attend [young infants] from the birth', in comparison with 'Dr. Buchan, whose abilities and reputation claim particular attention, though he perhaps may not be so much engaged amongst very young infants'.<sup>113</sup>

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<sup>111</sup> Jean Astruc (1684-1766), Brouzet (dates not known). 'Hunter' could refer to either William or John Hunter since Armstrong only mentioned the name in the context of a post-mortem done on a child who had died of watery gripes: Armstrong, *An essay on the diseases most fatal to infants...* (2<sup>nd</sup> edn. London, 1771), 73.

<sup>112</sup> William Fordyce (1724-1792), Thomas Goulard (1697-1784).

<sup>113</sup> Underwood, *A treatise on the diseases of children* (1784), 17.

There was also an increased tendency to prove experience with children by coupling remedies with case studies and specific examples. In the third edition of his text, Armstrong observed,

the acute fevers of children I have left almost untouched. First because of their analogy with those in grown persons...and secondly, because any observations, which I have hitherto been able to make on these complaints that might be worth communicating are not yet sufficiently confirmed by experience, so as to render the publishing of them either satisfactory to myself, or fairly to be recommended to the Public.<sup>114</sup>

Armstrong's desire to justify his recommendations with the evidence of experience was, in part, tied to the increased use of case studies in medical texts of the period. However, when used in texts on children's health, these efforts to emphasize experience were also linked to a strategy of careful positioning on the part of medical practitioners. Since experience with child patients was something medical practitioners traditionally lacked, as a result of the domination of childcare by women, these attempts to foreground experience in child health texts were crucial signifiers to the reader that the author had the requisite experience with children and was, consequently, to be trusted as an authority on the subject. When combined with greater attention to the specifics of children's bodies, and the origins of disease in children, this strategy of referencing other medical authorities, and foregrounding experience with child patients, created a solid basis from which medical practitioners could claim to be authorities on the subject of children's health.

### *Conclusion*

When Walter Harris' text was published in 1689, he was able to refer to medical discussion of children's diseases as an almost unbeaten and unknown path. While there were, of course, a number of medical authors prior to Harris who devoted some attention to children's health, the flood of authors following Harris over the course of the eighteenth century ensured that this unbeaten path was extremely well-trodden by the

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<sup>114</sup> Armstrong, *An essay on the diseases most fatal to infants...* (4<sup>th</sup> edn. London, 1783), p.xi.

century's end. Indeed, as this chapter has demonstrated, eighteenth-century medical authors were extremely active in utilizing the medium of print to position themselves as authorities on child health and children's diseases.

While children's health texts continued to overlap as a genre with child-rearing texts and advice manuals, by the end of the eighteenth century medical authors were, in greater numbers of texts, expressing themselves with confidence as reasoned 'men of sense' on all aspects of child health, from child-rearing practices through to the nature of a child's body and the origins of disease in children. As the following chapter will discuss, these practitioners were able to express themselves with confidence largely because they gained experience with children in hospitals, dispensaries, and other institutions, where they encountered child patients on a scale considerably expanded from what was possible in private practice. These experiences would, in turn, have an impact on the advice medical authors offered in their texts, thereby setting in place a cyclical process which worked to establish, and then to reinforce, medical authority on the subjects of children's bodies, children's health, and children's diseases.

### *Chapter 4: Institutional Provision for Children*

The relative rarity of sick babies and children in the records of regular practitioners suggests that in the eighteenth century this branch of medical practice was very much in the hands of local irregulars, an impression which is reinforced by the virtual exclusion of children from the care of the hospitals and dispensaries of the eighteenth century.<sup>1</sup>

Prior to the creation, in 1852, of the Hospital for Sick Children in Great Ormond Street, there were no hospitals in London designated specifically for the medical relief of children.<sup>2</sup> Consequently, historians have emphasized the medical treatment children received within the confines of the home, at the hands of parents and irregular practitioners, while largely overlooking the very real presence of children in eighteenth-century hospitals, infirmaries, and dispensaries.<sup>3</sup> Loudon was correct in suggesting that sick infants and children figured to only a limited extent in the records of regular practitioners, but this focus on private practice is somewhat limiting given the relatively small numbers of surviving records, as well as the fact that private practice often only formed one part of a practitioner's medical activities. Though children under the age of seven were barred by the admissions regulations of many of the general hospitals, in practice many of these hospitals received children as patients, either as outpatients or as

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<sup>1</sup> Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, 1986), 15.

<sup>2</sup> While the Foundling Hospital and the Dispensary for the Infant Poor are usually cited as eighteenth-century forerunners of later children's hospitals, the emphasis in discussions of the development of hospital provision for children is generally on nineteenth-century institutions: Alfred White Franklin, 'Children's Hospitals', in F.N.L. Poynter, ed. *The Evolution of Hospitals in Britain* (London, 1964), 103-21; Eduard Seidler, 'An Historical Survey of Children's Hospitals', in Lindsay Granshaw and Roy Porter, eds. *The Hospital in History* (London, 1989), 181-97; Elizabeth M.R. Lomax, *Small and Special: The Development of Hospitals for Children in Victorian Britain* (London, 1996). Studies of the Hospital for Sick Children have also discussed eighteenth-century institutions, like the Foundling Hospital, but there has been a tendency to configure the Hospital for Sick Children as a distinctively nineteenth-century development: Jules Kosky, *Mutual Friends: Charles Dickens and Great Ormond Street Children's Hospital* (London, 1989); Jules Kosky and Raymond J. Lunn, *Great Ormond Street and the Story of Medicine* (London, 1991); Andrea Tanner, 'Choice and the Children's Hospital: Great Ormond Street Hospital Patients and their Families, 1855-1900', in Anne Borsay and Peter Shapely, eds. *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c. 1550-1950* (Aldershot, 2007), 135-61.

<sup>3</sup> Some of this emphasis on household medicine for children has been the result of the sources used among many historians of childhood. Both Linda Pollock and Anthony Fletcher focused on sources drawn from the middling and upper classes, groups who would have been less likely to rely on institutional or poor law medical provision. This class bias is balanced by, among others, Hugh Cunningham and Patricia Crawford: Linda A. Pollock, *Forgotten Children: Parent-Child Relations from 1500-1900* (Cambridge, 1983); Anthony Fletcher, *Growing Up in England: The Experience of Childhood, 1600-1914* (New Haven, 2008); Hugh Cunningham, *The Children of the Poor: Representations of Childhood Since the Seventeenth Century* (Oxford, 1991); Patricia Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford, 2010).

accident cases, and the circumvention of admissions procedures was not uncommon.<sup>4</sup> Children also received treatment in many of the specialised hospitals for lying-in, smallpox, and venereal disease. In comparatively larger numbers, children received medical attention in the dispensaries which were designed to cater to overlooked segments of the sick population. Lastly, large numbers of children moved through the structures of the London Foundling Hospital and received medical treatment in the Hospital's infirmaries. For medical practitioners, the sum total of these institutional encounters with children, when added to experiences derived from private practice, provided an expanded basis for re-thinking the nature of children's diseases and the possibilities for the medical treatment of children and, as such, contributed to growing medical claims of authority over the subject of children's health.

This chapter examines the role institutions played in providing spaces for medical practitioners to encounter child patients, and how the expansion of institutional medical provision for children interacted with many of the same concerns which prompted medical practitioners to devote time and attention to children's medicine. This is not to suggest that medical practitioners did not have contact with child patients in private practice. Though, as Loudon argues, the records of private practice provide little evidence of practitioners accepting children as patients, these sorts of arrangements did occur, as evidenced by several of the case studies published in the *London Medical Journal*, and in other printed texts.<sup>5</sup> Though medical men did encounter children in private practice, institutions provided an additional and expanded opportunity for medical practitioners interested in children's health to gain the valuable experience which would allow them to claim to be authorities on the subject of medicine for children. The intent of this chapter is to demonstrate that, while institutions were not the

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<sup>4</sup> A.E Clark-Kennedy, *The London: A Study in the Voluntary Hospital System*, vol. i: *The First Hundred Years, 1740-1840* (London, 1962), 60; Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), 285.

<sup>5</sup> For further discussion of the *London Medical Journal* see Chapter 2.

only spaces in which medical practitioners could enjoy access to child patients, they did increase the number of opportunities for practitioners to encounter children and, significantly, they also altered the context of how these encounters occurred. Hospitals and other institutions were important in allowing practitioners to view larger numbers of children than they could gain access to in private practice and, in some cases, over longer periods of time than private practice contracts afforded. These sorts of arrangements allowed medical practitioners to view the entire panoply of health conditions and diseases which affected children, not only in one child, but in many, allowing for comparison and analysis. In the London Foundling Hospital for example, medical practitioners had access to a large child population at varying stages of sickness, health, and recovery. The Foundling Hospital, along with other institutions where children received medical treatment, was thus important in providing an additional and expanded opportunity for medical practitioners to witness the diseases of children and to gain experience with child patients. Thus, while institutions were not the only spaces in which medical practitioners could encounter children, they provided an additional forum for such encounters to occur and, as such, they played an important role in the efforts of practitioners increase and reinforce medical knowledge and authority over children's health.

The growth of institutional provision for children also went hand in hand with the popularity of child-centred philanthropic causes which, as discussed in Chapter Two, provided an entryway for many medical practitioners into examination of medicine for children. The facts that children were highly visible members of society, that certain groups of children were considered to be social and urban problems, and that medical practitioners were increasingly interested in the diseases of children, amounted to three strands which were unified in the development of institutional medical provision for children. In connecting these strands, the aims of philanthropists and the aims of medical

practitioners were linked, producing a form of medical philanthropy devoted to assisting children in the present, and providing an institutional structure and medical impetus geared towards assisting children in the future by contributing to medical knowledge of children, and thereby to medical authority over children's health.

*The Popularity of Children as Charitable Objects*

As discussed in the previous chapters, the expansion of medical provision for children took place against a backdrop of significant social and cultural debates focused on children in general, and the children of the poor in particular. Largely as a result of the popularity of Locke's theories of education, childhood was increasingly seen in the eighteenth century as a formative stage for future character. As Locke suggested, 'the difference to be found in the Manners and Abilities of Men, is owing more to their *Education*, than to any thing else'.<sup>6</sup> The message of theorists from Locke onwards was clear. Children could no longer be left to raise themselves with little adult interference; they had to be protected from dangerous influences and guided into pathways of reason and into productive adulthood. Child-rearing and care-taking were thus of crucial importance and were, significantly, no longer tasks which could be accomplished without advice and assistance. Rhetoric surrounding the safeguarding of children also intersected with the language of sentiment and the culture of sensibility, both of which elevated feeling, and reconfigured relationships to domesticity.<sup>7</sup> In the second half of the eighteenth century in particular, as Rousseau's theories of childhood gained a receptive audience, children were reconfigured as symbols of innocence, emotion, and simplicity, separate from the dangerous world of adult men.<sup>8</sup> In practice there was not a clear

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<sup>6</sup> John Locke, *Some Thoughts Concerning Education* (London, 1693), 33.

<sup>7</sup> Barker-Benfield argues that the culture of sensibility was rooted in the reformation of manners movement and that both manners and sensibility played some role in changing notions of children and childhood. Manners were seen as crucial to the formation of character, and the culture of sensibility sanctioned greater male involvement in domesticity and child-rearing: G.J Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago, 1992), p.xxvii, 58, 101-102.

<sup>8</sup> Hugh Cunningham, *Children and Childhood in Western Society Since 1500* (Essex, 1995), 69; Barker-Benfield, *The Culture of Sensibility*, 223.

transition between Locke's emphasis on preparing the child for the world through careful instruction, and Rousseau's argument for bringing up a child according to the dictates of nature, separate from the damaging influence of the adult world. Most parents continued to adhere to the gospel of Locke and, while willing to concede the innocence of the child-state, were also insistent that children be prepared for the world: hence the continued strength of arguments for the importance of childhood education. In addition, while the language of sentiment encouraged emotional investment in children, discussions of population and mortality simultaneously articulated the economic value of children to the nation. As Jonas Hanway argued,

it is universally assented to, that the number of working people (who must be *poor*, or they would not work) constitute the strength, opulence, and capacity of defence in a nation—In the same view, may we not consider a child as we do a *calf*, a *lamb*, or a *colt*.<sup>9</sup>

Whether or not children were perceived to be integral cogs in the adult world, or isolated from it in a haven of domesticity, they were increasingly recognised as special, valuable, and worthy of campaigns for their preservation. It was, therefore, a natural progression to the notion that children could benefit from expanded institutional medical provision and special medical care.

The above debates on the nature of childhood frequently obscured distinctions between actual groups of children. However, the plight of the children of the poor provided a particular impetus for the development of institutional medical provision for children. In part, medical provision for children was linked to a larger expansion of medical services, driven by dissatisfaction with contemporary forms of relief and medical care. By the late seventeenth century there was a pervasive sense that the poor law structure was insufficient to meet the demands of the population and had become

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<sup>9</sup> Jonas Hanway, *An earnest appeal for mercy to the children of the poor, particularly those belonging to the parishes within the bills of mortality*... (London, 1766), 72.

unwieldy, inefficient, and overly expensive.<sup>10</sup> In addition, the poor laws had never been intended to be particularly comprehensive. The traditional aim of the poor laws was to cater to life-cycle poverty, providing assistance only when it was needed. Much of the drive behind philanthropy as it developed in subsequent decades was, therefore, part of efforts to develop alternative solutions to the poor law which could be administered more closely, and could more accurately target segments of the population in need of, and deserving of, relief. This development was also in line with a gradual shift away from indiscriminate charity without expectation of return, and towards the advocacy of self-reliance in the hopes of creating a better social body.<sup>11</sup>

Assessment of who was deserving, however, fluctuated according to time, place, and circumstance. Children of the poor were frequently included among the deserving objects of relief; a perception reinforced by the belief that children in particular suffered under the care of the parish.<sup>12</sup> The high visibility of groups of children considered to be particularly unfortunate, such as the climbing boys, further encouraged campaigns which placed the conditions of poor children front and centre in calls for reform.<sup>13</sup> During the first half of the eighteenth century, public opinion was relatively sympathetic towards the poor, though attitudes began to harden towards the end of the century as dissatisfaction with the poor laws grew and as charitable endeavours failed to make a measurable dent

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<sup>10</sup> Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, 1989), 44; Joanna Innes, 'The "mixed economy of welfare" in Early Modern England: Assessments of the Options from Hale to Malthus (c. 1683-1803)' in Martin Daunton, ed. *Charity, Self-Interest and Welfare in the English Past* (London, 1996), 146.

<sup>11</sup> Andrew, *Philanthropy and Police*, 3. However, this shift away from indiscriminate giving, which originated in the Reformation, did not necessarily amount to a departure from earlier guild and parish structures of giving: Ilana Krausman Ben-Amos, *The Culture of Giving: Informal Support and Gift-Exchange in Early Modern England* (Cambridge, 2008), 138. Informal forms of giving also continued to co-exist in the eighteenth century alongside more formal associational philanthropy: Joanna Innes, 'The State and the Poor: Eighteenth-Century England in European Perspective', in John Brewer and Eckhart Hellmuth, eds. *Rethinking Leviathan: The Eighteenth-Century State in Britain and Germany* (Oxford, 1999), 228.

<sup>12</sup> Lynn Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge, 1998), 53.

<sup>13</sup> Tim Hitchcock, *Down and Out in Eighteenth-Century London* (London, 2004), 195; James Stephen Taylor, *Jonas Hanway: Founder of the Marine Society, Charity and Policy in Eighteenth-Century Britain* (London, 1985), 119-122; Dorothy George, *London Life in the Eighteenth-Century* (London, 1925), 244.

in the problem of poverty.<sup>14</sup> It is important to note, however, that though attitudes towards the poor may have become more negative, the sick poor were still perceived to possess entitlement to relief, and the children of the poor were usually perceived to fall within this category of worthiness and entitlement.<sup>15</sup>

These shifts in public perception had a natural impact on the success of individual charitable projects, since donating support to a charity was always a choice informed by personal and public perception of the cause at hand, as well as by the dictates of local and national policy.<sup>16</sup> If donors felt that the potential recipients of their aid were already receiving assistance from other quarters they were less likely to sanction the project. Similarly, if they felt the needy group in question was in some way undeserving, they were reticent to offer unqualified aid. In the case of institutional care for children, there was an interesting duality. Poor parents were portrayed to subscribers as deserving, while their negligence in properly caring for their children was cited as justification for the necessity of outside interference.<sup>17</sup> Clearly, while a child could be cast as deserving, the extent to which a parent could be perceived as such was somewhat more ambiguous. These debates surrounding the ‘deserving’ objects of charity and their moral behaviour indicate how closely medical provision was tied to moral reforms. For many philanthropists, saving a body was simply not enough and was, significantly, insufficient reason to invest financially in an institution. In this sense, medical institutions were the servants of the social vicissitudes which motivated philanthropy. Children were attractive objects of charity because they could be configured, relatively unproblematically, as

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<sup>14</sup> Lees, *The Solidarities of Strangers*, 94.

<sup>15</sup> Steven King, “‘Stop This Overwhelming Torment of Destiny’”: Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840’, *Bulletin of the History of Medicine* 79/2 (2005), 231.

<sup>16</sup> Bronwyn Croxson, ‘The Foundation and Evolution of the Middlesex Hospital’s Lying-In Service, 1745-86’, *Social History of Medicine* 14/1 (2001), 28; Donna Andrew, ‘Two Medical Charities in Eighteenth Century London: The Lock Hospital and the Lying-In Charity for Married Women’, in Jonathan Barry and Colin Jones, eds. *Medicine and Charity Before the Welfare State* (London, 1991), 94.

<sup>17</sup> Andrea Tanner, ‘Care, Nurturance, and Morality: The Role of Visitors and the Victorian London Children’s Hospital’, in Graham Mooney and Jonathan Reinartz, eds. *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (Amsterdam, 2009), 82.

deserving of charity and relief, and because they represented unsullied opportunities for moral reform: innocently blank canvases upon which could be written ideal behaviour.

*General Hospital Provision for Children and the Rise of Voluntary Hospitals*

As already indicated, children under age seven were formally excluded from the general hospitals, though special circumstances, usually emergencies, occasionally allowed for their admittance.<sup>18</sup> In 1736, for example, Claudius Amyand operated on an eleven year-old boy with a perforated appendix at St. George's Hospital and subsequently reported the case to the Royal Society.<sup>19</sup> Outside of these special or emergency cases, however, young children were seldom admitted to the general hospitals, with the exception of Christ's Hospital, which was intended to provide care to orphaned children in the City of London, though lame and infirm children were barred from admittance from the mid-seventeenth century.<sup>20</sup>

By the eighteenth century, Christ's Hospital had essentially become devoted to the education of a relatively small number of children, though, in a parallel with the Foundling Hospital, medical care for the children housed there was also one of the functions of the institution. The social reformer Robert Nelson estimated in 1715 that approximately 700 children were commonly maintained at Christ's, with about 200 children per year entering apprenticeships.<sup>21</sup> Nelson went on to highlight the remaining gap in institutional provision for children, noting that,

we have not a House of Charity to receive poor exposed Infants; whereby many Murders and Abortions might be prevented, and even the Children of honest poor

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<sup>18</sup> On the royal hospitals see: W.S.C Copeman, 'The Royal Hospitals Before 1700' in F.N.L Poynter, ed. *The Evolution of Hospitals in Britain* (London, 1964), 27-41; Norman Moore, *The History of St. Bartholomew's Hospital*, 2 vols. (London, 1918); Victor Cornelius Medvei & John L. Thornton, eds. *The Royal Hospital of Saint Bartholomew* (Ipswich, 1974); G.A.T Allen, *Christ's Hospital* (London, 1937); Edmund Blunden, *Christ's Hospital: A Retrospect* (London, 1924); E.M McInnes, *St. Thomas' Hospital* (London, 1963); Edward Geoffrey O'Donoghue, *Bridewell Hospital: Palace, Prison, Schools, from the Death of Elizabeth to Modern Times* (London, 1929); Jonathan Andrews, et al., eds. *The History of Bethlem* (London, 1997).

<sup>19</sup> Claudius Amyand, 'Of an Inguinal Rupture, with a Pin in the Appendix Coeci, Incrusted with Stone; And Some Observations on Wounds in the Guts; by Claudius Amyand, Esq: Sergeant Surgeon to His Majesty, and F.R.S, *Philosophical Transactions (1683-1775)* 39 (1735-1736), 329-42.

<sup>20</sup> Allen, *Christ's Hospital*, 9.

<sup>21</sup> Robert Nelson, *An address to persons of quality and estate...* (London, 1715), 203.

Parents, who are not able to provide for them, might be taken care of, both as to Soul and Body.<sup>22</sup>

Christ's Hospital however was essentially a relatively small-scale and selective endeavour and, as such, was ill-equipped to provide such a comprehensive solution for all orphans within the capital. The original admissions procedures also limited entry to the children of freemen of the City of London over the age of three and, in 1676, entry was further limited to children over the age of seven, thus mirroring the policies of the general hospitals.<sup>23</sup> Though Christ's Hospital was a forerunner in several respects of other institutions for children, it would take the establishment of the Foundling Hospital in 1739 to provide, if only for a short period, a comprehensive solution to the problem of orphaned children and a more expanded institutional basis from which the diseases of children could be studied in detail.

The rise of voluntary hospitals from 1719 expanded the possibilities for medical practitioners to encounter children in an institutional setting.<sup>24</sup> By 1800 there were approximately 4,000 beds available in voluntary hospitals, with over half of these in London, while the population of England and Wales was approximately 8.7 million.<sup>25</sup> The extent to which these institutions were cooperative partnerships between administrative committees, benefactors, and medical practitioners varied. Several medical men were involved in the establishment of the voluntary hospitals and many served as governors, though these men were generally separate from those who provided the medical care within the institution. It was also rare, though not unheard of, for a

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<sup>22</sup> Nelson, *An address to persons of quality and estate*, 212.

<sup>23</sup> Blunden, *Christ's Hospital*, 26, 54.

<sup>24</sup> On the voluntary hospitals see: John Woodward, *To Do the Sick No Harm: A Study of the British Voluntary Hospital System to 1875* (London, 1974); Harold W. Hart, 'Some Notes on the Sponsoring of Patients for Hospital Treatment Under the Voluntary System', *Medical History* 24 (1980), 447-460; Anne Borsay, "'Persons of Honour and Reputation': The Voluntary Hospital in an Age of Corruption", *Medical History* 35 (1991), 281-294; Adrian Wilson, 'Conflict, Consensus and Charity'; J.G. Humble and Peter Hansell, *Westminster Hospital, 1716-1974* (2<sup>nd</sup> edn, London, 1974).

<sup>25</sup> Woodward, *To Do the Sick No Harm*, 36. Estimate of population quoted from Wrigley and Schofield in: Michael Anderson, 'Population Change in North-Western Europe, 1750-1850' in Michael Anderson, ed. *British Population History: From the Black Death to the Present Day* (Cambridge, 1996), 211.

medical practitioner to take a leading role in the foundation of a voluntary hospital.<sup>26</sup> In several cases, as with the London and the Middlesex Hospitals, medical staff were excluded from acting as governors during their time of service.<sup>27</sup> In most cases, however, medical practitioners advised the administrative committees of the hospital and thus had some input into the policies of the institution. By the mid-eighteenth century, there were seven general hospitals in London, including both the royal and voluntary hospitals. In all of these hospitals, children under seven were generally excluded from admission though, as has been noted, they occasionally received treatment in special cases.

Despite the increased medical care provided by the voluntary hospitals, significant segments of the population, such as servants, apprentices, paupers, pregnant women, children under seven, the terminally ill, and those suffering from infectious diseases, were still customarily excluded from medical care in many institutions. Admissions policies within the hospitals, however, should not be taken at face value since there was a gap between admissions regulations and the day-to-day admissions procedure. This gap allowed for normally excluded patients to be admitted under certain circumstances. In some cases, children were admitted to the women's wards of general hospitals. Guy's Hospital followed this practice from its foundation in 1722.<sup>28</sup> At the same time, however, there was reticence to admitting women with children since few institutions wished to be burdened with the children should the mother die.<sup>29</sup> At the London Hospital children under age seven were frequently admitted in cases of fractures, amputations, or when cutting for the stone was required.<sup>30</sup> This was also the case in several of the provincial voluntary hospitals, where the regulations stipulated that children under seven were to be excluded, except in cases of fractures or in-house

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<sup>26</sup> Clark-Kennedy, *The London: A Study in the Voluntary Hospital System*, 22.

<sup>27</sup> Susan Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), 53.

<sup>28</sup> Digby, *Making a Medical Living*, 285.

<sup>29</sup> Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986), 86.

<sup>30</sup> Clark-Kennedy, *The London: A Study in the Voluntary Hospital System*, 60.

operations.<sup>31</sup> The original charitable proposal of the Westminster Hospital made no special mention of children, though there was reference to the necessity for the admittance of pregnant women whose lives, and the lives of their infants, might be lost without proper medical care. There is evidence, however, that children were admitted and treated at the Westminster Hospital. In November 1720, a surgeon named Mr. Small received the thanks of the hospital for treating a carious bone in the knee of an eight year-old boy, Charles Dunlop.<sup>32</sup> In such cases it is difficult to determine whether the child was admitted or was treated as an outpatient, and whether the incident received notice simply because it was a rare occurrence. It is plausible, however, to assume that more child patients were seen by hospital practitioners than the admissions records reflect. At the Northampton Infirmary a significant number of children were listed in the hospital's records for 1744-1745, but the majority of children under the age of 16 received medical treatment as outpatients.<sup>33</sup>

The numbers of children treated as outpatients by the voluntary hospitals should not be considered merely as proof that children were barred from admittance into hospitals and, as such, received most of their medical care in the home. It is more profitable to consider home care and hospital care as overlapping systems of medical provision for children, with the medical practitioner often present in both spaces, if only in the form of advice or medicines accepted at a hospital dispensary and brought into the home. Indeed, some of the voluntary hospitals made contact with children and larger segments of the population in adopting some of the functions later assumed by the dispensaries. Hospital practitioners visiting the homes of their patients would certainly have seen children and may have provided, possibly on an unofficial basis, treatment or advice to parents in the course of their visit. In some cases, advice was given on a more

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<sup>31</sup> I.S.L Loudon, 'A Survey of Morbidity: 1750-1850: Problems, Sources, and a Few Tentative Conclusions', unpublished paper, Mar 1985, 4.

<sup>32</sup> J.G. Humble and Peter Hansell, *Westminster Hospital, 1716-1974* (2<sup>nd</sup> edn. London, 1974), 17.

<sup>33</sup> Andrew N. Williams, 'Eighteenth-Century Child Health Care in a Northampton Infirmary: A Provincial English Hospital', *Family and Community History* 10/2 (2007), 159.

formal basis, sanctioned by the hospital administration. The Middlesex Hospital, for instance, decreed that its physicians and surgeons should dispense free advice to the poor every Saturday.<sup>34</sup> This allowed for the institution to involve itself in the lives of those unable to secure a letter of recommendation, though it is hard to gauge the impact of such a policy on the actual medical treatment afforded to the unrecommended population.

Despite these concessions, large proportions of the population slipped through the cracks of institutional medical provision which was, in any case, never intended to be fully comprehensive. The development of specialized institutions like the lying-in hospitals and lock hospitals worked to correct this oversight. These specialized institutions, and the dispensaries which followed from the 1770s, reflected a slow shift towards greater medical involvement in institutionalized health care, with medical practitioners commonly playing a larger role in the dispensaries than they had done in many of the voluntary hospitals. The involvement of medical practitioners in specialized institutions and dispensaries where they were able to observe and treat a variety of patient and disease types facilitated an increase of encounters between medical practitioners and child patients. It was these encounters which, when added to the knowledge practitioners were able to glean through private practice, contributed to greater medical experience with children and, consequently, to expanded claims of medical authority over issues of children's health and diseases.

### *The Lying-In Hospitals*

Historians have contextualized the development of lying-in services for women in terms of the rise of the man-midwife, the decline of female midwifery, and the medicalization of childbirth.<sup>35</sup> However, though the hospitals did facilitate medical

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<sup>34</sup> *An account of the Middlesex Hospital, for the reception of sick and lame, and for lying-in married women, in Windmill Street, Tottenham-Court Road* (London, 1753), 3.

<sup>35</sup> Margaret Connor Versluysen, 'Midwives, Medical Men and "Poor Women Labouring of Child": Lying-In Hospitals in Eighteenth-Century London', in Helen Roberts, ed. *Women, Health and Reproduction* (London, 1981), 18-49. However, Adrian Wilson counters that the lying-in hospitals did not displace, but

specialisation and greater medical control over childbirth, they did not initiate an abrupt decline in the use of female midwives or a mass increase in the number of women delivered in hospital.<sup>36</sup> In many cases, male physicians at the lying-in hospitals only handled emergencies, and all of these hospitals employed experienced female midwives.<sup>37</sup> What the rise of lying-in wards, lying-in hospitals, and lying-in charities did accomplish was an increase in the number of opportunities for medical practitioners to view a wide variety of obstetric conditions and to participate to a greater extent in the provision of health care for infants, though some of the lying-in hospitals and wards excluded pupils on the grounds of propriety, thereby limiting the potential educational function of such institutions.<sup>38</sup> Despite these qualifications, these developments still signalled an expansion of opportunities since maternity patients were traditionally excluded from the general hospitals, either from fears of puerperal fever or as a result of the dubious status of midwifery among segments of the medical population.<sup>39</sup>

Between 1739 and 1765 two lying-in wards and four separate lying-in hospitals were established in London, closely followed by provincial counterparts and outpatient lying-in charities.<sup>40</sup> As women were expected to remain in the lying in hospital for some time after childbirth, the medical staff of the hospitals became familiar with providing medical treatment for infants. Robert Bromfield (d. 1786) and Maxwell Garthshore (1732-1812), both physicians to the British Lying-in Hospital, described in 1785 the efforts of the hospital to develop an appropriate course of treatment for erysipelas in

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continued to employ, midwives: Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (London, 1995), 153.

<sup>36</sup> Doreen Evenden, 'Mothers and Their Midwives in Seventeenth-Century London', in Hilary Marland, ed. *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993), 9-26.

<sup>37</sup> Lisa Forman Cody, 'Living and Dying in Georgian London's Lying-In Hospitals', *Bulletin for the History of Medicine* 78 (2004), 316.

<sup>38</sup> Pupils were excluded from the Middlesex Hospital's lying-in ward so that 'the Midwifery Ward may be made every way beneficial, and not liable to any Objection': *An account of the Middlesex-Hospital* (1753), 3.

<sup>39</sup> Versluysen, 'Midwives, Medical Men and Poor Women Labouring of Child', 29.

<sup>40</sup> Philip Rhodes, *Doctor John Leake's Hospital: A History of the General Lying-In Hospital York Road, Lambeth, 1765-1971* (London, 1977); Donna Andrew, 'Two Medical Charities in Eighteenth-Century London', 82-97; Croxson, 'The Foundation and Evolution of the Middlesex Hospital's Lying-In Service'; Cody, 'Living and Dying in Georgian London's Lying-In Hospitals', 309-48.

infants.<sup>41</sup> The case studies listed by Bromfield and Garthshore indicate that infants received medical treatment at the hospital for days, and sometimes weeks, at a time. In 1758 the Hospital's board passed an order stating that no patient was to be kept for longer than two months, suggesting that it was not uncommon for women to remain in hospital with their infants for several months.<sup>42</sup> The lying-in hospitals were significant in providing additional spaces for practitioners to encounter infants, and, for some practitioners, the experience clearly progressed to the treatment of children. If a medical practitioner could demonstrate successful care of an infant, the parent was far more likely to trust a medical practitioner, occasionally the same man, to treat the child in later years. As Roy and Dorothy Porter have argued, the continued involvement of male obstetricians in the health of infants after birth played an important role in encouraging male medical attendance on sick children.<sup>43</sup>

#### *The Lock Hospitals and the Smallpox Hospitals*

Just as lying-in hospitals could claim in their promotional literature to be institutional responses to a community overlooked by the general hospitals, so too could the hospitals which developed to treat venereal disease and smallpox.<sup>44</sup> By the eighteenth century St. Bartholomew's was using two former leper hospitals to house male and female venereal patients. These two institutions were the only hospitals reserved for this purpose until William Bromfield founded the Lock Hospital in 1746, though there were

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<sup>41</sup> Robert Bromfield, 'Case of a Child born with Symptoms of Erysipelas followed by Gangrene. By the late Robert Bromfield, M.D, F.R.S. Physician to the British Lying-in-Hospital. Read, February 8, 1785', *Medical Communications, Volume the Second* (London, 1790), 22-27; Maxwell Garthshore, 'An Account of the Species of Erysipelas described in the preceding Paper, as it has appeared in Infants at the British Lying-in Hospital. Read February 8, 1785', *Medical Communications*, vol. ii (London, 1790), 28-44.

<sup>42</sup> Minute Book of the Quarterly General Court and Weekly Board, 24 Feb 1758, LMA, H14/BLI/A/01/002

<sup>43</sup> Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience, 1650-1850* (London, 1988), 82.

<sup>44</sup> On the lock hospitals see: James Bettley, 'Post Voluptatem Misericordia: The Rise and Fall of the London Lock Hospitals', *London Journal* 10/2 (1984), 167-175; Andrew, 'Two Medical Charities in Eighteenth-Century London, 82-97; Linda E. Merians, 'The London Lock Hospital and the Lock Asylum for Women' in Linda Merians, ed. *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington, 1996), 128-145; Kevin P. Siena, *Venereal Disease, Hospitals, and the Urban Poor: London's 'Foul Wards', 1600-1800* (Rochester, 2004), 181-250.

lock wards in Guy's and St. Thomas'.<sup>45</sup> This is not to suggest, however, that other hospitals refused to treat venereal patients, since neither prevailing mortality levels nor a judgmental moral stance prevented hospitals from accepting venereal patients.<sup>46</sup>

Children who suffered from venereal disease were theoretically excluded from the hospitals on two counts, but it does not follow that they were denied institutional treatment entirely. A report of 1751 stated that, from the time of its establishment in 1747, the Lock Hospital had treated more than 50 children, between the ages of two and 12, who were victims of sexual attack.<sup>47</sup> The Lock Hospital also developed a relationship with the Foundling Hospital, accepting a number of Foundling children with venereal disease.<sup>48</sup> The Foundling Hospital officially refused admittance to children with venereal disease, a strategy motivated in part by the desire to avoid liability in cases where a wet nurse developed venereal disease as a result of breastfeeding a foundling. Barbara Dunlap has suggested that the London Foundling Hospital was less concerned than the Paris foundling hospital about the transmission of venereal disease between children and nurses.<sup>49</sup> There were, however, numerous instances of the governors of the Foundling Hospital providing financial and other forms of support both for wet nurses seeking treatment, and for children suffering from the effects of venereal disease. In 1758 the Hospital subcommittee paid Mary Hall two guineas to compensate her for the salivation treatment she was forced to undergo at Guy's Hospital as a result of receiving venereal

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<sup>45</sup> Dan Cruikshank, *The Secret History of Georgian London: How the Wages of Sin Shaped the Capital* (London, 2009), 300.

<sup>46</sup> Siena, *Venereal Disease, Hospitals, and the Urban Poor*, 2.

<sup>47</sup> As Merians notes, the high incidence of venereal disease among children as a result of sexual assault was due in part to the common belief that sexual intercourse with a virgin could provide a cure for venereal disease. In contrast, Siena argues that this belief had largely died out by the eighteenth century and that the children admitted to the Lock, a minority of the patient population, were not necessarily the victims of rape: Merians, 'The London Lock Hospital', 134; Siena, *Venereal Disease, Hospitals, and the Urban Poor*, 193-195.

<sup>48</sup> For further discussion, see Chapter Six.

<sup>49</sup> Barbara J. Dunlap, 'The Problem of Syphilitic Children in Eighteenth-Century France and England' in Linda Merians, ed. *The Secret Malady*, 122.

disease from a Foundling Hospital child she had been wet nursing.<sup>50</sup> Interestingly, the committee minutes note that she was treated first at ‘the Infirmary’, presumably the Hospital’s infirmary, before being sent to Guy’s for salivation; an indication that the governors of the Hospital were prepared to provide not only financial aid but medical treatment to wet-nurses infected by venereal children. The treatment of children with venereal disease in both the Lock and Foundling Hospitals suggests that child patients, even those with conditions usually excluded from hospitals, were not beyond the reach of hospital care and were, in fact, admitted into the Foundling Hospital system.

The admission of children into the smallpox hospitals was more limited, in part because of the long periods of preparation and convalescence associated with inoculation prior to the modifications of the procedure at mid-century. It was simply considered inadvisable to keep children in an institution for such a long period of time, without the benefit of parental care. There were also concerns about the dangers of inoculating young children, though there was disagreement among several medical practitioners who felt that children, free from many of the health conditions which plagued adults, were, in fact, apt subjects for inoculation.<sup>51</sup> Most practitioners who supported inoculation felt the greatest danger lay in allowing an individual to progress beyond childhood without being inoculated. As William Buchan argued, ‘neither should the operation be too long delayed. When the fibres begin to grow rigid; and children make use of grosser food, the small-pox become more dangerous’.<sup>52</sup> However, the extent to which smallpox institutions were willing to admit children remained limited. In the same year that the Lock Hospital opened, the Middlesex County Hospital for the Smallpox and Inoculation (later known as the London Smallpox and Inoculation Hospital) was established with the intent of providing care for natural and inoculated smallpox patients ‘of both sexes, and

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<sup>50</sup> SCM, 22 Jul 1758, LMA, A/FH/A/03/005/003.

<sup>51</sup> *Account of the Middlesex County Hospital for the small-pox and inoculation* (London, 1748), 3.

<sup>52</sup> William Buchan, *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicine* (2<sup>nd</sup> edn, London, 1772), 300.

of all ages', though the Hospital may have excluded children under the age of seven.<sup>53</sup>

Children were inoculated at the Foundling Hospital from 1743, and the Foundling, along with the Smallpox Hospital, were the only institutions at this time which provided free inoculation.<sup>54</sup>

### *The Dispensaries*

Though the development of the voluntary, lying-in, venereal, and smallpox hospitals met some of the demands for expanded institutional medical provision in London, there continued to be calls for institutions which would reach larger segments of the population. These demands were partially motivated by the desire of the medical faculty to restrict the business offered to quacks and unlicensed practitioners by a lay population in need of medical services. There was also a desire among practitioners, particularly those new to medical practice, to gain hands-on experience, since the competition for posts in the hospitals was prohibitively competitive. In 1696 a dispensary for the sick poor had been opened in Warwick Lane by the Royal College of Physicians, but the dispensary closed in 1725 as a result of warring factions within the College.<sup>55</sup> The next dispensary to be opened in London was Armstrong's Dispensary for the Infant Poor in 1769, but the dispensary movement did not gain significant momentum until after the establishment of the General Dispensary in Aldersgate Street in 1770.

The progress of the dispensary movement has been well-chronicled by historians.<sup>56</sup> Most, following the argument of Irvine Loudon, suggest that the dispensary

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<sup>53</sup> *An account of the rise, progress and state of the hospital, for relieving poor people afflicted with the small-pox, and for inoculation* (London, 1755), 2. The 1756 account of the Hospital refers to the reception of boys and girls, suggesting that children were indeed admitted: *A representation from the governors of the hospital for the small-pox and for inoculation* (London, 1756), 3. Razzell notes, however, that the Hospital formally excluded children under the age of seven: Peter Razzell, *The Conquest of Smallpox: The Impact of Inoculation on Smallpox Mortality in Eighteenth-Century Britain* (Sussex, 1977), 70.

<sup>54</sup> J.R. Smith, *The Speckled Monster: Smallpox in England, 1670-1970, with Particular Reference to Essex* (Chelmsford, 1987), 38; Donald R. Hopkins, *Princes and Peasants: Smallpox in History* (Chicago, 1983), 59.

<sup>55</sup> William Hartson, 'Medical Dispensaries in Eighteenth-Century London', *Proceedings of the Royal Society of Medicine* 56 (1963), 755.

<sup>56</sup> Robert Kilpatrick, "'Living in the Light": Dispensaries, Philanthropy and Medical Reform in Late Eighteenth-Century London', in Andrew Cunningham & Roger French, eds. *The Medical Enlightenment of*

movement was driven by the failure of the general hospitals to provide medical care for large segments of the population under pressure in the late eighteenth century from the detrimental forces of urbanization and population growth.<sup>57</sup> As Susan Lawrence notes however, the decreased availability of hospital posts also had an impact on practitioners eager for experience and prestige.<sup>58</sup> Bronwyn Crosson has also suggested that the dispensaries functioned to serve benefactors as well as recipients, making them appealing institutions for charitable investment.<sup>59</sup> Dispensaries were also attractive because they provided a means of extending medical provision without incurring the considerable costs associated with institutions that boasted large in-patient facilities.<sup>60</sup> The dispensaries, however, proved to be difficult to sustain financially over the long term, in part because they were frequently the projects of motivated individuals or small groups who needed to remain highly involved for the institutions to fully prosper. As medical schools assumed responsibility for medical teaching and research in the first half of the nineteenth century, the remaining dispensaries declined, though they had succeeded in establishing the principle of free and accessible medical provision for the poor.<sup>61</sup>

By the end of the eighteenth century, dispensaries across England were treating over 100,000 patients per year.<sup>62</sup> Significantly, the dispensaries typically differed from the voluntary hospitals in the extent of medical involvement. The voluntary hospitals were generally governed by a non-medical administration, while the dispensaries were

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*the Eighteenth Century* (Cambridge, 1990), 254-80; Irvine Loudon, 'The Origins and Growth of the Dispensary Movement in England', *Bulletin of the History of Medicine* 55 (1981), 322-42; Hartson, 'Medical Dispensaries in Eighteenth-Century London', 753-758.

<sup>57</sup> Loudon, 'The Origins and Growth of the Dispensary Movement', 330; Kilpatrick, 'Living in the Light', 255. Joan Lane suggests that the system of demanding recommendation letters, in particular, limited the usefulness of the hospitals to all segments of the population: Joan Lane, *A Social History of Medicine: Health, Healing, and Disease in England, 1750-1950* (London, 2001), 89.

<sup>58</sup> Lawrence, *Charitable Knowledge*, 58.

<sup>59</sup> Bronwyn Crosson, 'The Public and Private Faces of Eighteenth-Century London Dispensary Charity', *Medical History* 41 (1997), 131.

<sup>60</sup> Loudon, 'The Origins and Growth of the Dispensary Movement', 330, 338.

<sup>61</sup> Penelope Hunting, *The Medical Society of London, 1773-2003* (Salisbury, 2003), 81; Zachary Cope, 'The Influence of the Free Dispensaries Upon Medical Education in Britain', *Medical History* 13 (1969), 34.

<sup>62</sup> Loudon, 'The Origins and Growth of the Dispensary Movement', 324.

often driven by the participation of medical men. Each dispensary generally operated through the work of several physicians and usually one or more surgeons. As in most of the voluntary hospitals, an apothecary generally resided on the premises as a paid employee while the physicians and surgeons received either an honorarium, or no payment at all for services considered to be voluntary. The voluntary nature, for most practitioners, of dispensary work raises the question of why medical men would involve themselves in such institutions. As with the voluntary hospitals, the dispensaries provided a social structure of events and connections which proved invaluable in a world of patronage. Though the dispensaries offered less prestigious medical posts than the general hospitals, they also served a similar social function in connecting practitioners to one another. Most importantly, the dispensaries provided practitioners with the opportunity to see more patients on a more intimate basis than they might have had the opportunity of doing as students in the general hospitals. At the Westminster General Dispensary, established in 1775, a physician, surgeon and man-midwife attended at the dispensary three days a week to offer advice, but the common practice was for the medical staff to visit patients in their own houses.<sup>63</sup> The dispensaries became instrumental in providing a clinical education for students of medicine.<sup>64</sup> These institutions thus increased the potential for practitioners to involve themselves in common projects, but also increased their exposure to segments of the population, such as poor children.

Founders of the dispensaries generally recognized that children were a key group that frequently fell through gaps in medical provision, though the tendency to specifically emphasise children as a target patient group was by no means a universal practice among

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<sup>63</sup> *Plan of the Westminster General Dispensary. Instituted 1774* (London, 1776), 10.

<sup>64</sup> Cope, 'The Influence of the Free Dispensaries', 29.

all of the London dispensaries.<sup>65</sup> However, the 1771 account of the General Dispensary specified,

This Charity extends also to the Diseases of Children; as it is but too evident, and much to be lamented, that many of these, under a Variety of slight Maladies which affect their tender Frames, are, by Neglect or improper Treatment, totally lost to the Public, or if they survive, are rendered useless if not burthensome Members of the Community.<sup>66</sup>

The founders of the Western Dispensary, which was established in 1789, chose to offer a service of particular relevance to child patients in introducing ‘inoculation to all ages, at proper seasons of the year, whereby the Infant Poor as well as the Aged, may hereafter be relieved from the fears of a distemper, naturally cruel, and oftentimes fatal’.<sup>67</sup> The founders of the Marylebone Dispensary, created in 1785, foregrounded anxieties surrounding child mortality, noting, ‘it is found a melancholy truth, that nearly one half of the Children born in this Metropolis die before the age of two years; to remedy a source so destructive to Population, is one of the principal designs of this Institution’.<sup>68</sup>

The Marylebone Dispensary followed through on their promise to give attention to child patients by commissioning their physician, Dr. Thornton, to treat 17 children with scarlet fever at the St. Pancras Female Charity School.<sup>69</sup> The founders of the Surrey Dispensary, established in 1777, similarly emphasised that ‘above all, young children were seldom sent to hospitals, although so very subject to disorders, that, in London, near one half of

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<sup>65</sup> The founders of the Westminster General Dispensary chose instead to focus their efforts on midwifery cases: *Plan of the Westminster General Dispensary*, 5-7. The Finsbury Dispensary was geared towards providing dietary advice: *An Account of the New Finsbury Dispensary, In St. John's-Street, Clerkenwell, for Administering Advice and Medicines to the Poor at the Dispensary, or at Their Own Habitations, Within Certain Districts. Instituted September 20, 1786.* (London, 1789), 5-12. The Public/Drury Lane Dispensary mentioned as patients only the ‘industrious poor’: ‘Drury Lane Dispensary, List of subscribers (1788-1828)’, Royal College of Physicians, MS DRURD 2509, 1-23.

<sup>66</sup> *An account of the General Dispensary for relief of the poor. Instituted 1770* (London, 1771), 5.

<sup>67</sup> *Plan of the Western Dispensary, in Charles-Street, Westminster, for administering advice and medicines to the poor inhabitants of the city of Westminster, and places adjacent, at the dispensary, or at their own habitations* (London, 1789), 6.

<sup>68</sup> *Plan of the St. Mary-Le-Bone General Dispensary, Wells Street, Oxford Street, instituted MDCCLXXXV for the relief of the poor of the parishes of St. Mary-Le Bone; St. Pancras; St. George Hanover Square; St. Giles; St. Anne, Soho; St. George, Bloomsbury; Paddington; and places adjacent: supported by the voluntary contributions of the nobility, gentry, and others* (London 1795), vii.

<sup>69</sup> St. Marylebone General Dispensary, ‘Report of Dr. Thornton curing children of scarlet fever’, City of Westminster Archives, M:Acc 403/64.

them die before the age of two years'.<sup>70</sup> The Surrey Dispensary admitted any patient with a letter of recommendation from a governor and ensured that patients within a certain radius who were unable to attend the dispensary would receive medical care in their own homes.

This broad acceptance policy, and the provision of home care, ensured that children were evident in the patient lists of the institution. Of the 4,250 patients treated by the Surrey Dispensary in 1783, 1,020, or 24 per cent, were under the age of 21.<sup>71</sup> To provide some context for these numbers, 39.64 per cent of the English population was between the ages of birth and 20 in 1696 and, between 1671 and 1826, the dependency ratio expanded from 624 dependants to 857 dependants per 1,000 adults, suggesting that children formed a significant and growing proportion of the population over the course of the eighteenth century.<sup>72</sup> Of the 1,020 children treated in the Surrey Dispensary in 1783, 123 or 12 per cent were under the age of two, 295 or 29 per cent were between the ages of two and seven, 260 or 25 per cent were between the ages of eight and 14, and 342 or 34 per cent were between the ages of 15 and 20. These percentages remained relatively constant from 1783 to 1790.<sup>73</sup> Aside from cases of 'puerpera' the medical staff of the dispensary seldom noted the nature of the complaint or the treatment provided. The numbers of children treated, however, suggests that the dispensary practitioners would have been confronted with a fairly wide spectrum of illnesses and conditions affecting children. The dispensaries were ideally suited to treat children since most accepted both in-house patients and out-patients. Thus parents who lived within the catchment area of a dispensary could receive medical treatment for their children in their own homes rather

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<sup>70</sup> Surrey Dispensary Minute Book of the Governing Committee, 1777-1783, 1 Sep 1777, LMA, A/SD/2.

<sup>71</sup> Surrey Dispensary Register of patients admitted, Oct 1782-Feb 1785, LMA, A/SD/38

<sup>72</sup> E.A Wrigley and R.S Schofield, *The Population History of England, 1541-1871: A Reconstruction* (London, 1981), 218, 443. The dependency ratio included children under 15 and adults over 65.

<sup>73</sup> Registers were examined between the dates of 24 Oct, 1782 and 6 Jan, 1785 (A/SD/38) and between 8 May, 1789 and 8 Dec, 1790 (A/SD/40). The records of the intervening years were unfit to view. In all years examined, the numbers of children treated by the infirmary fluctuated between approximately 50 and 100 per month.

than taking the time to visit the dispensary itself, a difficulty which may have been a deterrent to many who might otherwise have sought professional medical assistance for their children.

In some cases, negotiation was evident between the practitioner, the parent, and the child. The physician's return for the Westminster General Dispensary for November 1744 briefly detailed the case of a four year-old child with remitting fever who refused the medicine offered by the practitioner.<sup>74</sup> It is impossible to know whether it was the child or the parent who refused to accept the medicine offered, but this instance does indicate that the dispensaries provided additional opportunities for practitioners to gain experience with the unique problems of treating child patients. The following month, the return noted two cases of smallpox in which the patient could not take medicine.<sup>75</sup> John Millar's account of the dispensary noted that children were often dismissed as improper objects since they could not be made to take medicines.<sup>76</sup> In May 1775, the physician's return noted two cases of smallpox in which the patient died because the disease was too far advanced when medical treatment was sought.<sup>77</sup> If these two cases were children, this would lend support to the common complaint among practitioners that children were frequently too far along in illness to be medically assisted by the time they were brought to a medical institution. However, children did, in fact, receive treatment at the Westminster General Dispensary. The physician at the dispensary during this period was John Millar who 'was considered to be an excellent physician, especially for women and children', and who published a text on whooping cough and asthma in 1769.<sup>78</sup> Indeed Millar's reputation may have encouraged parents to bring their children to the Dispensary when they might otherwise not have done so. Though physicians such as Millar were

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<sup>74</sup> *Plan of the Westminster General Dispensary*, 43.

<sup>75</sup> *Plan of the Westminster General Dispensary*, 45.

<sup>76</sup> John Millar, *Observations on the practice in the medical department of the Westminster General Dispensary: together with an arithmetical calculation of the comparative success of various establishments for the relief of the sick. By order of the governors* (London, 1777), 11, 37-38.

<sup>77</sup> *Plan of the Westminster General Dispensary*, 55.

<sup>78</sup> Gordon Goodwin, 'Millar, John (1733–1805)', rev. Michael Bevan, *Oxford DNB*.

able to use the dispensaries to gain a reputation for expertise in treating child patients, most dispensaries did not focus exclusively, or even predominantly, on child patients. The exception to this rule was the Dispensary for the Infant Poor.

*The Dispensary for the Infant Poor*

George Armstrong's dispensary was explicitly intended to fill a demand for medical care for those children excluded from entrance into the hospitals, and was the first institution of its kind in London.<sup>79</sup> Like other founders of dispensaries, Armstrong cited the insufficient medical provision of the hospitals as the main impetus for the establishment of his institution, noting that children under four escaped medical attention as a result of the policies of the London hospitals.<sup>80</sup> He further argued that children admitted as outpatients of the hospitals were not seen by physicians at any greater frequency than once or twice a week even though 'the Complaints of Children, especially during the tender State of Infancy, frequently require more immediate Relief'.<sup>81</sup> Armstrong's dispensary also had another function more closely tied to a medical, rather than a broadly social reforming, context. He intended his dispensary to be a structure for the acquisition of knowledge concerning children's health and illnesses. To that end he noted 'whatever Discoveries or Improvements may be made from Time to Time, in the Application of Medicines to these little helpless Patients, shall be faithfully communicated to the Public'.<sup>82</sup> As he suggested, 'this very useful Branch of Physic, relating to the Diseases of Childhood, must certainly be improved, from the extraordinary Experience which such Numbers of Patients resorting to the Dispensaries will

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<sup>79</sup> On the Dispensary for the Infant Poor see: G.F. McCleary, *The Early History of the Infant Welfare Movement* (London, 1933), 17-20; William J. Maloney, *George and John Armstrong of Castleton: Two Eighteenth-Century Medical Pioneers* (Edinburgh, 1954), 56-85; Hartson, 'Medical Dispensaries in Eighteenth-Century London', 755.

<sup>80</sup> George Armstrong, *A general account of the Dispensary for the Relief of the Infant Poor...* (London, 1772), 3.

<sup>81</sup> George Armstrong, *An essay on the diseases most fatal to infants...* (2<sup>nd</sup> edn. London, 1771), 177.

<sup>82</sup> Armstrong, *Essay* (1771), 188.

*necessarily* afford'.<sup>83</sup> This method of promoting dispensaries as sites to be used for conducting medical research was common to the printed reports of several dispensaries, as well as to charity sermons, including those given for the Dispensary for the Infant Poor.<sup>84</sup>

The Dispensary for the Infant Poor opened in April 1769 and, from its establishment, was sustained primarily by Armstrong's own efforts, in contrast to many other similar institutions where there was a clear dividing line between the staff and the administration. In 1771 Armstrong noted that in the first year and ten months of the dispensary's operation, he had cared for 1,719 children, only 87 of whom had died.<sup>85</sup> By 1772 the infirmary had dispensed medicine and advice to over 3,300 children, occasionally up to 80 children in a single day.<sup>86</sup> The high numbers of patients led Armstrong to re-think the viability of running such an institution on his own, and at the expense of his own finances. In April 1772, a governing committee was formed, including several consulting physicians, who were intended, in part, to offset Armstrong's own inexperience and lack of professional qualifications.<sup>87</sup> Armstrong referred to himself as 'a Person, who, from his Success in treating the Diseases of Infants for some Years past, hoped he might be deemed qualified for such an Undertaking', but he had little hospital experience and lacked a university degree, though he eventually obtained one from Aberdeen through purchase.<sup>88</sup> Armstrong seems to have recognised his limitations in this respect from an even earlier stage. The advertisement in the *London Chronicle* announcing the establishment of the Dispensary in April 1769 noted that

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<sup>83</sup> Armstrong, *A general account*, 7 (italics Armstrong's).

<sup>84</sup> Croxson, 'The Public and Private Faces of Eighteenth-Century London Dispensary Charity', 132.

<sup>85</sup> Armstrong, *Essay* (1771), 185.

<sup>86</sup> Armstrong, *A general account*, 8.

<sup>87</sup> Armstrong, *A general account*, 10. For further discussion of the physicians involved see Chapter 2.

<sup>88</sup> Armstrong, *A general account*, 3; Margaret DeLacy, 'Armstrong, George (1719/20-1789)', *Oxford DNB*.

several eminent physicians had consented to assist Armstrong in extraordinary cases.<sup>89</sup> In the same year as the general committee for the dispensary was instituted Armstrong gave up his Hampstead practice entirely, moving his family into the premises of the dispensary in Soho Square, an indication that his financial problems were not entirely remedied by changes in the operation of the dispensary.<sup>90</sup>

The dispensary did not admit children with either measles or smallpox since Armstrong noted that these conditions were infectious and best treated at home.<sup>91</sup> Aside from these two conditions, Armstrong was confident in making observations on most other diseases he felt to be incident to children. The most common conditions he confronted at the dispensary were fevers with coughs, convulsions, purgings and inward fits, as well as whooping cough and fluxes, the last being a particular problem in the late autumn and early winter.<sup>92</sup> By 1776 and 1777 the dispensary was treating over 4,000 patients each year from all areas of London, as well as from the outlying villages within two or three miles of the metropolis.<sup>93</sup> Despite the apparent demand for the services of the dispensary, the institution closed in 1780 when Armstrong was arrested after failure to repay a loan.<sup>94</sup> He continued to hope that other individuals would take up his cause and re-open the dispensary. The *Medical Register* for 1783 observed that the Dispensary for the Infant Poor was in operation in Parliament Street and that George Armstrong was one of its physicians, though his paralysing stroke in 1781 made his full return to

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<sup>89</sup> *London Chronicle* April 20-22, 1769.

<sup>90</sup> Maloney, *George and John Armstrong of Castleton*, 67. An advertisement for 1772, however, noted that Armstrong continued to see his private practice patients at the Dispensary on Tuesdays, Thursdays and Saturdays. In the same advertisement he also invited applications for an apprentice to be 'brought up to the Business of the Dispensary, where he will have an Opportunity of seeing a very great Variety of Cases, and also of attending the different Courses of Anatomy and Physick given in this Metropolis': *Daily Advertiser* (London, England), Thursday 3 Dec 1772, Issue 13088.

<sup>91</sup> Armstrong, *An account of the diseases most incident to children...* (3<sup>rd</sup> edn, London, 1783), 105.

<sup>92</sup> Armstrong, *An essay* (1771), 186.

<sup>93</sup> Maloney, *George and John Armstrong of Castleton*, 69; Armstrong, *An essay* (1771), 187. In addition, the *London Chronicle* for 31 Aug- 2 Sep, 1769 noted that patients were being brought to the dispensary from 'Redriff, Wapping, Bethnal Green, Spitalfields, Islington, Marybone & c'.

<sup>94</sup> Maloney, *George and John Armstrong of Castleton*, 78.

dispensary service unlikely.<sup>95</sup> While Andrew Wilson may have continued to run the dispensary after Armstrong's stroke, the institution did not remain in operation for long.<sup>96</sup> John Bunnell Davis' 1815 address advocating the creation of a dispensary for sick infants and children recorded,

since this address was printed, Dr. Davis has learned that a Dispensary for the Infant Poor was established in 1766 by Dr. G. Armstrong. If such an Institution, which appears to have been more of a private than a public nature, was wanted 50 years ago, how much more useful will a Dispensary for Children now be.<sup>97</sup>

Though it was short-lived, the Dispensary for the Infant Poor set an example for future dispensaries, and also demonstrated quite clearly the demand for a medical institution which catered to infants and children. In addition, Armstrong's experiences at the dispensary, chronicled in successive editions of his essay on the diseases of children, indicated that an institutional environment was an asset to practitioners interested in investigating children's health. At the dispensary, Armstrong was confronted with large numbers of children, suffering from a wide array of conditions. In treating these children, he was able to formulate and modify his own practice, and to gain a better understanding of the particular challenges of providing medical treatment for children. While Armstrong's institution failed to endure, another similar enterprise was able, from its foundation in 1739 through to the end of the eighteenth-century and beyond, to provide yet another space for medical practitioners to encounter children, and for children to gain medical treatment.

### *The London Foundling Hospital*

In 1713, Joseph Addison, writing in the *Guardian*, emphasized the need for a Provision for Foundlings, or for those Children who for want of such a Provision are exposed to the Barbarity of cruel and unnatural Parents. One does not know how to speak on such a Subject without Horror: But what Multitudes of

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<sup>95</sup> Maloney, *George and John Armstrong of Castleton*, 82.

<sup>96</sup> For further discussion of Wilson, see Chapter Two.

<sup>97</sup> John Bunnell Davis, *A cursory inquiry into some of the principal causes of mortality among children, with a view to assist in ameliorating the state of the rising generation, in health, morals, and happiness: To which is added an account of the Universal Dispensary for Sick Indigent Children...* (London, 1817), 44.

Infants have been made away by those who brought them into the World, and were afterwards either ashamed or unable to provide for them!<sup>98</sup>

Despite calls from Addison and others to establish a foundling hospital in London, the institution was slow to take shape, partly as a result of financial crises caused by the South Sea Bubble, the fallout of which also had a damaging effect on the reputation of joint ventures and associational charity.<sup>99</sup> By the late 1730s, however, there was a prevailing sense that the preservation of foundling children was crucial, necessary, and required an institutional solution. This impetus went beyond the payment of lip service to the benevolent notion of rescuing children from lives of poverty and crime. Much of the drive for the foundation of the Hospital came from a desire not only to rescue children, but to encourage their health and well-being.<sup>100</sup> The underlying accusation of much of this rhetoric was that the London medical institutions were paying insufficient attention to the health of children who were, consequently, suffering from a lack of medical care caused by their exclusion from the very institutions designed to improve health in the metropolis. The medical functions of the London Foundling Hospital were thus inextricably linked to its primary goal of saving and improving the lives and health of London's children.

The London Foundling Hospital was not the first institution of its kind and was preceded by several similar hospitals on the Continent.<sup>101</sup> The Parisian Hôpital des

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<sup>98</sup> *Guardian* (London, England), 11 Jul 1713; Issue 105.

<sup>99</sup> Ruth McClure, *Coram's Children: The London Foundling Hospital in the Eighteenth Century* (New Haven, 1981), 20.

<sup>100</sup> The Ladies' Petition circulated by Coram prior to the establishment of the Hospital made specific mention of health risks poor children suffered, and the necessity for an institution which would render such children both useful and healthy: *An account of the hospital for the maintenance and education of exposed and deserted young children...* (London, 1759), p. v.

<sup>101</sup> Many of these continental hospitals began life as small-scale charitable institutions run by a religious order and were later absorbed or connected to the functions of the city or state under which they operated: Brian Pullan, *Orphans and Foundlings in Early Modern Europe* (Reading, 1989); Joan Sherwood, *Poverty in Eighteenth-Century Spain: The Women and Children of the Inclusa* (Toronto, 1988); Rachel Ginnis Fuchs, *Abandoned Children: Foundlings and Child Welfare in Nineteenth-Century France* (Albany, 1984); Philip Gavitt, *Charity and Children in Renaissance Florence: The Ospedale degli Innocenti, 1410-1536* (Ann Arbor, 1990); Thomas Max Safley, *Charity and Economy in the Orphanages of Early Modern Augsburg* (Boston, 1997); Alysa Levene, 'Saving the Innocents: Nursing Foundlings in Florence and

Enfants Trouvés was viewed in particular by the governors of the London Foundling Hospital as an important template, though care for foundlings in Paris was fragmented between several institutions while the London Foundling Hospital aimed for a more comprehensive system which would care for children from infancy to adolescence.<sup>102</sup> In England, a variety of institutions including Christ's Hospital and the Norwich Children's Hospital had attempted to provide for children, indicating that the institutionalization of children was not the invention of the eighteenth century.<sup>103</sup> In both cases, however, these institutions quickly became havens for relatively small numbers of children and, as such, could not hope to provide a full solution to the provision of care for abandoned children. In the British Isles more generally, the city of Dublin preceded London in attempting to find an institutional solution to the problem of foundling children. From 1730 all foundling children who were discovered in the city were admitted to the Dublin Workhouse, which became the Foundling Hospital and Work House of the City of Dublin.<sup>104</sup> The London Foundling Hospital, however, succeeded where the Dublin

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London in the Eighteenth Century', in John Henderson, Peregrine Horden and Alessandro Pastore, eds. *The Impact of Hospitals, 300-2000* (Bern, 2007), 375-94; Joel F. Harrington, *The Unwanted Child: The Fate of Foundlings, Orphans, and Juvenile Criminals in Early Modern Germany* (Chicago, 2009).

<sup>102</sup> Fuchs, *Abandoned Children*, 9. The governors of the London Foundling Hospital examined the operations of similar institutions in Paris, Amsterdam, and Lisbon before publishing their plans for the Hospital in 1740: *A sketch of the general plan for executing the purposes of the royal charter establishing an hospital for the maintenance and education of exposed and deserted young children...* (London, 1740), 3. The General Committee also appealed to ambassadors in Paris, Florence, Venice, Turin for information on the foundling institutions in those cities: GCM, 10 Jan 1739, A/FH/A/03/002/001.

<sup>103</sup> Margaret Pelling, 'Child Health as a Social Value in Early Modern England', *Social History of Medicine* 1/2 (1988), 142.

<sup>104</sup> There are few full-length histories of the Dublin Foundling Hospital: W. D Wodsworth, *A Brief History of the Ancient Foundling Hospital of Dublin* (Dublin, 1876); Joseph Robins, *The Lost Children: A Study of Charity Children in Ireland, 1700-1900* (Dublin, 1980). Several articles highlight aspects of the Hospital's operations, most notably its association with well-known figures: Fred Powell, 'Dean Swift and the Dublin Foundling Hospital', *Studies: An Irish Quarterly Review* 70 (1981), 162-70; Beatrice Bayley Butler, 'Lady Arabella Denny, 1707-1792', *Dublin Historical Record* 4/1 (1946-7), 1-20. The Hospital is discussed in the context of other poor relief arrangements in: Joseph O'Carroll, 'Contemporary Attitudes Towards the Homeless Poor, 1725-1775' in David Dickson, ed. *The Gorgeous Mask: Dublin, 1700-1850* (Dublin, 1987), 64-85. More recently, the Hospital has briefly been examined in the context of urban development in eighteenth-century Dublin in: Gary A. Boyd, *Dublin, 1745-1922: Hospitals, Spectacle, and Vice* (Dublin, 2006). The dearth of secondary sources on the Hospital is in part a result of limited primary sources since there are few documents relating to the Hospital outside parliamentary reports and contemporary commentary.

hospital did not, largely as a result of close surveillance and involvement by an active administration.<sup>105</sup>

The London Foundling Hospital was established primarily through the efforts of Thomas Coram, a merchant sea captain who was involved in colonial ventures in North America.<sup>106</sup> The impetus for the creation of the hospital derived from Coram's reaction to the sight of infants dying on the streets of London, and the Hospital's charter painted a bleak picture of children who were abandoned and subsequently led astray by

loose Persons, by whom they are trained up in that infamous Way of living; and sometimes are blinded, or maimed and distorted in their Limbs, in order to move Pity and Compassion, and thereby become fitter Instruments of Gain to those vile merciless Wretches.<sup>107</sup>

There was also widespread dissatisfaction with the allegedly damaging and neglectful care children received from parish nurses or in the workhouse. The 1759 account of the Foundling Hospital lamented that children who survived a parish upbringing 'are generally habituated to Beggary and Idleness and become a Burden to themselves and Reproach to their Country'.<sup>108</sup> This sort of rhetoric was appealing to a public increasingly disgruntled with the rising costs of poor relief. Many saw little benefit in paying into a system which seemed to provide no real solution to the problems of poverty. As such, these same individuals were disposed to be receptive to any plans which offered the possibility of more efficiently reducing the cost of poor relief. From the 1730s Thomas

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<sup>105</sup> There was little communication between the London and Dublin foundling hospitals though, before initiating the House of Commons reforms which overhauled the Dublin hospital, Sir John Blaquiére wrote to the London Foundling Hospital for advice on how to compare the practices of the two institutions: GCM, 3 May, 1797- 17 May, 1797, A/FH/A/03/002/018.

<sup>106</sup> Histories of the London Foundling Hospital include: John Brownlow, *Memoranda; or, Chronicles of the Foundling Hospital, Including Memoirs of Captain Coram* (London 1847); R.H Nichols & F.A Wray, *The History of the Foundling Hospital* (London, 1935); McClure, *Coram's Children*; Gillian Pugh, *London's Forgotten Children: Thomas Coram and the Foundling Hospital* (Stroud, 2007). Aspects of the Hospital in the eighteenth century have also received attention in: Adrian Wilson, 'Illegitimacy and its Implications in Mid-Eighteenth-Century London: The Evidence of the Foundling Hospital', *Continuity and Change* 4/1 (1989), 103-64; R.B Outhwaite, 'Objects of Charity: Petitions to the London Foundling Hospital, 1768-72', *Eighteenth-Century Studies* 32/4 (1999), 497-510; Gillian Pugh, *London's Forgotten Children: Thomas Coram and the Foundling Hospital* (Stroud, 2007); Alysa Levene, *Childcare, Health and Mortality at the London Foundling Hospital, 1741-1800: 'Left to the mercy of the world'* (Manchester, 2007).

<sup>107</sup> *An account of the hospital* (1759), p. v.

<sup>108</sup> *An account of the hospital* (1759), 3.

Coram, building upon many of these concerns, attempted to catalyze philanthropists into supporting the establishment of a hospital for children which would protect and preserve them for the benefit of the nation. In doing so, he made use of language which harnessed the concept of a child's usefulness to the nation, thereby elevating simple benevolent charity into a act of duty, while simultaneously mediating the lingering social stigma attached to the illegitimate child, and suggesting a possible solution to poverty and the burden of poor relief.

The London Foundling Hospital was officially established by royal charter on 14 August 1739. The Hospital began to receive children in 1741 and 1,367 children were accepted between 25 March 1741 and 31 December 1756, the period during which the Hospital was solely dependent on private charity. Between June 1756 and March 1760, the period of time known as the General Reception, the Hospital received a parliamentary subsidy in exchange for an agreement to accept all children who applied for entry. The subsidy was intended, in part, to be a solution to the problems encountered by parishes when dealing with illegitimate and abandoned children. No parish wanted responsibility for large numbers of illegitimate children when an institution could potentially remove that burden. As a result of this new open admissions policy, the institution drastically expanded. From 1757 the Hospital opened branches at Ackworth, Shrewsbury, Aylesbury, Westerham, Chester, and Barnet, though the financial straits of the Hospital following the withdrawal of full parliamentary support forced the closure of these branches between 1767 and 1773.

During the General Reception period, 14,982 children were accepted into the Hospital.<sup>109</sup> Significantly, during this period children were not examined by medical staff before entry into the Hospital, a factor which had an impact on the level and nature of disease within the institution, and on the mortality rate of the children admitted, thereby

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<sup>109</sup> McClure, *Coram's Children*, 261.

paradoxically damaging public support for an open admissions policy.<sup>110</sup> Between the first taking in of children on 25 Mar 1741, and 29 Sept 1760, 16,326 children were received into the Foundling Hospital. Of these, 9,962 died, amounting to a mortality rate of 61.02 percent.<sup>111</sup> This high mortality rate was one of the main considerations behind the withdrawal of parliamentary support from the institution from 1760 onwards, though, in general, the mortality rate within the Hospital was lower than that in most parish workhouses, where mortality levels fluctuated between 79 and 100 percent in this period.<sup>112</sup> Other considerations in ending parliamentary support included the confusion and abuse of the system which inevitably occurred in such a large-scale operation, as well as the perceived evils of encouraging the separation of parents from children, thereby ‘destroying the Ties of Blood and Kindred’.<sup>113</sup> Dr. Cowper complained in 1763 that,

it is injurious to society, thus to destroy the natural, and necessary connection of parent and child, and leave these poor wretches, to come into the world devoid of friend, or relation to direct, or assist them, to encourage them in virtue, or warn them from vice,

though he was willing to concede that the Foundling Hospital could become a useful adjunct to the poor laws, if admissions were restricted.<sup>114</sup> Primarily, it was the high expense of the experiment, coupled with accusations of mismanagement, which encouraged widespread condemnation of the General Reception. The public as well as parliament were increasingly led to believe that the costs of running the Foundling Hospital as an open institution were not justified by the numbers of children saved. Children continued to die and mismanagement occurred despite the best efforts of the

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<sup>110</sup> Levene, *Childcare, Health, and Mortality*, 206.

<sup>111</sup> McClure, *Coram's Children*, 261.

<sup>112</sup> Valerie Fildes, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh, 1986), 282.

<sup>113</sup> Joseph Massie, *Farther observations concerning the Foundling Hospital: pointing out the ill effects which such an hospital is likely to have upon the religion, liberty, and domestic happiness of the people of Great Britain...* (London, 1759), 15.

<sup>114</sup> *Considerations on the fatal effects to a trading nation of the present excess of public charities. In which the Magdalene, Asylum, Foundling, hospitals for sick and lame, lying in hospitals, charity schools, and the Dissenting Fund, are particularly considered. And a plan for a new system of poors laws proposed* (London, 1763), 19-20.

Governors at the central London location to dictate policy and to follow through on record keeping.

The restrictions on admittance were re-imposed between 1760 and 1800, during which period the hospital accepted approximately 2,000 children, a dramatic reduction from the entry numbers of the General Reception.<sup>115</sup> The admissions system of drawing lots was abandoned in favour of a petitioning system which required that the mother's circumstances be presented before the General Committee, a departure from the relative anonymity of the lot system.<sup>116</sup> Eventually, high demand caused the two systems to be combined. Mothers whose petitions had been approved assembled in the Hospital to draw lots for the privilege of a spot for their children.<sup>117</sup> Demand for places in the Hospital continued to be high but, by the end of the eighteenth century, financial constraints prohibited the Hospital from maintaining over 350-400 children.<sup>118</sup> The Hospital continued to operate as a home for children until 1954, when the remaining children were dispersed to foster homes.

Children were originally admitted to the Hospital under the age of two months, though this rose to six months, and then to one year in 1757. From 1757 through to the end of the eighteenth century, most children admitted to the Hospital were under the age of one year, though exceptions were made for parish children and the orphaned children of military veterans.<sup>119</sup> Once admitted to the Hospital, providing the child was healthy, he or she was christened with a new first and last name and was, within days, sent to a

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<sup>115</sup> McClure, *Coram's Children*, 144.

<sup>116</sup> McClure, *Coram's Children*, 139. The lottery method was originally adopted in 1742, but was abandoned during the General Reception period: GCM, 27 Oct, 1742, A/FH/A/03/002/001. The method of petitions used following the General Reception involved much closer scrutiny of mothers.

<sup>117</sup> Added to these numbers were the 75 children admitted with payments of £100 between 1756 and 1799, as well as 34 orphaned children of military men admitted during and immediately following the Seven Years War. 337 parish children were admitted between 1767 and 1770, and the practice continued to the end of the eighteenth century, though these children formed only a small fraction of the numbers of children cared for by the parishes: McClure, *Coram's Children*, 137-139, 147.

<sup>118</sup> McClure, *Coram's Children*, 142.

<sup>119</sup> See note 105.

country wet nurse.<sup>120</sup> Though the policy of sending children to the country was generally favourably regarded as conducive to their health, some medical practitioners levelled criticism at the country nurses similar to the criticism directed towards parish nurses. As George Armstrong argued,

if the Foundling hospital were to be made a kind of nursery for children till they came to be four or five months old... more lives might be saved by that institution, than perhaps there are at present. For to send new-born infants to such cold houses, as the nurses in the country that take in such children, generally live in, unless the nurses are extremely careful indeed, is for the most part sending them to an untimely grave.<sup>121</sup>

While most medical practitioners felt the country was the healthiest environment for children, there was clearly a lingering sense that nurses in general were not to be trusted. As a consequence, the Hospital established a closely monitored system of inspection. While in the country, the child was under the supervision of an inspector, either male or female, who was usually drawn from the local clergy or gentry, or from the ranks of governors' wives.<sup>122</sup> The child usually remained with the nurse until four years of age, when he or she was sent back to the London hospital, inoculated, and provided with some education and labour training.

Though the policy, after 1755, was to return children to the Hospital at age four, many, particularly those suffering from ill health, remained with country nurses beyond the age of five.<sup>123</sup> At some point between the ages of 12 and 14, the children were apprenticed, though the exact age depended on individual circumstance, and also shifted with the policies of the hospital. During and immediately following the General Reception period there was an effort to apprentice children at younger ages to alleviate

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<sup>120</sup> The time between admission and dispatch to the country expanded during the General Reception, thereby having an impact on overall mortality levels since dry nursing was more common in the hospital but less healthy for the child: Levene, *Childcare, Health and Mortality*, 97.

<sup>121</sup> George Armstrong, *An essay on the diseases most fatal to infants...* (London, 1767), 131. Interestingly, this comment was included in the 1771 edition of Armstrong's text but was omitted from the 1783 edition.

<sup>122</sup> McClure, *Coram's Children*, 88; Raymond Cassidy, 'The Parish of Waltham and the Foundling Hospital in the Mid-Eighteenth Century', in M. Holland and J. Cooper, eds. *Essex Harvest: A Collection of Essays in Memory of Arthur Brown* (Chelmsford, 2003), 83.

<sup>123</sup> Nichols and Wray, *The History of the Foundling Hospital*, 110.

the financial burden their maintenance placed on the Hospital. In addition, some children were bonded to masters at younger ages but did not actually begin apprenticeships until the usual age, and were provided with some schooling before apprenticeship began.

Children typically served these apprenticeships until age 21 or marriage for girls, or age 24 for boys. The children under the care of the Foundling Hospital were thus, at any one time, divided into three distinct populations: those at nurse, usually between the ages of infancy and four years; those in the London hospital, usually between the ages of four and 12 or 14; and those serving apprenticeships, usually between the ages of 12 or 14, and 21 or 24. During the General Reception there were also additional numbers of children at the other branches of the Hospital.

As previously mentioned, historians of children's hospitals have tended to overlook those eighteenth-century institutions which offered medical care for children, though there is usually a cursory mention of both Armstrong's dispensary, and the Foundling Hospital.<sup>124</sup> The central problem in many of these accounts is a failure to fully recognize the medical functions of the London Foundling Hospital. There has also been a failure to fully appreciate that restoring a child to health was perceived to involve both keeping children, and medically treating them.<sup>125</sup> Caring for a child, of necessity, had a medical dimension, since such a task involved attention to the whole child, body, mind, and soul. Though the Foundling Hospital was primarily an orphanage rather than a medical institution, health care was of prime importance to the goals and day-to-day operations of the institution.

The campaign for good health waged by the Hospital began with the admissions policy. A General Committee report of the Hospital's governors dated 16 July 1740 decreed that,

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<sup>124</sup> Seidler, 'An Historical Survey of Children's Hospitals', 181-97; Franklin, 'Children's Hospitals', 103-21; Lomax, *Small and Special*. In contrast, McCleary singled out both institutions as forerunners of the infant welfare movement: McCleary, *The Early History of the Infant Welfare Movement*, 14-17.

<sup>125</sup> Pelling, 'Child Health as a Social Value', 144.

no child shall be returned who is not above the Age of Two Months, or who has not the *French* pox, Evil, Leprosy, or disease of the like Nature. And in order to know what children are healthy, the chief Nurse. . . and the Apothecary of the House, shall inspect every Child as soon as it is brought to the Hospital.<sup>126</sup>

Though the admissions policy was fairly clear on the need to discourage the admission of diseased children, the periodic efforts of the General Committee to reiterate the policy indicates that it was not always followed in practice. In 1755 the General Committee observed that the order prohibiting admission of children with eruptions was not strictly observed and enjoined the physicians and surgeons to take greater care.<sup>127</sup> During the General Reception the Hospital was bound to admit all children and the Committee was forced to decree that, at the very least, children with infectious disorders be separated from the bulk of children admitted. In several cases, children were admitted with contagious conditions upon payment of a premium, likely a result of the realization that such children were so numerous that they could not possibly be excluded from the institution altogether.<sup>128</sup> In removing children from poor environments, the Hospital was thought to be providing a public service in contributing to the improved health of the working population. As a letter to the *Gentleman's Magazine* noted in 1747, in reference to the Foundling Hospital,

its use is most important and extensive, as the number of useful hands are not only immediately increased by the number of children thus preserved, but their descendants will be free from the diseases which are propagated by almost all the lowest class of mankind, who are brought up in want, nastiness, and iniquity.<sup>129</sup>

Thus the Hospital's medical function went hand in hand with its larger philanthropic outlook of improvement, and was crucial in establishing a long-term vision of the institution's purpose and civic value.

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<sup>126</sup> *A sketch of the general plan* (1740), 4.

<sup>127</sup> GCM, 18 Jun 1755, LMA, A/FH/A/03/002/004.

<sup>128</sup> The General Committee ordered that children with the itch be admitted to the Hospital upon payment of an extra ten shillings, 'being the sum Estimated at a medium for the Cure': GCM, 13 Jul 1774, LMA, A/FH/A/03/002/012.

<sup>129</sup> 'Proposal to augment the Foundling Hospital Fund, in order the admit all Children that are offer'd, and lying in women', *Gentleman's Magazine* 17 (April 1747), 163.

Despite the importance to the institution of maintaining a good mortality record, mortality and morbidity levels among the Hospital's children were not always under the control of the institution itself. It was far from certain that an individual foundling, once admitted, had a considerable chance of survival. As a result of the difficulties of transporting children from further afield, the majority of children admitted to the Foundling Hospital came from the parishes within the Bills of Mortality. Of the 1,863 children admitted from within the Bills of Mortality in 1769, nearly 1,100 were inhabitants of the poorest parishes, including St Giles-in-the-Fields, St James Clerkenwell, St Mary Whitechapel, St Martin-in-the-Fields, and St Leonard Shoreditch.<sup>130</sup> As Levene argues, it was the condition of foundlings on admission rather than their experience of hospital life which determined their mortality levels.<sup>131</sup> The experience of hospital life did, however, have an impact on the morbidity levels of the Foundling children. Large numbers of children kept together in an enclosed space bred a host of diseases and, in addition, many children returned from the country with conditions which impacted on their own health and also entered into the hospital population. At any given time, a significant number of the children under the care of the hospital were in some state of illness, lending considerable importance to the place of the medical staff within the institution.

The General and Sub Committee minutes of the Foundling Hospital provide a fascinating account of the role medical practitioners played in shaping the health policies of the institution, and the role the Hospital itself played in providing medical practitioners with an opportunity to expand their involvement with child patients. The medical staff of the hospital was composed of nurses, a matron, an apothecary, who was a salaried resident of the hospital after 1759, and affiliated physicians and surgeons, who

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<sup>130</sup> McClure, *Coram's Children*, 85.

<sup>131</sup> Levene, *Childcare, Health and Mortality*, 65.

worked on a voluntary basis.<sup>132</sup> The structure of authority within this framework was fairly traditional, with the nurses answering to the apothecary and other senior medical staff, and the apothecary subservient to the physicians and surgeons. In an indication of the structure of authority within the Hospital, the governors chose to consult the physicians, rather than other members of the medical staff, when the decision was made to dispense with a resident apothecary.<sup>133</sup> However, despite attempts to establish such a chain of command, there were lingering tensions between male medical practitioners and female nurses over who could claim expertise in providing care for children. As mentioned in the previous chapter, while medical men interested in children's health were eager to establish their authority, they were not necessarily invested in destroying a gendered division of labour which dictated that women provide the hands-on care of children. While the male medical staff of the Foundling Hospital were not always involved with all aspects of child care within the institution, they filled an important role in assisting in shaping the health policies of the Hospital.

The regulations of the Hospital stated that the nurses 'are to give the Children the Medicines which they receive from the Apothecary or Matron and no other', an indication of the extent to which control of the practice of medicine within the Hospital rested with the male medical staff.<sup>134</sup> Indeed, the physicians of the Hospital were often commissioned to oversee the conditions of the infirmaries and the work of the nursing staff. This state of affairs was unsurprising since nurses were generally considered to have a comparable status to domestic servants.<sup>135</sup> In February 1759 William Cadogan

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<sup>132</sup> The employment of a resident apothecary was deemed necessary during the General Reception and, from 1759 to 1797 Robert McClellan was employed with a salary of 50 pounds per year. After 1797 a visiting apothecary was appointed: Ruth McClure, 'Pediatric Practice at the London Foundling Hospital', *Studies in Eighteenth-Century Culture* 10 (1981), 365. For further discussion of the Hospital's staff see Chapter Two.

<sup>133</sup> GCM, 8 Nov 1797, LMA, A/FH/A/03/002/018.

<sup>134</sup> *Account of the Foundling Hospital* (1759), 30; SCM, 24 Feb 1759, LMA, A/FH/A/03/005/003.

<sup>135</sup> Jacques Carré, 'Hospital Nurses in Eighteenth-Century Britain: Service Without Responsibility', in Isabelle Baudino, Jacques Carré and Cécile Révauger, eds. *The Invisible Woman: Aspects of Women's Work in Eighteenth-Century Britain* (Aldershot, 2005), 89.

conducted an inspection of the boys' infirmary, discovering the damning sights of un-aired wards, wet linen, and a waste of coal.<sup>136</sup> Cadogan's recommendations led the administration to formulate a new set of rules dictating practices to ensure the health of the Hospital's children. Significantly, the rules also repeated the injunction that 'no Cordial or opiate or the like Medicines be trusted in the care of the Nurses nor that they shall be suffered to give any Medicines which are not Ordered by the Physician or Apothecary or Matron of the Infirmary'.<sup>137</sup> A similar inspection of the infirmaries a few weeks later resulted in the initiation of a relationship with the Lock Hospital, to which children suffering from venereal disease were sent for treatment.<sup>138</sup> In 1790 the Hospital's physician, John Mayo, alleged that the matron was responsible for the ill state of health among the children.<sup>139</sup> He argued that she neglected their diet and cleanliness, and failed to supervise the nurses. As Mayo's inspection shows, the disapproval of the male medical staff could occasionally be directed towards a specific nurse. Robert McClellan, the Hospital's apothecary, complained in 1759 that Mrs. Keziah Brook, the Matron of the Nursery, rejected his treatment for gripes and refused to allow sideboards on the beds which, McClellan felt, would have prevented deaths by suffocation.<sup>140</sup> At play in this particular altercation was a struggle for authority between a male medical practitioner who felt his knowledge and role within the institution qualified him to dictate childcare practices, and a senior nurse, who felt her accumulated experience with children justified her own claim to be an authority on childrearing and children's health. The nurses, as women, were traditionally considered to have a superior understanding of childcare. It was this view that was in the process of being challenged by medical practitioners over the eighteenth century. The quarrels between the male and female staff

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<sup>136</sup> SCM, 24 Feb 1759, LMA, A/FH/A/03/005/003.

<sup>137</sup> SCM, 24 Feb 1759, LMA, A/FH/A/03/005/003.

<sup>138</sup> SCM, 17 Mar 1759, LMA, A/FH/A/03/005/003. For further discussion see Chapter Six.

<sup>139</sup> McClure, *Coram's Children*, 213.

<sup>140</sup> Mrs. Keziah Brook was made Matron of the nurseries in 1759 and her clash with McClellan might have been, in part, the result of the short time in which she had filled the post.

of the Hospital can thus be regarded as an indication of this larger theoretical debate. The fact that such disagreements and slights continued until the end of the century indicates the extent to which the breakdown of childcare into gendered components was not a simple process of transferring power, control, and expertise from a mother or a nurse to a male medical practitioner.

The Hospital clearly continued to feel that women had some instinctive affinity with children, though the involvement of women in the affairs of the Hospital, beyond the employment of the female staff, tended to occur on an ad hoc basis.<sup>141</sup> In 1757 the General Committee drafted a letter to be sent to the governors of the hospital asking the assistance of their wives in providing advice because of ‘the great Experience of the Fair Sex in Nursing of young Children; their Knowledge in the Education & Employment particularly proper for the Girls; and their quick Insight into many Parts of the Oeconomy of the House’.<sup>142</sup> Following this request, Mrs. Elizabeth Sloane wrote to the General Committee indicating that she had visited the Hospital and found the linen too rough for the use of children, and the pap fed to the children to be too lumpy.<sup>143</sup> In some cases, however, the involvement of women in the medical care of the children of the Hospital was merely a matter of convenience. In 1772 the gardener of the Hospital went to reside at Powis Wells along with his wife, who ‘undertook the care of the Itchy Children’ sent to Powis Wells for treatment.<sup>144</sup> While this last instance may have merely been a matter of convenience, it was clear that the medical practitioners of the Hospital had to contend with the widespread assumption that women knew best in matters concerning the management of children.

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<sup>141</sup> Lisa Zunshine, ‘The Gender Dynamics of the Infanticide Prevention Campaign in Eighteenth-Century England and Richardson’s *History of Sir Charles Grandison*’, in Jennifer Thorn, ed. *Writing British Infanticide: Child-Murder, Gender, and Print, 1722-1859* (Newark, 2003), 155.

<sup>142</sup> GCM, 9 Mar 1757, LMA., A/FH/A/03/002/005.

<sup>143</sup> GCM, 6 Apr 1757, LMA, A/FH/A/03/002/005.

<sup>144</sup> ‘Register of children with itch’, LMA, A/FH/A/18/002/01.

The Hospital's medical practitioners also had to compete for control with the administration, and with philanthropists who felt their contribution afforded them the right to active involvement in the institution. In most instances this took the form of relatively friendly cooperation, though the occasional antagonism could erupt. In one instance, Dr. Conyers, the Hospital's physician, complained to the Board of Governors that, in his absence from the Hospital, a Dr. Whatley, one of the Hospital's governors, was discovered dispensing medicine to the children.<sup>145</sup> In the same letter of complaint Conyers resigned from service to the Hospital. Aside from Dr. Conyers, most of the medical practitioners affiliated with the Foundling Hospital never made formal complaints about the advice they were given from various quarters. Either such advice was not taken into account, the advice itself accorded with the practitioner's own views, or practitioners were hesitant to make formal complaints about such matters. Though the Hospital's medical practitioners retained a large degree of control and authority in the infirmaries, the medical function of the Foundling Hospital operated more as a communal enterprise headed by qualified practitioners than a system of absolute medical control. These limitations did not, however, prevent the Hospital's medical practitioners from using the institution as a learning environment, and consequently allowed them to benefit from the additional access to child patients afforded by affiliation with an institution.

### *Conclusion*

The medical staff of the London Foundling Hospital were clearly ideally placed to gain knowledge of children's diseases and to develop experience with child patients. The Foundling Hospital, like the other eighteenth-century medical institutions which offered care to children, was thus an important site for the emergence of medical authority over children's health. These institutions allowed practitioners greater access to

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<sup>145</sup> 'Letter to the General Committee from Dr. Conyers, 7 August, 1754', LMA, A/FH/A/06/007/001.

larger numbers of child patients who could, in many cases, be observed over time and, at least in the case of the Foundling Hospital children, without the interference of parents. This access did not supplant the role played by private practice in granting medical practitioners access to child patients. Instead, as this chapter has demonstrated, institutions provided an additional and expanded opportunity for medical practitioners to witness and to gain valuable experience in treating the diseases and disorders of children in a context which allowed for comparison and analysis of symptoms and the progress of a disease in multiple patients. In the general hospitals, the lying-in hospitals, the Lock Hospital, the Smallpox Hospital, the dispensaries, the Dispensary for the Infant Poor, and in the London Foundling Hospital, child patients received assistance from medical practitioners and, conversely, medical practitioners encountered sick children. These factors would have a direct and considerable influence on the development of medical knowledge about the bodies of children, their health and their diseases.

***Chapter 5: Describing and Labelling the Diseases and Disorders of Children in the Infirmary of the London Foundling Hospital***

On 6 January 1790, Dr. John Mayo, physician to the London Foundling Hospital, appeared before the Hospital's General Committee with a series of concerns about the state of health of the children within the Hospital. Amidst a detailed criticism of the practices of the Hospital and the conduct of several members of staff, the Matron in particular, Mayo made reference to the presence among the Hospital's children of: scarlet fever, putrid sore throat, measles, hydrocephalus, putrid fever, scurvy, haemorrhages, catarrhs, eruptions, chilblains, and scrofula. Mayo strongly condemned the Hospital's infirmary as a 'nursery of contagion', referring in this instance to the wide variety of conditions suffered by the Hospital's children, rather than to how such conditions were transmitted.<sup>1</sup> At the time Mayo was writing, he was a relatively new member of the Hospital's staff, eager to cement his own position and authority, but his comments also indicate the extent to which the Hospital's infirmary functioned as a centre of convergence for a host of different diseases and conditions afflicting the Hospital's children. The sheer volume of children passing through the Hospital, as well as the poor condition in which many of them were admitted, ensured that disease was always present in the institution. The normal course of childhood also ensured that the infirmary was confronted with a number of fractures, bruises, and broken bones, the result of accidents. The infirmary of the Foundling Hospital thus witnessed a wide spectrum of diseases and disorders affecting children. The medical practitioners affiliated with the Hospital, and with other similar institutions, were, therefore, ideally placed to gain knowledge of these conditions and to comment on them in print. This process, in turn, had a considerable impact on the consolidation of medical authority with respect to the health and diseases

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<sup>1</sup> GCM, 6 Jan 1790, LMA, A/FH/A/03/002/016. Eighteenth-century notions of 'contagion' were at odds with bacteriological specificity. When Mayo referred to 'contagion' he was referring to the spread of disease within the infirmary, but he was not necessarily differentiating between strictly contagious diseases and diseases of locality: Margaret Pelling, 'Contagion/Germ Theory/Specificity' in W.F Bynum and Roy Porter, eds. *Companion Encyclopaedia to the History of Medicine*, 2 vols. (London, 1993), vol. i., p.321.

of children and, consequently, was crucial as both a generator and a product of medical interest in children.

The processes by which medical interest in children encouraged efforts to understand disease in children, and to integrate this knowledge into larger medical theory and practice, were long-term developments which did not result in any pronounced and immediate changes in how eighteenth-century medical practitioners viewed the progress of disease in the bodies of children. However, over the course of the century, there was a slow and uneven transition towards recognition that the diseases of children were significant, that children were a distinct patient group with special needs, and that children could and should receive attention from medical practitioners. Since therapeutics hinged on proper diagnosis, the efforts of practitioners to be as descriptive as possible in labelling the diseases and disorders of children had a natural impact on how they approached the medical treatment of children.

The process of labelling diseases which affected children, and inserting them into a framework predicated upon an understanding of the inner workings of the human body, rendered the diseases of children important and medical interest in them valid. Including the diseases of children in a nosology indicated that such diseases were as worthy of interest as those affecting adults and were not, in fact, entirely mysterious and beyond the understanding and control of an educated medical practitioner. In addition, the use of nosologies changed the nature of exactly what a practitioner was looking for when he examined a patient by encouraging practitioners to rely more on the physical conditions of the patient than the patient's own narrative of their illness.<sup>2</sup> This focus on signs and the physical state of the patient was essential for practitioners engaged in medically treating children since, as was commonly noted, children were considered incapable of providing comprehensive narratives of their own illnesses. The ability to read signs on

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<sup>2</sup> Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986), 118. In this sense the use of nosologies may have anticipated the effects Jewson ascribed to the Paris school of clinical medicine.

the patient's body also acted to demonstrate a practitioner's authority and to build a 'bridge of empathy' between the practitioner and his patient.<sup>3</sup> Above all, nosologies encouraged a descriptive approach to the categorisation and labelling of disease. As this chapter will demonstrate, in attempting to be as descriptive as possible in labelling the diseases and conditions suffered by the Hospital's children, the Hospital's practitioners were building upon experience and observation to justify medical involvement in children's health and the validity of including children's medicine in medical theory and practice.

### *William Cullen's Nosology*

The rise of nosologies partly reflected an academic desire, derived from the natural sciences, to categorise as a means of establishing knowledge. In the context of hospital medicine, nosologies were also used to assert control over what was occurring at the bedside, allowing for easier and more speedy diagnosis.<sup>4</sup> At the same time, nosologies were also a product of the hospital environment, where large numbers of patients were viewed over periods of time, and where signs of disease could be compared in multiple patients, allowing practitioners to gain evidence of Sydenham's argument that each disease possessed its own set of characteristics.<sup>5</sup> This focus on the specifics of disease, rather than on the differences between individual patients, proved useful for practitioners interested in treating children, since dissatisfaction with the abilities of the child patient to verbalize complaints could be downplayed by emphasis on the disease itself. Though medical practitioners continued to recognise differences in the bodies of their child patients, the impetus behind the creation of nosologies, the categorisation of disease based on signs, was crucial to how medical practitioners approached the task of understanding illness in children.

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<sup>3</sup> Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000), 122.

<sup>4</sup> Risse, *Hospital Life in Enlightenment Scotland*, 179.

<sup>5</sup> Robert E. Kendell, 'William Cullen's *Synopsis Nosologiae Methodicae*', in A. Doig, et al., eds. *William Cullen and the Eighteenth-Century Medical World: A Bicentenary Exhibition and Symposium Arranged by the Royal College of Physicians of Edinburgh in 1990* (Edinburgh, 1993), 216.

The dominant nosology in the second half of the eighteenth century was that of William Cullen.<sup>6</sup> Cullen's *Synopsis nosologiae methodicae* was first published in 1769. The system was then expanded into a full theoretical and clinical framework in *First lines of the practice of physic*, which was published in four volumes between 1777 and 1784, providing what many practitioners came to regard as the nosology most applicable to actual medical practice. In creating his nosology, Cullen attempted to move away from a system entirely based on external signs, and consequently placed increased emphasis on pathology, though signs were still crucial to his advice on diagnosis, and conditions with similar presentation were grouped together. Despite this effort, his system 'was, in brief, a pedagogical and heuristic rather than an essentialist nosology, a clinical guide rather than a theoretical system'.<sup>7</sup> Cullen created the nosology primarily as a teaching aid and it was intended to be a practical diagnostic tool rather than an exhaustive overview of diseases.

In the nosology detailed in the *Synopsis*, Cullen divided diseases into four classes: pyrexiae or febrile diseases, neuroses or nervous diseases, cachexies, and locales. In *First lines*, Cullen essentially replicated the schema, including in the first three categories the conditions listed in the *Synopsis* (see Appendix 1). The class of locales, however, was left out of *First lines*, possibly as an attempt by Cullen to simplify matters for medical students, whom he envisioned as the primary audience for the text. The omission may also have reflected reticence to accept that diseases could be local, as opposed to affecting the bodily system as a unified whole. The decision may also have been related to Cullen's own dissatisfaction with locales as a comprehensive category since, 'the

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<sup>6</sup> On Cullen see: John Thomson, *An Account of the Life, Lectures and Writings of William Cullen, M.D. Professor of the Practice of Physic in the University of Edinburgh by John Thomson, M.D., F.R.S. L & E. Professor of Medicine and General Pathology in the University of Edinburgh*, vol. ii: (Edinburgh, 1859); W.F. Bynum, 'Cullen and the Study of Fevers in Britain, 1760-1820', *Medical History*, Supplement No. 1 (1981), 135-47; Rosalie Stott, 'Health and Virtue: Or, How to Keep Out of Harm's Way. Lectures on Pathology and Therapeutics by William Cullen, c. 1770', *Medical History* 31 (1987), 123-42; A. Doig, et al., eds. *William Cullen and the Eighteenth-Century Medical World*. More specific discussion of Cullen's nosology is contained in: Kendell, 'William Cullen's *Synopsis Nosologiae Methodicae*'; Lester S. King, *The Medical World of the Eighteenth Century* (Chicago, 1958), 214-19.

<sup>7</sup> Bynum, 'Cullen and the Study of Fevers', 137.

fourth class, Locales, containing 60 of the total 151 genera, was more or less a scrapbag into which were dumped many poorly defined, badly conceived genera'.<sup>8</sup> While all four categories will be examined in this chapter, the problematic nature of the locales category, as well as its absence from *First lines*, should be kept in mind, particularly since the *Synopsis*, written in Latin, might not have enjoyed as wide a level of popularity as *First lines*, which was written in English and included a much higher level of detail.

Cullen's nosology was not without its detractors. Several medical practitioners, including Sir John Pringle, felt nosologies to be of no use at all, while others had more specific complaints about Cullen's system.<sup>9</sup> A popular criticism was that Cullen's nosology failed to encompass the full range of diseases. As Dr. Thomas Young scathingly noted,

nothing can be a stronger proof of Dr. Cullen's genera, orders, and classes, being lamentably deficient in the essential qualities of a logical systematic method, than the numerous list of diseases which, from the defective constitution of his classes, he has been obliged to insert in an appendix, having no place in the system to which they could with propriety be referred.<sup>10</sup>

As Cullen explicitly stated that he never intended his system to be all-encompassing, such criticism was somewhat empty and, indeed, one of the strengths of Cullen's nosology was its flexible character which fit with the vagaries of medical practice in a more appropriate manner than a rigid system might have done. The *Synopsis* and *First lines* became essential tools of medical education following their publication, though Cullen continued to express interest in exploring some areas of medicine further.<sup>11</sup> He intended one volume of *First lines* to deal specifically with the diseases of women and

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<sup>8</sup> King, *The Medical World of the Eighteenth Century*, 215.

<sup>9</sup> Thomson, *An Account of the Life, Lectures and Writings of William Cullen*, 6.

<sup>10</sup> Quoted in: Thomson, *An Account of the Life, Lectures and Writings of William Cullen*, 69. Thomas Young (1773-1829) went on to publish *An Introduction to Medical Literature, Including a System of Practical Nosology* (1813) which broke with Cullen and followed Linnaeus' botanical system: John H. Talbott, *A Biographical History of Medicine: Excerpts and Essays on the Men and Their Work* (New York, 1970), 403.

<sup>11</sup> *First Lines* enjoyed international popularity as an educational text: Warren McDougall, 'Charles Elliot's Publications and the International Book Trade', in Charles W.J Withers and Paul Wood, eds. *Science and Medicine in the Scottish Enlightenment* (East Linton, 2002), 229.

children, but this volume was never published, nor were materials ever compiled for it.<sup>12</sup>

This unwritten volume would likely have only served to delve into the diseases of women and children in greater detail, since the nosology itself did include diseases and conditions, such as chicken pox, considered to be primarily confined to children.<sup>13</sup> Thus, despite the lack of this promised volume, the nosology, as written, did include the diseases of children, integrated into the whole.

In addition to having a considerable influence on the medical community as a result of his post at the University of Edinburgh, Cullen and his nosology also left a mark on developments in children's medicine.<sup>14</sup> At least two of his students, William Saunders and George Fordyce, conducted lectures in London on the diseases of children.<sup>15</sup> In addition, Michael Underwood cited Cullen in the 1789 and 1795 editions of his *Treatise on the diseases of children*.<sup>16</sup> The Liverpool medical practitioner William Moss referred to Cullen's *First lines* as well as the *Synopsis* in his 1781 text on children.<sup>17</sup> Since neither Underwood nor Moss were students of Cullen, Cullen's teachings as well as his nosology clearly had an impact beyond Edinburgh and thus had some influence, directly or indirectly, on medical practitioners involved in discussions and debates on children's health. Though the staff of the London Foundling Hospital did not always use diagnostic labels which corresponded to Cullen's nosology, the nosology, in use from 1769 to shortly after Cullen's death in 1790, can be regarded as fairly representative of the

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<sup>12</sup> Thomson, *An Account of the Life, Lectures and Writings of William Cullen*, 98.

<sup>13</sup> Aside from one letter written to Lady Selkirk in 1788, Cullen did not specifically discuss childcare in his lectures or writings. See: Guenter B. Risse 'William Cullen and Child Care: A 1788 Letter', *Clio Medica* 8/1 (1973), 65.

<sup>14</sup> Clark's *The Modern Practice of Physic* (1805) was organized around Cullen's nosology: Claire E.J. Herrick, 'Clarke, Edward Goodman (d. 1811)' *Oxford DNB*.

<sup>15</sup> 'Lectures on the Diseases of Women and Children by George Fordyce' (1786), Royal College of Physicians, MS 150; 'Diseases of Women and Children in the Form of Lectures by Dr. Saunders' (1770), Royal College of Physicians, MS 528.

<sup>16</sup> In the 1789 edition Underwood cited Cullen in a section on scarlet fever. In the 1795 edition he additionally referred specifically to Cullen's nosology in a section on tetanus: Michael Underwood, *A treatise on the diseases of children, with directions for the management of infants from the birth* (2<sup>nd</sup> edn, London, 1789), 260; Michael Underwood, *A treatise on the disease of children, with general directions for the management of infants from the birth* (3<sup>rd</sup> edn, London, 1795), 201.

<sup>17</sup> William Moss, *An essay on the management and nursing of children in the earlier periods of infancy* ... (London, 1781), 222, 262.

disease categorisation familiar to practitioners in the second half of the eighteenth century. As such, it provides a valuable, though not infallible, framework for examining both the variety of diseases and conditions suffered by the children of the London Foundling Hospital, and the ways in which the Hospital's practitioners sought to describe and label these diseases.<sup>18</sup>

### *Sources and Methodology*

As discussed in the previous chapter, the Foundling Hospital was certainly not the only institution where children received medical treatment in eighteenth-century London. However, the richness of records kept by the Hospital, as well as its affiliation to several prominent medical practitioners interested in children's health, make it an instructive case study of medical efforts to confront and understand illness in children. Examination of the Foundling Hospital also reinforces the importance of the role institutions, even those which were not strictly medical, played in providing an additional space for medical practitioners to encounter children as patients and to gain experience with their diseases and disorders. To establish the scope and magnitude of medical conditions witnessed by practitioners at the Foundling Hospital, the Hospital's infirmary records have been examined for the period between 1761 and 1771, and then for the years 1777, 1787, and 1797 to create a database of 14 years.<sup>19</sup> These years were chosen partly as a means of highlighting the 1760s, the period in which the largest number of children were in the Hospital, and partly as part of an effort to explore any changes in terminology which may have occurred up to the end of the eighteenth century.

The extant bound infirmary books begin in 1761, though earlier, less complete records were kept by the matron and the chief nurse of the infirmary on loose sheets of

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<sup>18</sup> Though use of Cullen's *Synopsis nosologiae methodicae* gradually died out following his death in 1790, it was still considered popular enough to warrant translation into English in 1793, 1800 and 1823: Kendell, 'William Cullen's *Synopsis Nosologiae Methodicae*', 216.

<sup>19</sup> This exercise has involved examination of the Weekly Reports of the Sick in the Infirmaries, 31 Jan 1761 to 31 Dec 1797, LMA, A/FH/A/18/005/001 to A/FH/A/18/005/006.

paper.<sup>20</sup> These earlier reports provide an interesting contrast to the later infirmary records, particularly in relation to spelling and terminology.<sup>21</sup> For instance, the nurse or matron in charge of compiling the report from the Brill infirmary in 1759 noted ‘boyls all over and sickley’, where the infirmary reports from 1761 onwards would have noted a specific kind of eruption or skin condition. Prior to 1761, the General Committee also kept, in their minutes, sporadic records of the numbers of children suffering from specific conditions in the infirmary. These reports were submitted by one of the physicians of the Hospital, but did not list the names of the children, which makes it difficult to assess the actual number of cases. The inconsistent nature of these pre-1761 records was in part due to the ongoing organization of the Hospital’s multiple infirmaries.

Though the committees of the Hospital generally made reference to ‘the infirmary’, there were, in fact, several buildings used as infirmaries at different times. The first inoculation of Foundling Hospital children in 1744 took place at the Globe Tavern, though premises in Leather Lane, Holborn and Cold Bath Fields were later used for inoculation.<sup>22</sup> In 1752 the premises in Leather Lane were also used as a general infirmary. In 1756 the Foundling Hospital leased the Brill for use as an infirmary to accommodate the increased numbers expected during the General Reception.<sup>23</sup> The following year another building was rented at Battle Bridge for children with smallpox and the itch. In 1759 the Coach and Horses alehouse, just outside the gates of the hospital, was transformed into an infirmary. From the same year, a house at Powis Wells was used to house children with a variety of conditions affecting the head and eyes and,

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<sup>20</sup> The General Committee ordered in 1757 that such records be kept by the matron and the chief nurse. GCM, 14 Dec 1757, LMA, A/FH/A/03/002/005. A list of the sick children at the Battle Bridge infirmary was kept for several months in 1759, though for most children only the identifying numbers were listed and all of the children were noted as suffering from ‘the bracking out’: ‘A list of the sick children at B. Bridge’, LMA, A/FH/A/18/004/001/1-18. A separate register for children with the itch was also kept for 1768-1772 and 1798-1804: Register of children with itch, LMA, A/FH/A/18/002/01.

<sup>21</sup> ‘List of the sick at the Brill’, LMA, A/FH/A/18/004/002/1-29

<sup>22</sup> Ruth McClure, *Coram’s Children: The London Foundling Hospital in the Eighteenth Century* (New Haven, 1981), 207.

<sup>23</sup> ‘The Brill’ referred to a former pottery building near present day St. Pancras station: McClure, *Coram’s Children*, 206.

in the 1770s, the house was used to sequester children suffering from the itch. Until the early 1760s Battle Bridge and the Brill were used for children with infectious diseases, while the Coach and Horses served as a more general infirmary.<sup>24</sup> Eventually infirmaries were set up on the hospital grounds at the gate and lodge. The ‘infirmary’ referred to in this chapter was the Hospital’s main infirmary, usually referred to in Hospital records as ‘the infirmary’ as opposed to the more specific ‘Brill’ or ‘Battle Bridge’ infirmaries.

In 1756 the General Committee mandated,

that a Book be kept at the Infirmary in which shall be minuted the Name Number and Distemper of every Child sent thither, and of the Time of each Childs being sent in its Recovery or Death and that each Leaf of the said Book shall be signed by the Physician or Surgeon who attends such Children.<sup>25</sup>

The infirmary books from 1761 onwards did carry the name, number, and distemper of each child in the infirmary, but not the times of recovery or death, or the signatures of the physician and surgeon. These post-1761 reports were likely kept either by a Hospital clerk, or by Robert McClellan, the Hospital’s apothecary, which accounts for the difference in style and content from the earlier reports.<sup>26</sup> Whether the reports were kept by a clerk or the apothecary, the physicians and surgeons of the Hospital were required to attend the infirmary on a regular basis, and the reports likely reflected the input of the male medical staff of the Hospital which, for the period examined, included: William Cadogan, Charles Morton, Robert McClellan, William Watson, John Mayo, Christopher Stanger, ‘Mr. Bell’, Thomas Tomkyns, Lewis Way, and Thomas Ramsden.<sup>27</sup> Since not

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<sup>24</sup> McClure, *Coram’s Children*, 206.

<sup>25</sup> GCM, 27 Oct 1756, LMA, A/FH/A/03/002/004.

<sup>26</sup> The Hospital regulations stated that the Clerk of Reception of Children was to keep ‘the Account of the *House of Reception*, and of the *Infirmary*, in separate books’: *Regulations for managing the hospital for the maintenance and education of exposed and deserted young children* (London, 1759), 19. There is an argument, however, for McClellan being the recorder of the infirmary notes as opposed to the clerk, given the relatively stable appearance of the records over time. In 1795 the writing became more sprawling and less neat, which may have been an indication either of McClellan’s age or of the task being handed over to his apprentice Julian Mariner, who became apothecary when McClellan retired in 1797. The handwriting is also similar to that in McClellan’s study of the efficacy of Powis Wells water.

<sup>27</sup> The 1749 regulations of the Hospital stated that the apothecary and surgeon were to attend the infirmary daily, while the physicians were to visit weekly, ‘or oftener, if there be Occasion’. In contrast, the regulations published in 1757 stated that ‘the Physicians and Surgeons are desired to visit the Infirmary alternately; so that one Surgeon and Physician may attend every Day: and one surgeon is desired to attend

all of these practitioners published their thoughts on the diseases of children, it has been necessary for the purposes of this chapter to draw upon the published texts of authors such as William Buchan, Michael Underwood, George Armstrong, William Cadogan, William Moss, John Haygarth, and William Farrer to provide some context for how medical practitioners understood the conditions the Hospital's practitioners were confronted with. Though the focus for this chapter is on the Foundling Hospital infirmary, the writings of these authors provide clues as to how the Hospital's practitioners approached, defined, and differentiated between the conditions they witnessed in the infirmary.

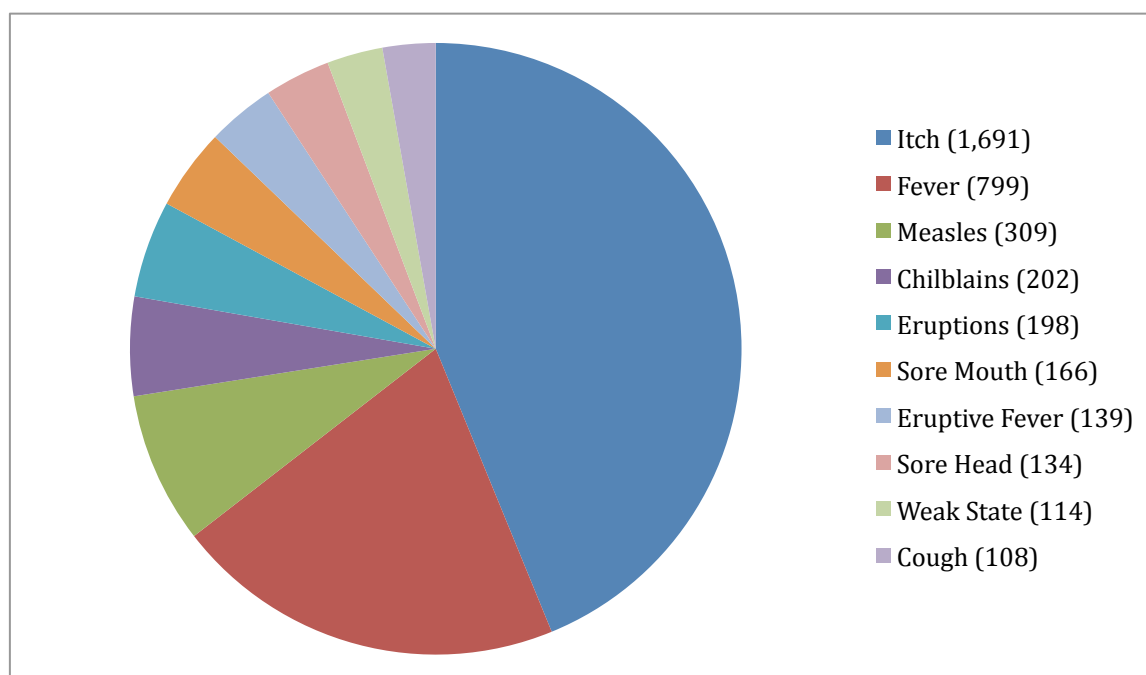
To determine the number of cases for each condition in the infirmary in the sample years, I counted each diagnostic label used (see Appendix 3). If the same child was listed as suffering from the same disease for several weeks, the label was counted once. If there was a gap of more than two weeks between the same diagnostic label, the label was counted twice. To preserve the descriptive nature of the labels, slight modifications in terminology were counted as separate labels, for example 'sore eyes' and 'disorder of the eyes' were counted separately, even if they appeared in the same child in successive weeks. Such alterations in terminology may have reflected the input of various practitioners, depending on the week in question. However, given that there were, at most, two physicians, one surgeon, and one apothecary attending the infirmary in a given week, aside from the female staff, it is just as likely that variations in the diagnostic labels reflected a desire to be as descriptive as possible. The progression between 'disorder of the eyes' and 'sore eyes' thus indicated more than the casual interchanging of similar terminology. Such a progression could reflect the diagnostic process itself and, as such, it was valuable to preserve such distinctions in the labels. In

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at the same Hour with the Physician, if possible': 'An account of the hospital...in which is the charter, act of parliament, by-laws and regulations of the said hospital (1749)' in *Narratives of the Poor in Eighteenth-Century Britain*, vol. iii, *Institutional Responses: The London Foundling Hospital* (facs. edn, London, 2006), 50; *Regulations for managing the hospital for the maintenance and education of exposed and deserted young children* (London, 1757), 28.

addition, combined labels such as ‘fever and cough’ were counted as unique as opposed to being listed under either the fever or the cough categories.<sup>28</sup> This exercise resulted in a database of 425 different diagnostic labels for the 14 year period examined. The majority of these labels were for conditions appearing in less than 10 cases, with 233 labels, or 55 percent of the total, occurring in one case alone. Only 10 conditions were listed as appearing in 100 or more cases (see Figures 1 and 2).<sup>29</sup>

**Figure 1: The ten most common conditions listed in the infirmary reports of the London Foundling Hospital.**

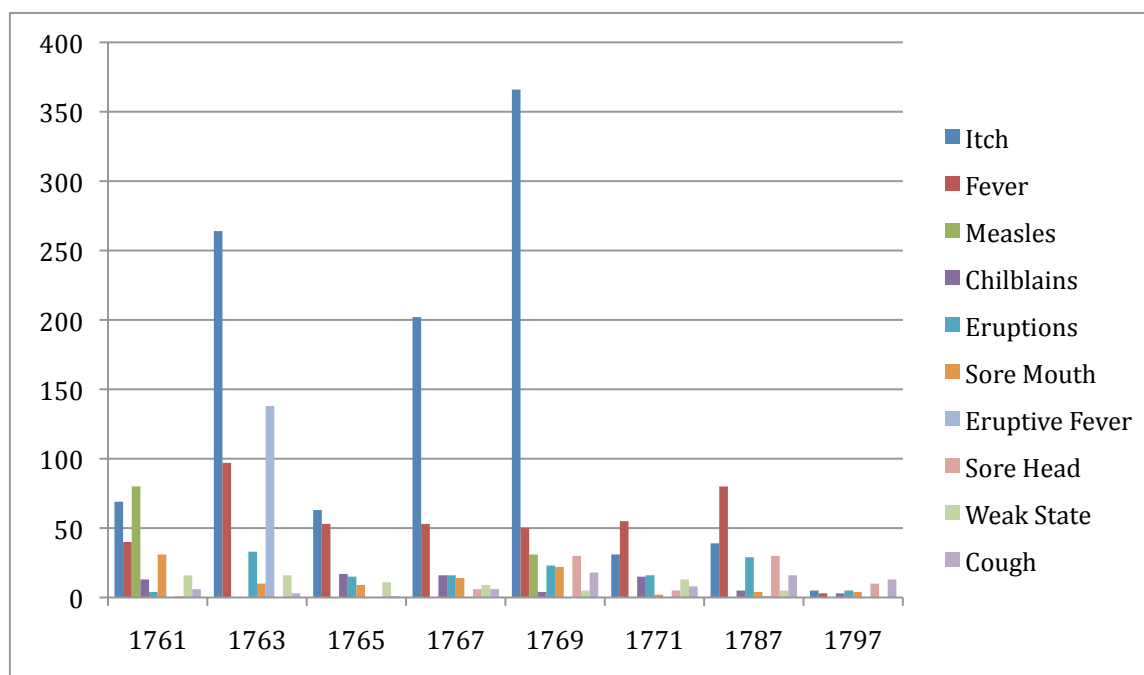


Source: Weekly Reports of the Sick in the Infirmarys (1761-1797), LMA, London, A/FH/A/18/005/001-A/FH/A/18/005/006. Total number of children involved in this sample: 2,660-3,068 (for further explanation of these numbers see page 178).

<sup>28</sup> Combined diagnosis was common in records of causes of death. As Mary Dobson notes, Dr. Richard Cliff’s diary kept at Tenterden in Kent between 1712/3 and 1740 listed a series of combined diagnoses for causes of death: Mary J. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge, 1997), 254.

<sup>29</sup> In addition, there were 146 cases listed as ‘state of recovery’ and a significant number of cases involving inoculation for smallpox. The inoculation numbers are difficult to quantify since they were not consistently recorded in each year and did not always make note of whether or not inoculations had been performed on Hospital grounds or in some outside location. The ‘state of recovery’ numbers have also been omitted since ‘recovery’ or ‘convalescence’ was not a condition per se, but rather a stage in between sickness and wellness. The ‘recovery’ cases were also not consistently recorded over the period examined.

**Figure 2: Incidence over time of the ten most common conditions in the Foundling Hospital infirmary**



Source: Weekly Reports of the Sick in the Infirmarys (1761-1797), LMA, London, A/FH/A/18/005/001-A/FH/A/18/005/006. Total number of children involved in this sample: 2,660-3,068 (for further explanation of these numbers see page 178).

In examining these 10 conditions as a representative sample of the whole, a few observations can be made about what this data reveals, and about the partially problematic nature of gleaning information from the infirmary reports. Firstly, some conditions, such as eruptive fever, clearly functioned as epidemic in the Hospital, with a peak of 138 cases in 1763, one case in 1787, and no other cases for the period examined. Thus, while eruptive fever was one of the most common conditions in the infirmary in terms of the number of cases, it was not constantly present in the infirmary over time, as was also the case with itch. Unfortunately, conditions which emerged as epidemics also caused lapses in record keeping. In 1768 there was an epidemic of measles in the Hospital and, rather than record the names of all of the children suffering from measles in each successive week, the infirmary staff merely made a note of the total number of measles cases. These numbers have not been included in the totals listed here since these

numbers included cases which likely overlapped for several weeks, thus inflating the totals.

An additional factor impacting on the number of cases for each condition was the tendency of the Hospital's administration to use sites other than the infirmary to care for certain conditions. In some years, and at certain times of the year, children with itch and children with chilblains were cared for outside the main infirmary, accounting for a dip in the number of those cases listed in the infirmary reports. This explains the wide variations in the incidence of itch cases from year to year. Low numbers of itch cases should thus not necessarily be assumed to relate to a low incidence of itch in the Hospital. A final point to bear in mind when examining data concerning the number of cases is that these numbers fluctuated according to the numbers of children in the institution. This accounts for the low numbers for all of the ten most common conditions in the years 1787 and 1797, when there were fewer children in the Hospital.

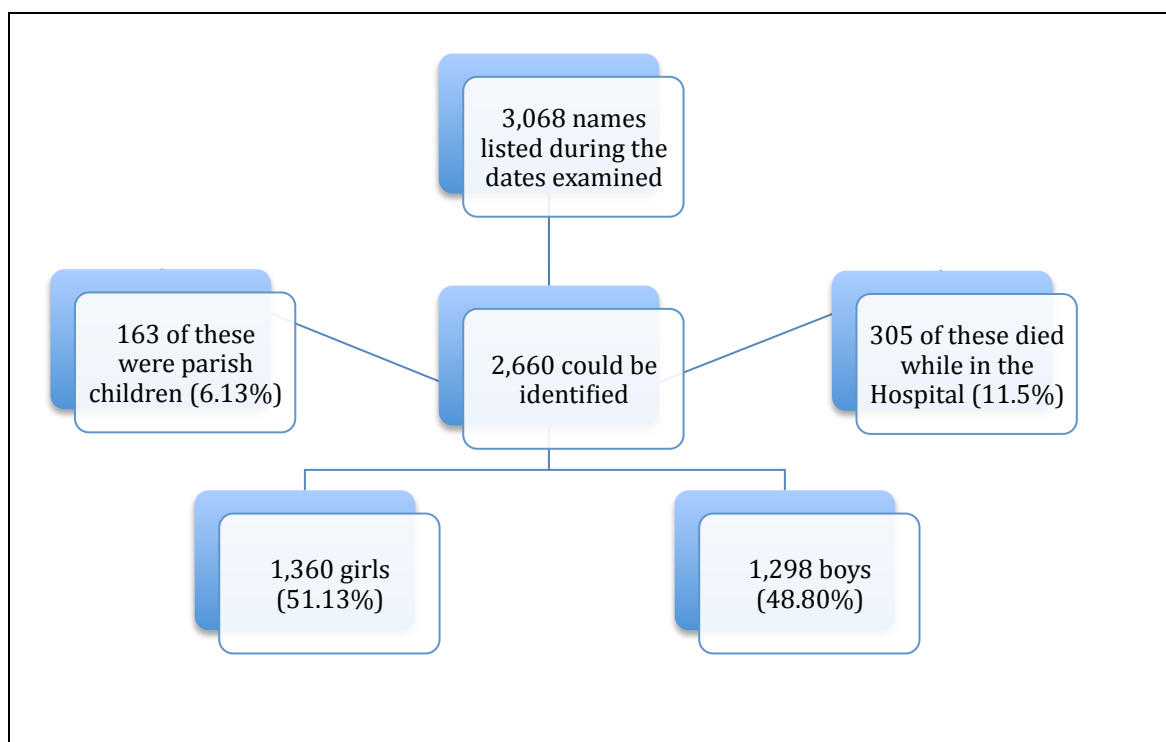
Though all of the above factors must be considered when examining the data contained in the Foundling Hospital infirmary reports, the value of the reports in providing a means to assess medical understandings of children in the eighteenth century is considerable. Firstly, the infirmary reports provide a rare glimpse into the spectrum of diseases seen as affecting mass numbers of poor children in the eighteenth century. Since children, at least those under the age of seven, were customarily denied admittance to general hospitals in this period, they seldom figure to any great extent in the comparable reports of other hospitals and institutions though, as discussed in Chapter Four, this does not suggest that children were entirely excluded from these institutions. Secondly, the numbers and types of cases witnessed by the medical practitioners of the Foundling Hospital provide a good indication of the types of conditions eighteenth-century practitioners who treated poor children would have confronted. This aspect of the reports, in particular, is crucial since, though practitioners treated children in private practice, the

reports of such treatments are often sporadic and scattered, and frequently reflect a tendency to report on rare conditions or successful treatments rather than ordinary ailments or failures to arrive at a cure. Thirdly, the information contained in the infirmary reports also highlights the importance of the Foundling Hospital and other such institutions in allowing practitioners to observe and profile diseases which affected children, and to gain experience with children as patients on a much greater scale than could usually be accomplished in private practice. Lastly, the reports allow for the examination of the diseases and conditions suffered by a group of children, most of whom lived into their adolescence, thereby balancing the historiographical emphasis on infant and child mortality to arrive at a sense of how children, particularly children beyond the age of weaning, experienced sickness, and how practitioners diagnosed and responded to their diseases and disorders. The use of the information from the infirmary reports, in conjunction with Cullen's nosology, serves all the above functions and, in addition, helps to recreate the diagnostic framework the Hospital's medical practitioners would have been familiar with, thus providing the appropriate context for considering medical perspectives on children's diseases in the eighteenth century (see Appendix 2).

As mentioned above, the numbers and ages of the children admitted to the infirmary for the period examined provide some context for the data related to the number of cases for each diagnostic label. Between 2,660 and 3,068 children passed through the Hospital's infirmary in the years examined, while approximately 17,000 children were admitted to the Hospital itself between the beginning of the General Reception period in 1756 and the end of the eighteenth century. The gap between 2,600 and 3,068 children resulted from the difficulties of identifying the children in the infirmary, since the infirmary reports usually only listed a child's name and condition. While 3,068 names were mentioned in the sample years, only 2,660 of these could be identified as individual children, by examining the infirmary reports in conjunction with

the General Registers, the General Committee Minutes, and the Apprenticeship Registers. For the remaining children, the Hospital's practice of re-using names made it impossible to determine whether a single name listed in different entries in the infirmary reports referred to one child or to many.

**Figure 3: Breakdown of children in the Foundling Hospital infirmary**



Source: General Registers of Children 1-4, LMA, A/FH/A/09/002/001-A/FH/A/09/002/005; Register of Parish Children, LMA, A/FH/A/09/003/001; Apprenticeship Registers (1751-1851), LMA, A/FH/A/12/003/001-A/FH/A/12/003/002

The magnitude of these numbers suggests that the infirmary was indeed a centre for disease within the Hospital as a result of the large numbers of children who passed through its doors, though the relatively low percentage of fatalities (11.5%) indicates that the infirmary was not necessarily a centre of mortality. Children who entered the infirmary usually survived their stay there. As noted above, when reflecting on these numbers, it is important to bear in mind that the infirmary was not the only area within the Hospital where sick children could be found. Children with minor conditions such as chilblains, for example, were often kept with the other children as opposed to being sent to the infirmary, where overcrowding was often an issue. Children undergoing inoculation for smallpox were also housed in a separate infirmary, and children with the

itch were frequently kept elsewhere as a means of limiting the transmission of the disease. These numbers also obviously do not take into account those children at nurse in the country, among whom rates of mortality would almost certainly be higher as a consequence of their ages. Thus while the infirmary reports provide an excellent means of assessing the spectrum of diseases within the Hospital, it should be remembered that they do not provide an exhaustive overview.

Just as the numbers of children in the infirmary shape the nature of the data available, so too do their ages. The children in the infirmary can be regarded as ‘children’ as opposed to infants or adolescents, a factor which had an impact on the types and numbers of conditions in the infirmary. Most of the children who were admitted to the infirmary had completed their time in the country and had been sent back to the central Hospital for a period of time before beginning their apprenticeship, or before being sent to one of the branch hospitals. Younger children and infants may have occasionally entered the infirmary. If infants were admitted to the Hospital but were too ill to be sent immediately to the nurse, they were kept in the infirmary or in the wet nurses’ ward. This was a relevant practice particularly during the General Reception period between 1756 and 1760 when the governors and administration lacked the ability to screen the children admitted to the same extent that they did so in previous and subsequent periods.

However, the absence of conditions such as watery gripes, thrush, and convulsions in the Hospital’s infirmary, as well as the lack of any mention of teething, suggests that the admittance of infants to the infirmary was likely limited. In addition, outside the General Reception period, the admittance of sick infants was limited by admissions policies which discouraged the acceptance into the Hospital of already sick children who might potentially infect the other children or die quickly, thereby inflating the mortality rates of the Hospital, an eventuality the administration was always eager to guard against. Thus, the children in the infirmary were commonly between the ages of four and five on one

hand, depending on when they were returned to the Hospital from their country nurses, and twelve and fourteen, on the other hand, depending on when they were apprenticed.<sup>30</sup> The children in the Foundling Hospital infirmary were thus predominantly children, as opposed to infants or young adults, though there were occasional exceptions.<sup>31</sup>

While the focus for this chapter is on sickness within the Foundling Hospital, the mortality rates of the Hospital's children were inextricably linked to morbidity within the institution, and should be mentioned briefly. Of the 305 children in the sample years who spent time in the infirmary in the years examined, and then died in the Hospital system, cause of death was listed as follows for 199, or 65%.<sup>32</sup>

**Table 2: Cause of death of those children who spent time in the infirmary and then died in the Hospital system, 1761-1771, 1777, 1787, 1797.**

Natural Smallpox/ Smallpox/ Smallpox by Inoculation	39
Fever	24
Measles	19
Eruptive Fever	16
Dysentery	12
A Consumption/Consumption	12
Mortification/Mortification after Natural Smallpox/General Mortification after Inoculation	11
Putrid Fever	8
Convulsions	7
Chin Cough/Whooping Cough	4
Suddenly	3
Fits	3
Emaciated/Emaciated after Measles	3
A Marasmus/Marasmus	3
'Water in the Brain'	2
Scarlet Fever	2
Nervous Fever	2
Eruptive Fever & Mortification	2

<sup>30</sup> The General Reception children were often apprenticed at younger ages than previous or subsequent children in the Hospital as a result of efforts to reduce costs as quickly as possible in the 1760s.

<sup>31</sup> It is clear that children younger than weaning age were housed in the Brill and Battle Bridge infirmaries, since a Subcommittee order of 1759 decreed that sucking horns be used to feed them, so as to avoid instances of nurses becoming infected with venereal disease from wet nursing infectious children: SCM, 24 Mar 1759, LMA, A/FH/A/03/005/003. Older children who remained in the Hospital for reasons of infirmity were also treated in the infirmary as well as nurses and servants of the Hospital who occasionally received medical treatment there. Some children who were serving apprenticeships were also returned to the infirmary for periods of time to receive treatment before being returned to a master, or given a new master.

<sup>32</sup> These children died in the main hospital, in the branch hospitals, or while convalescing in the country.

Diarrhoea	2
A Dropsy	2
A Cough, after Amputation of the Thigh, an Abscess, an Abscess of the Joints, an Apoplexy, Inflammation in the Lungs, Bloody Flux, Epileptic Fits, Evil, Fever & Diarrhea, Fever & Sore Throat, Flux & Fever, Imposthumation of the Lungs, King's Evil, Mortification in the Face, Mortification in the Foot, Purging, Putrid Fever & Mortification, 'Scrophular Disorder', Sore Mouth, Stone in the Bladder, Worm Fever, Worm Fever & Mortification	23 (1 case for each label)
TOTAL	199

Source: General Registers of Children 1-4, LMA, A/FH/A/09/002/001-A/FH/A/09/002/005.

The numbers above indicate that the conditions most prevalent in the infirmary, namely smallpox, fevers, and measles, were often those which were the most fatal. The mortality rates of the children in the Foundling Hospital fluctuated considerably over time and have been the source of discussion among several historians.<sup>33</sup> As Alysa Levene has determined, infant mortality in the Hospital approached 500-800 per 1,000 live births during the General Reception period, while a reduction in mortality followed thereafter, concurrent with a general lowering of mortality in London and in the nation as a whole.<sup>34</sup> As Levene argues, this pattern of high mortality during the General Reception was also repeated, on a smaller scale, in the mortality rates of the Hospital's children beyond infancy. She concludes that the Hospital itself did not significantly worsen the children's chances for survival over those of other infants and children in London though, as she suggests, it is another matter whether or not the policies and practices of the Hospital positively improved the health of the foundlings.<sup>35</sup>

The infirmary of the Hospital was a centre for disease since the Hospital housed large numbers of children who rotated through the institution at a rapid rate. At the same

<sup>33</sup> McClure, *Coram's Children*, 102-104, 261; Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford, 1988), 159-61; Alysa Levene, *Childcare, Health, and Mortality at the London Foundling Hospital, 1741-1800: 'Left to the mercy of the world'* (Manchester, 2007); Alysa Levene, 'The Mortality Penalty of Illegitimate Children: Foundlings and Poor Children in Eighteenth-Century England' in Alysa Levene, Thomas Nutt & Samantha Williams, eds. *Illegitimacy in Britain, 1700-1920* (Houndmills, 2005), 34-49.

<sup>34</sup> Levene, *Childcare, Health, and Mortality*, 56.

<sup>35</sup> Levene, *Childcare, Health, and Mortality*, 65.

time, however, the administration of the Hospital kept a close watch over the health of the children, since it was in the interest of the institution to preserve the lives and good health of its children, if at all possible. McClure suggests that the governors provided the Hospital's children with a higher standard of care than they provided to their own children, since no governor employed an apothecary for his own household, or benefited from the weekly visits of eminent physicians.<sup>36</sup> While it is true that this sort of arrangement would have been highly unlikely in a private home, the comparison does not suggest that the health of the Hospital's children was necessarily superior to the health of the middle and upper class children of the Hospital's governors, particularly since the Hospital's children often did not start life with the same health advantages. While the Foundling Hospital children likely benefited from a better level of care than they may have enjoyed had they not been admitted to the institution, the Hospital itself had a larger role to play. As Levene notes, where the Hospital was clearly instrumental was in its efforts to test childrearing and child health practices such as infant feeding and smallpox inoculation, and in maintaining close surveillance over the system of country nursing.<sup>37</sup> The success of such practices, as well as their close regulation by the Hospital's medical staff and administration, may have had a positive effect on the mortality rates of the Hospital's infants and children but, in many respects, was most important in demonstrating the efficacy of such practices to the public, particularly since the Hospital itself was such a highly visible institution. The Foundling Hospital was thus an important site for the formulation and implementation of procedures to improve the health of children. As will be discussed in the remainder of this chapter, the institution also played a vital role in providing a space for practitioners to confront disease in children, and to formulate their own opinions and understandings of children's bodies and children's

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<sup>36</sup> Ruth McClure, 'Pediatric Practice at the London Foundling Hospital', *Studies in Eighteenth-Century Culture* 10 (1981), 361.

<sup>37</sup> Levene, *Childcare, Health and Mortality*, 168, 200-202.

health. In encountering and describing the diseases and disorders affecting the children in the infirmary, the Foundling Hospital's medical staff were ideally placed to gain knowledge of children's health.

### *Pyrexiae or Febrile Diseases*

Cullen defined pyrexiae, or febrile diseases, as those which were characterised by cold shivering followed by an increase of heat, an increased frequency of pulse, and some diminution of strength.<sup>38</sup> The medical practitioners of the Foundling Hospital identified a wide variety of conditions in the Hospital's children which corresponded to those conditions listed by Cullen under the class of pyrexiae, including: fevers, agues, inflammation, abscesses, gangrene, mortification, ophthalmia, rheumatism, erysipelas, St. Antony's Fire, smallpox, chicken pox, measles, eruptive fever, scarlet fever, vertigo, consumption, consumptive, catarrh, and dysentery.

#### i) Fevers

Fever in particular was one of the more common conditions suffered by the Hospital's children and a wide variety of fevers were identified by the Hospital's medical staff. The descriptive nature of the labels was particularly important in these cases since the naming process was crucial in understanding forms of fever. The diagnostic labels associated with fever, used by the infirmary staff, included: 'eruptive fever', 'morbillious fever', 'intermittent fever', 'scarlet fever', 'slow fever', 'putrid fever', 'nervous fever', 'worm fever', 'rheumatic fever', 'perineumonic fever', 'hectic fever', 'fever symptomatic of a tumour about the head of the thigh bone', and 'ague'. Diagnostic labels were also created by combining fever with other conditions such as: chin cough, cough, sore throat, sore mouth, ulcerated sore throat, abscesses, rashes, smallpox, and eruptions. During the years examined, there were 799 cases described simply as 'fever' as well as

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<sup>38</sup> William Cullen, *Nosology: or, a systematic arrangement of diseases, by classes, orders, genera, and species; with the distinguishing characters of each, and outlines of the systems of Sauvages, Linnaeus, Vogel, Sagar, and Macbride* (Edinburgh, 1800), 23.

an additional 25 described as ‘feverish’ or ‘feverish complaint’.<sup>39</sup> When combined, all diagnostic labels with the word ‘fever’ or ‘ague’ in the title amounted to 1,186 cases, still short of the 1,691 cases listed for ‘itch’ but it is likely that other conditions listed under other labels also featured fevers.

The delineation of different types of fever by the Foundling Hospital’s medical practitioners reflected not only Cullen, who noted that there were multiple genera and species contained under the common order of fever, but also the opinions of other authors such as William Buchan, who differentiated between intermittent, remittent, and continued fever.<sup>40</sup> Fevers were a common source of inquiry for seventeenth and eighteenth-century practitioners, in part because they played such a dominant role in epidemics and general mortality, contributing to ‘some of the worst regional mortality crises of the early modern period’.<sup>41</sup> The fever epidemics which frequently recurred in south-east England in the seventeenth and eighteenth centuries were akin to typhoid, dysentery, or viral enteric fevers.<sup>42</sup> Such conditions were bred by overcrowding, poverty, and poor hygiene, and became epidemic during periods of military or subsistence crisis, though famine-related conditions like typhus were less common in the south-east. Many of these fever epidemics, as well as other forms of fever, contributed to the morbidity and mortality of children, and fevers were a common topic of discussion among medical practitioners who published texts on children’s health.

The efforts of the Foundling Hospital staff to properly diagnose forms of fever were tied to therapeutic regimens which depended on accurately identifying the type or

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<sup>39</sup> Mary Dobson has noted the extent to which descriptions of fever and ague varied considerably and the richness of diagnostic labels in parish records, diaries and other sources from Essex, Kent and Sussex for the seventeenth and eighteenth century: Dobson, *Contours of Death and Disease*, 240.

<sup>40</sup> William Cullen, *First lines of the practice of physic, for the use of students in the University of Edinburgh*, vol. i: (London, 1777), 9; William Buchan, *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicines* (London, 1772), 174.

<sup>41</sup> Dobson, *Contours of Death and Disease*, 459. Several historians have discussed the importance of fevers to eighteenth-century medical debates: W.F Bynum and V. Nutton, eds. *Theories of Fever from Antiquity to the Enlightenment*, Medical History Supplement No. 1 (London, 1981); Ulrich Tröhler, ‘To Improve the Evidence of Medicine’: *The 18<sup>th</sup> Century British Origins of a Critical Approach* (Edinburgh, 2000), 22-57.

<sup>42</sup> Dobson, *Contours of Death and Disease*, 461.

stage of fever. Certain forms of fever were thought to affect children in particular.

Michael Underwood argued that infants were less susceptible than adults to fevers, though young children were liable to fevers as a result of teething, foul bowels, worms, or ‘some eruptive and very contagious complaint’.<sup>43</sup> Hectic fever in particular was thought to be dangerous in children. George Armstrong noted in 1783 that almost all of the children brought to the Dispensary for the Infant Poor were subject to hectic fever and, significantly, that the condition frequently provided the impetus for parents to seek medical attention for their children.<sup>44</sup> Following from Harris, Armstrong recommended that gentle purges be employed to treat hectic fever in children, as long as such purges were adapted to the age, strength, and constitution of the infant or child, another indication of why the Foundling Hospital practitioners sought to be as descriptive as possible in their labelling of fevers.<sup>45</sup> Since treating fevers involved attention to so many variables, it is not surprising that diagnosing fevers involved a similarly complicated consideration of factors.

## ii) Inflammation or Phlegmasiae

Just as the Foundling Hospital’s medical staff made efforts to identify specific types of fevers, they also differentiated between types of inflammation, often in relation to a specific body part, or in relation to the appearance of the inflammation itself. The infirmary dealt with cases of inflammation of the eyes, hand, and arm, as well as ‘inflammatory eruptions’, ‘inflamed eruptions’, ‘inflamed eye’, ‘inflamed eye and fever’, ‘inflamed cheek’ and, lastly, ‘inflammation and excoriation of the pudenda’. Of inflammation, Cullen noted,

when any part upon the surface of the body is affected with unusual redness, heat, pain, and tumour, we name the disease an Inflammation or Phlegmasia. These

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<sup>43</sup> Underwood, *A treatise on the diseases of children...* (London, 1784), 106.

<sup>44</sup> George Armstrong, *An account of the diseases most incident to children...* (4<sup>th</sup> edn. London, 1783), 182.

<sup>45</sup> Armstrong, *An account of the diseases most incident to children* (1783), 84.

symptoms of inflammation are never considerable, without the whole system being, at the same time, affected with pyrexia.<sup>46</sup>

Cullen attributed the cause of inflammation to ‘an increased impetus of the blood in the vessels of the part affected’, suggesting that inflammation was categorised according to its specific location in the body and, as such, was a category already highly suited to the descriptive approach used by the Foundling Hospital medical staff. This descriptive approach was also applied to abscesses, included by Cullen under the order of inflammation. Abscesses in the Foundling Hospital were identified by the medical staff as: ‘abscess/es’, abscesses ‘over the eye’, ‘near the eye’, ‘of the axillary gland’, ‘of the shoulder’, ‘of the side’, ‘of the finger’, ‘of the hip’, ‘of the thigh’, ‘of the loins’, ‘about the joint’, ‘of the lungs’, and lastly, ‘lumbar abscess’. While the tendency of the Hospital’s practitioners was simply to note ‘abscess’ or ‘abscesses’, the use of more specific labels suggests that they were also eager to differentiate, if possible, between abscesses on different parts of the body.

For the years examined, there was only one case of gangrene, though the term ‘mortification’ was used in several disease labels and may, in some cases, have referred to gangrene. However, ‘mortification’ was also used to denote a state of near-fatal torpor or unconsciousness.<sup>47</sup> This form of mortification was often fatal to the Hospital’s children.<sup>48</sup> In February 1761 Mark Bridges was admitted to the infirmary with mortification and died a few days later from ‘a mortification in his face’. In other cases mortification could be the fatal end to a series of conditions which kept a child in the infirmary for months at a time. In 1763 Mary Grant spent four months in the infirmary with smallpox, fever, itch, and dysentery, eventually dying of mortification. William

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<sup>46</sup> Cullen, *First lines* (1777), 178.

<sup>47</sup> McClure, *Coram’s Children*, 209. This usage of the term mortification was adopted by Buchan, who referred to a ‘universal mortification’ in a child following a case of smallpox: Buchan, *Domestic medicine*, 301-302.

<sup>48</sup> Of the five cases of mortification, Mark Bridges in 1761, Mary Grant in 1763, Catherine Swanford in 1764, Robert Woodcock in 1767, and William Turner in 1777, all were listed as dying in the Hospital. Four were listed as dying from mortification while Robert Woodcock died of fever.

Buchan differentiated between gangrene and mortification, though he suggested that both could be outcomes of severe erysipelas.<sup>49</sup> Clearly the two terms were considered to be similar, though not necessarily synonymous, which accounts for the use of both in the Hospital's infirmary reports.

Also included under the order of inflammations was ophthalmia, which proved to be a particular problem among the Foundling Hospital children. Eye conditions, in particular, resulted in a wide variety of diagnostic labels, reflecting a desire on the part of the Hospital's practitioners to distinguish between minor aggravations and more serious conditions, which might threaten the loss of sight, thereby impacting on the child's chances of being able to serve an apprenticeship. In the period examined, there were 12 cases of either 'ophthalmies' or 'ophthalmy'. Eye conditions were also identified as: 'sore eyes', 'inflamed eyes', 'inflammation of the eyes', 'weak eyes', 'disorder of the eyes', 'disease of the eyes', 'imposthume under the eye', 'bruised eye', 'cataracts', 'blindness', 'blindness from inflammation', and 'fistula lachrymalis', though dimness of sight, depraved vision, and loss of vision were included by Cullen under the order of locales, and will be discussed later in this chapter.

Several of the eye complaints among the Hospital's children are said to have resulted in part from a deficiency of vitamin A, but they were also a side effect of other conditions, such as smallpox, which had the potential to cause blindness.<sup>50</sup> Congenital venereal infections, measles, scarlatina, and scarlet fever also exposed the children to a variety of potentially damaging eye conditions.<sup>51</sup> Though medical treatment for blindness was obviously limited, treatment of other eye conditions provided a point of interest for practitioners who dealt with children as patients. In early infancy, the eyes were

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<sup>49</sup> Buchan, *Domestic medicine*, 316.

<sup>50</sup> McClure, *Coram's Children*, 204, 210; Helen Corlett, "'No Small Uncertainty': Eye Treatments in Eighteenth Century England and France", *Medical History* 42 (1998), 220. George Armstrong argued that 'lippitudo', or 'blearedness of the eyes', often appeared in children following a bout of smallpox: Armstrong, *Account of the diseases most incident to children* (1783), 109.

<sup>51</sup> Corlett, 'No Small Uncertainty', 220; Underwood argued most serious ophthalmias originated from a 'venereal taint': Underwood, *A treatise on the diseases of children* (1784), 166.

traditionally considered to be particularly weak and vulnerable, a belief which had encouraged practitioners to advocate dark birthing rooms, or to suggest that nurses take particular care not to expose the infant to too much light.<sup>52</sup> In addition, practitioners generally made a distinction between the eye conditions of early infancy, which they observed would often disappear without medical intervention, and those of childhood, which required more involved treatment.<sup>53</sup> The ability of the Hospital's practitioners to view the eye conditions of several children over a long period of time, thus provided an excellent environment for practitioners interested in investigating and differentiating between the varying eye conditions suffered by children.

The efforts of the Hospital's practitioners to label eye conditions accurately resulted in a few notable shifts in terminology. 'Sore eyes' was a common condition among the Hospital's children, with 43 cases listed for the period examined. Interestingly, the incidence of sore eyes remained constant, but relatively low, in the 1760s when high numbers of children were passing through the Hospital. The highest incidence of sore eyes for the years examined came in 1777 and 1787 when there were 10 and 11 cases respectively. This unusual distribution in the reports suggests either that children with sore eyes were not admitted to the infirmary during the 1760s, or that the condition was included under another label for that period. Throughout the 1760s, the label 'inflamed eyes' was more common, indicating that it may have been used in preference to 'sore eyes'. These shifts in labelling, as well as the variety of labels associated with eye conditions, demonstrate how the Hospital's practitioners grappled

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<sup>52</sup> Such advice was common in sixteenth and seventeenth-century texts on the health of infants and children such as Phaer's and Roesslin's. Henry Bracken repeated this view in 1737: Henry Bracken, *The midwife's companion*, 209. Cadogan, Moss and other practitioners placed greater emphasis on exposing the infant to air and light, though Moss was careful to suggest that infants required warmth & quiet above all else: William Cadogan, *An essay upon nursing, and the management of children, from their birth to three years of age* (London, 1748), 9; William Moss, *An essay on the management and nursing of children...* (London, 1781), 53.

<sup>53</sup> Both Moss and Underwood noted that infants were susceptible to 'sore eyes', 'gummed up' eyes or inflammation of the eyes shortly after birth, but that the condition would likely disappear with little or no medical intervention: Moss, *An essay on the management and nursing of children* (1781), 141; Underwood, *A treatise on the diseases of children* (1784), 164.

with identification and diagnosis. In seeking to be as specific as possible when assigning a label, they were attempting to build upon and expand their knowledge of children's health. These vagaries in labelling were thus not insignificant; they were part of a larger process of establishing a medical understanding of children's health.

Though neither 'cynanche malinga' nor 'cynanche trachealis', terms used by Cullen under the order of inflammations, were listed by name among the Foundling Hospital children, there were several cases featuring throat conditions, including 'sore throat', 'sore throat & c.', 'disorder of the throat', 'hoarseness', and 'ulcerated sore throat'. Both John Fothergill and John Huxham argued that the ulcerous sore throat was particularly common and fatal to children, though Fothergill felt it should be differentiated from inflammation of the tonsils or the common sore throat.<sup>54</sup> This differentiation was followed in the Foundling Hospital infirmary where cases of ulcerated sore throat were listed separately from cases of sore throat.

Just as 'cynanche malinga' and 'cynanche trachealis' did not appear by name in the infirmary reports, so gastritis, enteritis, hepatitis, and nephritis, the local forms of inflammation, of the stomach, intestines, liver, and kidneys, respectively, were not listed by name in the Foundling Hospital infirmary reports. The staff of the infirmary did, however, identify a variety of conditions affecting those organs. The Hospital's practitioners treated several stomach conditions, most notably, 'hard belly' and 'largeness of the belly'. Hard belly in particular was a common ailment, with 20 cases for the period examined, and was often perceived, in the case of children, to be related to rickets, or to scrofula.<sup>55</sup> A swollen abdomen could also have been a sign of dropsy,

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<sup>54</sup> John Fothergill, *An account of the sore throat attended with ulcers; a disease which hath of late years appeared in this city, and the parts adjacent* (London, 1748), 40; John Huxham, *A dissertation on the malignant, ulcerous sore-throat* (London, 1757), 2.

<sup>55</sup> Drummond & Wilbraham argue that the early emphasis on the role of the liver in rickets arose from observing the distended abdomen in severe cases of rickets: J.C Drummond and Anne Wilbraham, *The Englishman's Food: A History of Five Centuries of English Diet* (rev. edn., London, 1991), 160; Underwood, *A treatise on the diseases of children* (1784), 142; William Cadogan, *A dissertation on the*

though the Hospital's practitioners were quite familiar with dropsy, and the terms 'dropsy' or 'dropsical' were used in the infirmary reports.

Following from Harris, the health of the stomach was considered by most practitioners to be crucial to the health of infants and children. This belief was used to justify regular programmes of purging as a preventative measure against blockages and build-ups, which were perceived to create ill health in children. Buchan justified the practice of inducing gentle vomits in children by noting, 'every thing that the stomach cannot digest may be considered as a poison; and unless it can be thrown up, or voided by stool, it must occasion sickness, gripes, spasmodic affections. . . and at last convulsions and death'.<sup>56</sup> Buchan's comments reflected contemporary medical understandings of the importance of the stomach to the child's well-being, but also pointed to a possible reason why few stomach conditions were identified by name in the Foundling Hospital infirmary reports. Since the health of the stomach was crucial to the child's entire system, ailments appearing to originate in the stomach were identified with a variety of other conditions, like rickets or scrofula, as opposed to being confined to identification with the stomach itself.

The last two conditions under the order of inflammations were rheumatism and gout. The medical staff of the Foundling Hospital identified six cases of rheumatism for the period examined, all of which occurred between 1777 and 1797. These cases may, in fact, have been rheumatic fever since, in the late eighteenth century, rheumatic fever was generally subsumed under the category of rheumatism.<sup>57</sup> It is significant, however, that the infirmary records listed the six cases of rheumatism separately from the one case of

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*gout, and all chronic diseases, jointly considered, as proceeding from the same causes...* (London, 1771), 43.

<sup>56</sup> Buchan, *Domestic medicine*, 670.

<sup>57</sup> It is likely that there was a biological shift in rheumatic fever by the beginning of the nineteenth century since nineteenth-century rheumatic fever included chorea and cardiac damage while these effects were limited in eighteenth-century rheumatic fever. When rheumatic fever was discussed in the eighteenth century, it was usually in conjunction with acute rheumatism as defined by Sydenham and Cullen: Peter C. English, *Rheumatic Fever in America and Britain: A Biological, Epidemiological and Medical History* (New Brunswick, 1999), 4.

rheumatic fever. Gout was not usually associated with children in this period and, as such, it was not identified among the Foundling Hospital children by the medical staff.<sup>58</sup>

### iii) Exanthemata or Eruptive Fevers

Of the order of exanthemata, Cullen wrote,

the diseases comprehended under this title, which make the third order of Pyrexiae in our Nosology, are generally such as do not arise but upon occasion of a specific contagion applied, which first produces fever, and then an eruption upon the surface of the body; and, in respect of both, a disease, which, for the most part, affects persons but once in the course of their lives.<sup>59</sup>

The order included: erysipelas, St. Anthony's fire, plague, smallpox, chicken-pox, measles, scarlet fever, miliary fever, urticaria, pemphigus, and aphtha. The infirmary reports of the Foundling Hospital identified five cases of erysipelas, and another two of 'erysipelatous eruptions'. Four of the five cases of erysipelas were clustered in October of 1769, suggesting that the Hospital's practitioners may have been aware of the contagious nature of the condition. James Sims, physician to the General and Surrey dispensaries, noted that erysipelas recurred on a yearly basis in England and could cause life-long stiffness and swelling of the hands, a fact which contributed to the seriousness with which the Hospital viewed erysipelas and its side effects, since any condition affecting the hands would have had an impact on the possibility of apprenticing the child.<sup>60</sup>

Though Cullen grouped erysipelas and St. Anthony's fire together, the Foundling Hospital staff differentiated between the two, identifying four cases as St. Anthony's fire for the period examined. Erysipelas, ergotism, and St. Anthony's fire were often conflated, though the gangrenous form of ergotism was commonly known as St.

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<sup>58</sup> Cadogan noted of gout, 'if it were hereditary, it would appear in infancy and in women, which in general it does not': Cadogan, *A dissertation on the gout*, 8.

<sup>59</sup> Cullen, *First lines* (1779), 1.

<sup>60</sup> James Sims, *Observations on epidemic disorders with remarks on nervous and malignant fevers* (London, 1773), 58.

Anthony's fire, so as to distinguish from the convulsive form.<sup>61</sup> It is thus significant that the Hospital's practitioners distinguished between erysipelas, 'erysipelatous eruptions', and St. Anthony's fire. While this appears, on the surface, to be a case of medical practitioners using multiple labels for the same condition, what was actually occurring was an attempt to understand the different stages of a condition, and to be as specific as possible in describing what they were seeing in the child patients under their care.

In addition to erysipelatous eruptions, the practitioners of the Foundling Hospital also identified chicken-pox and 'swine-pox', as well as numerous cases of smallpox. Chicken pox was relatively common in the Foundling Hospital, and there were 68 cases for the period examined, with a single case of 'swine-pox' in 1769. There were also significant outbreaks of chicken pox in the Hospital in July 1762, and December 1797. Swine-pox was considered to be a variety of chicken-pox but was 'vulgarly termed "the hives"' and may, therefore, have referred to chicken pox, hives or a variety of other conditions.<sup>62</sup> In comparison with smallpox, chicken-pox was considered by practitioners to be a mild condition. William Moss suggested that nothing be done by the practitioner during a case of chicken-pox, though a dose of physic might be appropriate following a bout of the disease.<sup>63</sup> In this case, the mildness of the condition determined the form of treatment, or the lack thereof. Chicken-pox was also considered by several practitioners to be a condition confined almost entirely to children and, like smallpox, was believed to affect most children in the normal course of childhood.<sup>64</sup> Thus, while chicken-pox presented the Hospital's practitioners with an influx of sick children into the infirmary, the condition was relatively well-known, and was considered to present minimal danger to the children.

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<sup>61</sup> Ergotism was also confused with plague, leprosy, anthrax, typhus, smallpox and scurvy: John S. Haller, Jr, 'Ergotism', *CWHHD*, 718.

<sup>62</sup> Spencer Thomson, *A Dictionary of Domestic Medicine and Household Surgery* (29<sup>th</sup> edn. London, 1897), 586.

<sup>63</sup> Moss, *An essay* (1781), 213.

<sup>64</sup> Henry Bracken, *The midwife's companion; or, a treatise of midwifery...* (London, 1737), 292.

Significantly, while recommendations for the treatment of chicken-pox emphasized that little could or should be done medically during the disease, smallpox was the subject of virulent debate from 1721 onwards concerning the benefits of medical intervention as a result of developments in inoculation and then vaccination.<sup>65</sup> Interestingly, smallpox was not evident in large numbers in the Foundling Hospital infirmary, compared to the numbers of Foundling Hospital children who were recorded in other reports as having contracted the disease, either naturally or as a result of inoculation. A significant number of Foundling Hospital children suffered smallpox while at nurse, and others contracted the disease while in the branch hospitals, explaining, in part, why the condition was under-reported in the infirmary records. In addition, since smallpox was considered to be highly contagious, children with the disease, or children recuperating from inoculation, were often confined to other infirmaries run by the Hospital, and thus they escaped notation in the house infirmary records. From 1748 the Hospital's children were inoculated outside the infirmary and from the early 1760s a house was set up in Cold Bath Fields specifically for the purpose of performing inoculations though, significantly, this arrangement did not always prevent the spread of smallpox within the Hospital.<sup>66</sup> Since inoculations were not performed in the infirmary, information on the numbers of children inoculated was recorded periodically in the infirmary records rather than on a weekly basis, as was done for other conditions.

Significantly, smallpox, measles and whooping cough were the three conditions singled out by the Hospital for particular consideration in the General Registers.<sup>67</sup> It is

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<sup>65</sup> For further discussion of the developments of inoculation and vaccination and the accompanying debates about smallpox see Chapter Six.

<sup>66</sup> GCM, 15 Jun 1748, LMA, A/FH/A/03/002/002. The Hospital's administration continued to complain of the tendency for children returning from the inoculating house to spread smallpox within the Hospital: GCM, 15 Jun 1763, LMA, A/FH/A/03/002/007.

<sup>67</sup> General Registers for the eighteenth century run from: General Register of Children 1, LMA, A/FH/A/09/002/001 (1741-1757) to General Register of Children 5, LMA, A/FH/A/09/002/005 (1778-1880). As a barometer of the incidence of whooping cough, smallpox and measles the General Register is

likely that the effort to record these particular conditions was made with apprenticeship in mind. A master might not wish to accept a child as an apprentice if he or she had not previously suffered from certain infectious diseases. From 1760, a further step was taken to ensure that masters were aware of their apprentices' medical history when the General Committee mandated that the Bibles given to each child upon apprenticeship contain an inscription noting whether or not the child had contracted smallpox.<sup>68</sup> Just as the Hospital's administration wished to know whether the child had previously had smallpox, so too did the practitioners charged with performing inoculation, since it was necessary to determine whether inoculation had been effective. As a consequence, the staff of the Hospital's infirmary were careful to differentiate between natural smallpox and smallpox acquired through inoculation. For this reason, instead of merely noting 'smallpox', they often used labels such as 'inoculated and had not disease. Sickened with natural smallpox a short time after', or 'natural smallpox two days after inoculation'. In addition, where data was kept in the infirmary reports on the numbers of children inoculated, notations were made regarding whether or not inoculation had been successful, and occasionally whether or not the child displayed mild or severe symptoms of smallpox after being inoculated.

The high profile of smallpox in England over the entire eighteenth century ensured that the practitioners of the Foundling Hospital were well-acquainted with the condition, and were usually easily able to diagnose it. There were, for example, no cases noted as 'suspected smallpox', as was the case with venereal disease. Developments in inoculation, and later vaccination for smallpox, ensured that the disease remained prominent in discussions of children's health over the course of the century, and interest

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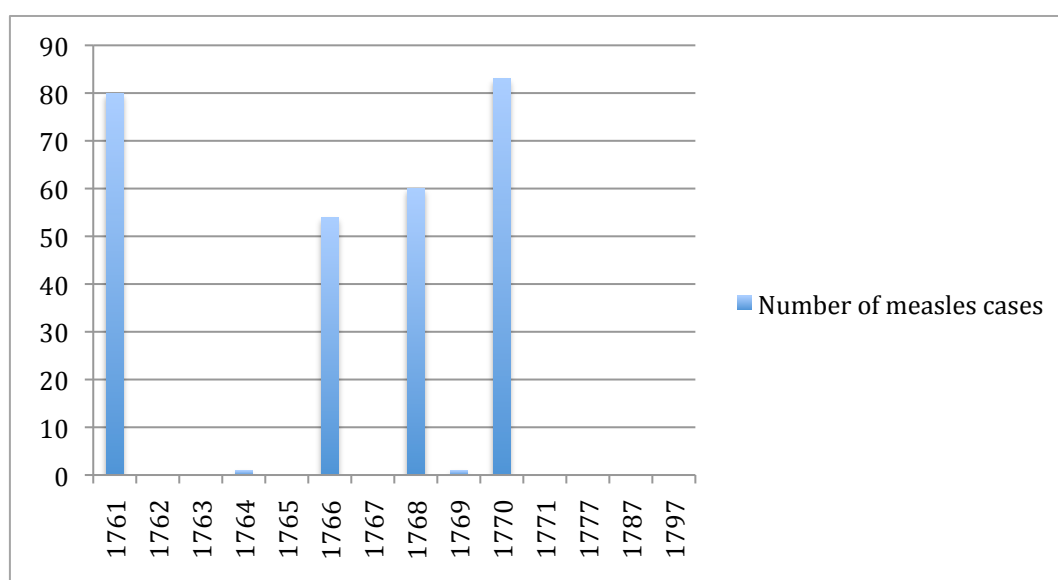
somewhat faulty since the governors frequently complained in committee minutes that the inspectors were not diligent in returning these statistics to the Hospital with each child. There was also an order made in 1760 that the bodies of the children be examined in addition to the notes from the inspectors, indicating that the governors felt the inspectors were either negligent, or not entirely trustworthy in this respect. GCM, 15 Oct 1760, LMA, A/FH/A/03/002/007.

<sup>68</sup> GCM, 2 Jul 1760, LMA, A/FH/A/03/002/006.

in these new methods of prevention considerably increased the number of encounters between medical practitioners and children. As will be discussed in the following chapter, institutions like the Foundling Hospital played a major role in combating smallpox, encouraging the practice of inoculation, and providing practitioners with the opportunity to initiate trials and test new methods for treating the disease.

Cases of measles in the Foundling Hospital tended to fluctuate widely according to year, suggesting that measles, like eruptive fever, functioned as epidemic within the Hospital.

**Figure 4: Incidence of measles in the Foundling Hospital infirmary**



Source: Weekly Reports of the Sick in the Infirmarys (1761-1797), LMA, London, A/FH/A/18/005/001-A/FH/A/18/005/006. Total number of children involved in this sample: 2,660-3,068 (for further explanation of these numbers see page 178).

Measles predominantly affected children before the age of five, with fatality unlikely after the age of three.<sup>69</sup> Between infancy and the age of four or five, the Hospital's children were away from the institution, a factor which had an impact on the total number of measles cases within the Hospital. It is clear from the General Registers that measles were quite common among the Hospital's children who were residing with nurses in the country, and many of these children returned to the main Hospital or the

<sup>69</sup> Alan Dyer, 'Epidemics of Measles in a Seventeenth-Century English Town', *Local Population Studies* 34 (1985), 39.

branch hospitals with immunity to the disease, another factor impacting on the number of measles cases present in the infirmary. The continual influx of children into the Hospital, however, provoked several outbreaks of measles. In total there were 309 cases of measles in the period examined, with a peak of 83 cases in 1770. Added to these were three cases of ‘measles and cough’, and a further 13 cases of ‘measles and ulcerated sore throat’, amounting to a total number of 99 measles-related cases for 1770. As a result of the epidemic nature of measles in the Foundling Hospital, for eight of the 14 years examined, there were no cases of measles identified in the infirmary.

In addition to periodic outbreaks of measles, the practitioners of the Foundling Hospital faced various outbreaks of eruptive fevers. It is difficult, however, to determine in what respect the practitioners in the Hospital differentiated between scarlet fever and eruptive fever since both labels were used. As previously mentioned, there was an outbreak of eruptive fever at the Hospital in 1763 resulting in 138 cases. At least 15 of these children died in this outbreak. It is likely that this epidemic of eruptive fever was actually scarlet fever or scarlatina.<sup>70</sup> There was no mention of eruptive fever in the infirmary records for any other year examined, except for 1787 when there was one case. In September 1787 there was an outbreak of ‘scarlet fever and sore throat’, resulting in 81 cases. It is possible that there was an increased preference for the term ‘scarlet fever’ over ‘eruptive fever’, likely as the result of an effort to be more specific in determining the types of fever the Hospital’s children were suffering from. The one child who had eruptive fever in 1787 appeared in the infirmary several months before the scarlet fever outbreak and her case was listed as ‘d. eruptive’ (ditto eruptive) underneath a case listed as ‘fever’. In this instance ‘eruptive’ might have been used as a convenient way to differentiate from a regular or indeterminate case of fever, and thus should not necessarily be seen as a barrier in the shift towards the use of ‘scarlet fever’ in preference

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<sup>70</sup> McClure, ‘Pediatric Practice at the London Foundling Hospital’, 362.

to ‘eruptive fever’. The presence of scarlet fever in the Hospital was limited by the tendency of the disease to primarily affect children between the ages of one and five. At these ages most of the Hospital’s children were with country nurses, though many could have carried the streptococcal infection which caused scarlet fever back to the Hospital, thereby causing the proliferation of not only scarlet fever, but of other streptococcal infections such as sore throat, erysipelas, and rheumatic fever.<sup>71</sup> The scarlet fever common in this period was relatively mild, but was replaced by a more virulent strain of the disease from in the 1830s.<sup>72</sup> Thus, while eruptive fever caused several deaths among the Hospital’s children in 1763, the scarlet fever outbreak in 1787 resulted in only two deaths.

#### iv) Haemorrhagies

Cullen defined ‘haemorrhagies’ as, ‘those which are attended with some degree of Pyrexia; which seem always to depend upon an increased impetus of the blood in the vessels pouring it out, and which chiefly arise from an internal cause’.<sup>73</sup> Of the different forms of ‘haemorrhagies’ listed by Cullen under the order of pyrexiae, only consumption was identified by name in the Foundling Hospital infirmary.<sup>74</sup> There were a total of four cases in the period examined identified as ‘consumption’, ‘consumptive’ or ‘very weak and consumptive’. One of these, Martha Kirby, was returned to the Hospital by her mistress, who suggested that the child would benefit from a change of air for a few weeks.<sup>75</sup> Both McClellan and Watson were requested by the committee to examine

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<sup>71</sup> Anne Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventative Medicine, 1856-1900* (Oxford, 1993), 56-58.

<sup>72</sup> Hardy, *The Epidemic Streets*, 59.

<sup>73</sup> Cullen, *First lines* (1779), 120.

<sup>74</sup> Consumption, most commonly considered to be synonymous with tuberculosis, has received a great deal of attention from historians focused on the impact of disease on the self and the connections between consumption and artistic and literary endeavour, particularly in the nineteenth-century: Thomas Dormandy, *A History of Tuberculosis: The White Death* (London, 1999); Clark Lawlor and Akihito Suzuki, ‘The Disease of the Self: Representing Consumption, 1700-1830’, *Bulletin of the History of Medicine* 74 (2000), 458-94. Institutional and state responses to tuberculosis receive greater attention in: Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford, 1988).

<sup>75</sup> GCM, 10 Apr 1771, LMA, A/FH/A/03/002/011.

the child to determine whether she required merely a change of air, or some other form of medical treatment. Recommendations for a ‘change of air’ in cases of consumption highlight the extent to which the environment was recognised by the Hospital’s practitioners to have a considerable impact on the health of the children. The Hospital’s practice of sending infants away to nurse in the country was based on the necessity for constructing a system which ensured that large numbers of children could be cared for, but was also explicitly intended to provide the children with a healthier environment. The assumption of the Hospital’s practitioners, following from Cadogan, was that the environment in which a child was raised determined the state of that child’s health. This belief accounts for the Hospital’s policy of sending the children to the country during the formative years of their infancy, but also explains the frequency with which children suffering from wasting conditions like consumption were sent to the countryside to benefit from a healthier environment than the London hospital, though located on the outskirts of the city, could hope to provide.

#### v) Profluvia

The environmental conditions discussed above played a significant role in the prevalence in the Foundling Hospital of conditions such as catarrh and dysentery, listed by Cullen under the order of profluvia. Cullen characterised profluvia as ‘such fluxes only, as are constantly attended with pyrexia’.<sup>76</sup> Catarrh was often considered to be synonymous with ‘cold’, and was linked to atmospheric changes, as well as environmental conditions, particularly since ‘overheated rooms, exposure to the air, and insufficient clothes, are fertile sources of catarrhal affection, especially in children’.<sup>77</sup> Catarrh was not listed by name in the Foundling Hospital infirmary, though the medical staff treated three children for ‘cold’ in 1797. All three of these cases occurred in the

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<sup>76</sup> Cullen, *First lines* (1779), 351.

<sup>77</sup> Thomson, *A Dictionary of Domestic Medicine*, 98. Catarrh has become conflated with the common cold, but should be distinguished from epidemic catarrh, identified with influenza: Roger K. French, ‘Catarrh’ *CWHHD*, 636.

winter of 1797, and were preceded or followed by coughs and sore throats, except for the case of Ann Langtofts, in which the child returned from the country with a cold.

Dysentery was relatively common in the Foundling Hospital, with 52 cases listed for the period examined. It was also a leading cause of death among the Hospital's children (see Table 2). As an associated condition, diarrhoea also proved both common and fatal among the Hospital's children, with a total of 51 cases in the years examined, though Cullen included diarrhoea among nervous diseases, rather than among fluxes. The spread of dysentery is connected to crowded conditions and contaminated food and water supplies, making outbreaks common in institutional settings, as in the Foundling Hospital, where overcrowding was a major concern. In addition, the use of animal milk or other substances to feed infants increased the potential for dysentery, particularly in warm weather.<sup>78</sup> In 1745 the governors of the Hospital were forced to place an advertisement in several London papers to counter a rumour that the children of the Hospital were fatally ill as a result of consuming contaminated milk. This particular crisis may have been the result of an outbreak of disease among cattle, but milk contaminated by negligence of retailers was a frequently voiced concern in eighteenth-century London.<sup>79</sup> In 1775 an article in *The Gazeteer* addressed 'to the Married Dames' suggested the employment of a cow doctor, 'who should visit at certain times the several cow-houses which supply the metropolis with milk' since the health of the cow was as important as the health of wet nurses to the well-being of children.<sup>80</sup> A 1779 article in the *Public Advertiser* made a similar call for the regulation of the quality of milk in London, suggesting that price and quality regulations for milk be established by the magistrates of London and Westminster.<sup>81</sup> The importance of clean milk was recognised to such an

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<sup>78</sup> K. David Patterson, 'Bacillary Dysentery', *CWHHD*, 604.

<sup>79</sup> Evidence concerning the cause of the popular concern about the milk consumed by the Hospital's children in 1745 comes from a report in the *Daily Advertiser* which referred to 'the present reigning Disease amongst Cattle': *Daily Advertiser* (London, England), Thursday 28 November 1745.

<sup>80</sup> *Gazeteer and New Daily Advertiser* (London, England), Thursday 27 April 1775, Issue 14, p. 406.

<sup>81</sup> *Public Advertiser* (London, England) Friday 10 September 1779, Issue 14017.

extent that rumours of contaminated milk appeared to taint the reputation of institutions such as the Foundling Hospital, which presented itself as a crucial and necessary player in the fight to preserve the lives and health of children. To this end, the report issued by the Hospital following the rumours of bad milk forcefully defended the Hospital's reputation noting, 'the Children are in perfect health and that there has not one died in the House since the 27<sup>th</sup> of February last. They have eat no Milk, nor has any been used in the said Hospital for Six Weeks past'.<sup>82</sup>

*Neuroses, or Nervous Diseases*

Under neuroses Cullen included

all those preturnatural affections of sense or motion, which are without pyrexia as a part of the primary disease; and all those which do not depend upon a topical affection of the organs, but upon a more general affection of the nervous system, and of those powers on which sense and motion more especially depend.<sup>83</sup>

There was considerable overlap in the terminology used to describe conditions which featured the loss of bodily motion, indicating that, in the case of neuroses, identifying a given disease was particularly problematic, a fact which may have complicated approaches to treatment, and limited understanding of such conditions in children. Several conditions in the infirmary of the Foundling Hospital, for example, might have fallen into the category of apoplexy but were instead classed by the Hospital's practitioners as 'paralytic'. Much of this differentiation depended on the nature of the associated symptoms. In addition, the difference between apoplexy and epilepsy was thought, from Hippocrates onward, to involve a distinction between brain matter and brain function, with epilepsy affecting the functioning of the brain.<sup>84</sup> Cullen preserved this distinction by listing apoplexy under comata and epilepsy under spasmodic affections, though this may also have been a function of the contrast between the apparent symptoms of either condition.

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<sup>82</sup> GCM, 17 Dec, 1745, LMA, A/FH/A/03/001/002.

<sup>83</sup> Cullen, *First lines* (1783), 2.

<sup>84</sup> Poirier and Derouesné, 'Apoplexy and Stroke', *CWHHD*, 584.

i) Comata, or the Loss of Voluntary Motion

Under comata, Cullen included only apoplexy and palsy. There were several diagnostic labels used by the Hospital's medical staff which included the term 'weak', and some of these cases may have fallen under the order of adynamiae. In the class of neuroses in particular, symptoms were essential in identifying the disorder. The differences in terminology between Cullen and the Foundling Hospital practitioners indicate the extent to which identifying diseases in children was not a simple matter of grafting terminology onto a well-defined collection of external signs but was, instead, a complex process of assessing specific symptoms and seizing upon the most descriptive terminology. Nosologies such as Cullen's guided practitioners, but medical terminology was not fixed, particularly in relation to conditions which varied according to the symptoms of the individual patient.

ii) Adynamiae, Diseases Consisting of Weakness or the Loss of Motion

Under adynamiae, Cullen included: syncope, dyspepsia, and hypochondriasis. In the *Synopsis*, he also included chlorosis under adynamiae, but in *First lines*, the condition was subsumed under hypochondriasis.<sup>85</sup> Pica, however, which was thought to be a sign of chlorosis, was included by Cullen under locales. The medical staff of the Foundling Hospital identified one case of 'depraved appetite', which may have corresponded to pica, the consumption of odd objects with no nutritional value. A depraved or morbid appetite, however, was commonly associated with chlorosis or 'green-sickness' which was thought to affect young girls entering puberty.<sup>86</sup> Ideas about greensickness were tied to perceptions of female sexuality, menstruation and the onset of puberty, as well as to

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<sup>85</sup> In *First lines*, Cullen explained his decision to include chlorosis under amenorrhoea in the order of Hemorrhagies, rather than as a nervous disease: Cullen, *First lines* (1783), 142.

<sup>86</sup> Robert P. Hudson, 'Chlorosis', *CWHD*, 639; Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London: Routledge, 2004).

other conditions of the female anatomy, such as womb-related disorders and hysteria.<sup>87</sup>

The Foundling Hospital child in question, however, was George Cotton, a young boy who was admitted to the infirmary for one week in June 1765. Since Cullen suggested that hypochondriasis, or ‘the combination of vapours with dyspepsia...occurs in young persons of both sexes, of a sanguine temperament, and of a lax and flaccid habit’, George Cotton’s ‘depraved appetite’ may well have corresponded more closely with hypochondriasis than with chlorosis or pica, a factor which suggests a possible reason why the Hospital’s practitioners used the term ‘depraved appetite’ rather than pica or chlorosis.<sup>88</sup>

### iii) Spasmodic Affections Without Fever

Under ‘spasmodic affections without fever’, Cullen included: tetanus, epilepsy, chorea, palpitation of the heart, dyspnoea, asthma, whooping cough, pyrosis, colic, cholera, diarrhoea, diabetes, hysteria, and hydrophobia. At least one child at the Foundling Hospital was treated for tetanus or lock jaw with the use of electricity. This case, written up in the *Philosophical Transactions* by the Hospital’s physician William Watson, provided the basis for the use of electricity in the Hospital in other cases of paralysis, and will be discussed further in Chapter Six. In line with Cullen, epilepsy was classed as a convulsive disease into the nineteenth century and was thought to be a hereditary condition which could often be mistaken for convulsions in teething infants.<sup>89</sup> The terms ‘convulsion’ and ‘fits’ were also a source of debate among practitioners. John Haygarth complained, ‘when an infant is seized with a fever, or almost any other disorder, if there be any distortion of features, expressing pain, or any irregular motion of

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<sup>87</sup> Ursula Potter, ‘Greensickness in Romeo and Juliet: Considerations on a Sixteenth-Century Disease of Virgins’, in Konrad Eisenbichler, ed. *The Premodern Teenager: Youth in Society, 1150-1650* (Toronto, 2002), 275.

<sup>88</sup> Cullen, *First lines* (1783), 123.

<sup>89</sup> Thomson, *A Dictionary of Domestic Medicine*, 250.

the eyes, nurses always denominate the disease, inward convulsions'.<sup>90</sup> The reports of the Foundling Hospital infirmary identified two cases of 'epileptic fits', one case of 'hysteric fits' and five cases labelled simply as 'fits'. In addition, there was one case of 'catalepsy' which was traditionally defined as one of the three forms of epilepsy.<sup>91</sup> Fits and convulsions were also among those conditions fatal to the Hospital's children. It is difficult to determine exactly which conditions in Cullen's nosology these cases of fits corresponded to, since there were similarities between many of the conditions categorised by Cullen as spasmodic, including epilepsy and St. Vitus' Dance. St. Vitus' Dance, or chorea, was a nervous disorder with unknown origins in the eighteenth century, though it was associated with children at least by the late eighteenth and early nineteenth century.<sup>92</sup> The hallmark of the condition was the involuntary movement of the muscles and twitching in the face and neck, an indication of why it was naturally included by Cullen among spasmodic afflictions. There were no cases of St. Vitus' Dance listed in the Foundling Hospital infirmary for the period examined, though the Hospital's practitioners did identify three cases of 'spasmodic pains', one case of 'spasms', one case of 'nervous spasms', and one case of 'nervous disorders'. This last label appears at first glance to be unusually vague. However, the child in question, Thomas Rivers, spent seven weeks in the infirmary in 1761 suffering from a succession of conditions, namely: 'fits', 'nervous disorders', 'measles', 'recovering from measles', and 'in a weak state'. Thus 'nervous disorders' may have been an attempt to describe his fits more accurately, or to identify the condition he was in prior to his serious bout with measles. The fits Thomas Rivers suffered from were particularly serious, a factor which may have increased the desire of the Hospital's practitioners to search for a primary

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<sup>90</sup> John Haygarth, 'Observations on the Bills of Mortality in Chester, 1772' in *Mortality in Pre-Industrial Times: The Contemporary Verdict* (Westmead, 1973), 72.

<sup>91</sup> Mervyn J. Eadie and Peter F. Bladin, *A Disease Once Sacred: A History of the Medical Understanding of Epilepsy* (Eastleigh, 2001), 30.

<sup>92</sup> William Heberden suggested it occurred most often in children from the ages of 10-15, though it could occur in children as young as 6 and as old as 20: William Heberden, *Commentaries on the history and cure of diseases* (4<sup>th</sup> edn, London, 1802), 103.

cause, and to use the term ‘nervous disorders’. The General Register specifically noted that Thomas Rivers was subject to fits, and the condition eventually proved fatal a year after his stay in the infirmary.

Also included under ‘spasmodic affections without fever’ were ‘the teething of infants, worms, acidity, or other acrimony, in the alimentary canal, calculi in the kidneys, acrid matter in abscesses or ulcers, or acrimony diffused in the mass of blood, as in the case of some contagions’.<sup>93</sup> Cullen grouped these conditions with epilepsy, arguing that they could act as a primary affection causing a sympathetic reaction in the form of epilepsy or, in the case of worms, the sympathetic reaction could take the form of diarrhoea.<sup>94</sup> Teething presented Cullen with a particular problem of definition. He appended to the nosology a list of conditions that could not be included in any of the four classes, including ‘dentitio, and other diseases of children’.<sup>95</sup> This placement of ‘dentitio’ was perhaps the result of problems in defining the conditions which complicated teething, as well as the frequent confusion of terminology relating to teething. As Armstrong noted, ‘almost all children that die while they are about teeth, are said to die of teething’.<sup>96</sup> Both Armstrong and Cadogan noted that teething was not, in itself a disease, a factor which also may have accounted for Cullen’s inclusion of it under epilepsy.<sup>97</sup>

Conditions related to the teeth were not recorded in the Foundling Hospital infirmary. This was almost certainly the result of the ages at which the children most often returned to the Hospital, since most would have returned only after weaning and teething. Though the Hospital’s surgeons were occasionally called upon to pull teeth, a dentist was affiliated with the institution from at least 1789. It is possible that children

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<sup>93</sup> Cullen, *First lines* (1783), 191.

<sup>94</sup> Cullen, *First lines* (1783), 206, 349.

<sup>95</sup> In the preface to the *Synopsis* Cullen stated that the conditions in this list were omitted either because they did not fit within the system or because they had been imperfectly described by other authors and thus could not be placed: Cullen, *Synopsis*, p. xii, 226.

<sup>96</sup> Armstrong, *An essay on the diseases most fatal to infants* (1767), 74.

<sup>97</sup> Armstrong, *An essay on the diseases most fatal to infants* (1767), 75; Cadogan, *An essay*, 31.

with dental problems were sent directly to the dentist rather than being confined in the infirmary, particularly since the infectiousness of many of the conditions in the infirmary was often cited as a reason for preventing other chronic or non-infectious cases from entry. As with many other conditions, this would indicate that the Hospital's children suffered from dental problems, but that such issues went unrecorded in the reports of the infirmary, despite the prevalence of teething as a popular subject of discussion for medical authors of texts on children's health. Indeed, teething was recognised by most of these authors as a major cause for concern.<sup>98</sup> In 1781 the Royal Medical Society at Paris announced that a prize of 600 *livres* would be awarded to the best dissertation on the subject of preventing evils to which children were exposed during dentition.<sup>99</sup> For infants, teething was considered to be particularly dangerous, and was associated with hectic fever, as well as with convulsions which could be fatal, an indication of why Cullen grouped teething with epilepsy and other spasmodic conditions.<sup>100</sup>

There were 14 cases of worms among the Hospital's children for the period examined as well as one case of 'worms & c.' and one case of 'cachexy and worms'. Like dysentery, worms are caused by contaminated food and water, the result of poor sanitation.<sup>101</sup> Underwood, relying on the humoral explanation for difference in the bodies of children, suggested that the moisture of children accounted for the greater prevalence of worms in children as opposed to adults.<sup>102</sup> He also suggested children with weak digestion were more liable to worms; a comment in line with his frequent assertion that costive children were more subject to disorders than those whose systems were

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<sup>98</sup> There was some disagreement on the importance of teething. Cadogan and Armstrong were dismissive while Underwood considered teething to be of crucial importance. At the same time, however, Underwood accused Arbuthnot of overstating the fatality of teething: Underwood, *A treatise* (1784), 91-3.

<sup>99</sup> *London Medical Journal. By a Society of Physicians*, vol. i: (London 1781), 274.

<sup>100</sup> Underwood, *A treatise* (1784), 92; Armstrong, *An account of the diseases most incident to children* (1783), 83.; Moss, *An essay* (1781), 193.

<sup>101</sup> K. David Patterson, 'Ascariasis', *CWHHD*, 603.

<sup>102</sup> Underwood, *A treatise on the diseases of children* (1795), 150-154.

‘open’. Armstrong similarly argued that worms were more incident to children than adults, and thus should be classed with other diseases of children.<sup>103</sup>

Whooping cough, like many of the other spasmodic affections, was a condition in which diagnosis was based primarily on apparent symptoms. Whooping cough, also identified as ‘hooping cough’, or ‘chin-cough’, was highly prevalent among the Foundling Hospital children, though the incidence of it in the infirmary was limited by the practice, instituted in 1761, of removing children with whooping cough to the country.<sup>104</sup> There were epidemics of whooping cough in London approximately every five years between 1720 and 1750, and approximately every three years between 1750 and 1785, returning to five year intervals following 1785.<sup>105</sup> Whooping cough was also endemic in London from 1720, and the disease progressively became confined to children.<sup>106</sup> As with smallpox and measles, several Foundling Hospital children contracted whooping cough outside London while they were away at nurse.

The Hospital’s policy of sending children suffering from whooping cough away from the main hospital intersected with an ongoing debate between medical practitioners, who were divided over whether medicines were required at all for cases of whooping cough. Underwood complained that parents and nurses were apt to prescribe little more than a change of air for whooping cough. This criticism might have been directed at William Buchan, who suggested, ‘one of the most effectual remedies in the chin-cough is change of air’.<sup>107</sup> Michael Underwood, in contrast, emphatically supported the use of medical treatments, stating, ‘there is no complaint of children with which I am at all acquainted, in which medicine is at times more evidently serviceable, than a bad

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<sup>103</sup> Armstrong, *An account of the diseases most incident to children* (1783), 135-136.

<sup>104</sup> GCM, 18 Feb 1761, LMA, A/FH/A/03/002/006.

<sup>105</sup> C.J Duncan, S.R. Duncan and Susan Scott, ‘Whooping Cough Epidemics in London, 1701-1812: Infection Dynamics, Seasonal Forcing and the Effects of Malnutrition’, *Proceedings: Biological Sciences* 263/1369 (1996), 445.

<sup>106</sup> Duncan, Duncan & Scott, ‘Whooping Cough Epidemics in London’, 446.

<sup>107</sup> Buchan, *Domestic medicine*, 363.

whooping cough'.<sup>108</sup> He disagreed with George Armstrong, and argued that tartar emetic was more effective than antimonial wine since the emetic could be more easily regulated and was tasteless and, therefore, a more appropriate medicine for children.<sup>109</sup> These disagreements over treatment again highlight the extent to which medical efforts to understand and devise treatments for children were never simple and straightforward. As will be discussed in the following chapter, attempts to treat whooping cough caused dissent between practitioners and accusations of wilful experimentation on children.

Like whooping cough, diarrhoea was quite common among the Foundling Hospital children. This high incidence of diarrhoea was connected, in part, to the use of purging as a preventative measure by the Hospital's practitioners.<sup>110</sup> Purging of the bowels was regarded by many practitioners as a natural outlet for the child's body, which needed only regulation. Underwood argued that the bowels of infants functioned as an outlet in the same way that the pores of the skin and the kidneys operated as outlets within the bodies of adults.<sup>111</sup> Most practitioners agreed, however, that violent diarrhoea, known as the watery gripes, was to be guarded against. For the watery gripes Underwood recommended small doses of ipecacuanha or antimonial wine along with a starch glyster and a few drops of laudanum.<sup>112</sup> This advice was in contrast to Harris who argued that astringents and narcotics should be avoided when treating diarrhoea in children.<sup>113</sup> As with discussions of whooping cough, it is clear that there was disagreement between practitioners on how to manage diarrhoea in infants and children. Identifying the condition was only the first step. Understanding and devising treatment for a given

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<sup>108</sup> Underwood, *A treatise* (1784), 124.

<sup>109</sup> Underwood, *A treatise* (1784), 128; Armstrong, *An essay on the diseases most fatal to infants* (1767), 90. John Haygarth concurred with Underwood, and argued that tartar emetic, as a tasteless remedy, was useful in treating whooping cough in infants and children: Haygarth, 'Observations on the Bills of Mortality', 73.

<sup>110</sup> McClellan dosed the children with medicines every three weeks in order to induce purges: McClure, *Coram's Children*, 214.

<sup>111</sup> Underwood, *A treatise* (1784), 71.

<sup>112</sup> Underwood, *A treatise* (1784), 78.

<sup>113</sup> Walter Harris, *A treatise of the acute diseases of infants...* (London, 1742), 95.

disease involved a dialogue between practitioners, and the construction of knowledge based on experience. Clearly there was recognition among practitioners that diarrhoea could be both natural, as in a purge, and pathological, as in watery gripes.

Less common than whooping cough and diarrhoea, but not entirely unknown in the Foundling Hospital, were cases of diabetes. There was one case of diabetes identified in the infirmary for the period examined. Mary Vandeput was admitted to the infirmary with diabetes in December 1761. In the same year she also suffered from incontinence of urine, hard belly, eruptions, and chicken pox. The following year she once again suffered from two instances of hard belly, and one of jaundice. Diabetes was typically diagnosed by examining the urine of the patient, though it was not until 1776 that Matthew Dobson published the results of his experiments in determining diabetes by measuring the sugar levels in the urine.<sup>114</sup> However, incontinence of urine was associated with diabetes prior to Dobson's work, and the Hospital's practitioners may well have considered it a factor in diagnosing Mary Vandeput's case of diabetes. By the early eighteenth century, there was also some recognition that diabetes had two manifestations at different stages of life, in correspondence to the modern distinction between Type 1 and Type 2 diabetes, thus accounting for the willingness of the Hospital's practitioners to consider the possibility of diabetes in a child.<sup>115</sup>

#### iv) Vesaniae

The medical practitioners of the Foundling Hospital did not identify for the period examined any of the conditions listed by Cullen under vesaniae, the fourth order of neuroses. It is important to note, however, that mania, madness, melancholy, and insanity may have afflicted children within the hospital who were not confined to the infirmary. In 1787 the Treasurer communicated with the Secretary of Bethlem Hospital concerning

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<sup>114</sup> Leslie Sue Leiberman, 'Diabetes', *CWHHD*, 665.

<sup>115</sup> Elizabeth Lane Furdell, *Fatal Thirst: Diabetes in Britain until Insulin* (Leiden, 2009), 166.

the admittance to Bethlem of Mercy Draper.<sup>116</sup> The Foundling Hospital had struggled with the best way to care for Mercy Draper, who was blind, and was also said to be of ‘a disordered state of mind’.<sup>117</sup> She was cared for by the daughter of the Matron before it was decided in 1784 to admit her to St. Luke’s Hospital.<sup>118</sup> She was not, however, sent to St. Luke’s. She was eventually sent instead to William Perfect’s mad house in Kent, where she lived until her death in 1818.<sup>119</sup> While she was in the Hospital Mercy Draper was consigned to a separate room aside from the other children. In 1795 the Hospital’s Secretary again applied to Bethlem Hospital for the admission of Bartholomew Walbroke, a boy characterized by his nurse as ‘an idiot, mischievous and ungovernable’.<sup>120</sup> Children with mental disorders were kept in the Hospital for a longer period, as long as they could easily be controlled, as was the case with Mercy Draper.<sup>121</sup> Bartholomew Walbroke, however, was obviously considered to be such a problem case that an attempt was made to admit him into Bethlem without ever returning him from his nurse to the Hospital. The Hospital’s efforts to care for children with mental disabilities extended to some recognition that these children were vulnerable to exploitation and abuse. In some cases, this was taken into account when determining whether or not an apprenticeship indenture should be cancelled, and a child returned to the Hospital. Ann Twigg, a girl characterized as ‘deficient in understanding’ and ‘defective in capacity’ was returned to the Hospital before the end of her apprenticeship under the understanding ‘that it may be hurtful to the Girl to be from under the immediate protection of this Charity’.<sup>122</sup>

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<sup>116</sup> GCM, 21 Mar 1787, LMA, A/FH/A/03/002/015.

<sup>117</sup> GCM, 24 Nov 1784, LMA, A/FH/A/03/002/015.

<sup>118</sup> GCM, 24 Nov 1784, LMA, A/FH/A/03/002/015.

<sup>119</sup> McClure, *Coram’s Children*, 239.

<sup>120</sup> GCM, 12 Aug 1795, LMA, A/FH/A/03/002/017.

<sup>121</sup> In a parish context fees for nurses who kept mad patients fluctuated in part according to the disruptiveness of the individual suggesting that care for the mad, both in the institutional and in the parish context, hinged on the individual case: Jeremy Boulton, ‘Welfare Systems and the Parish Nurse in Early Modern London, 1650-1725’, *Family and Community History* 10/2 (2007), 135.

<sup>122</sup> GCM, 25 Mar 1795, LMA, A/FH/A/03/002/017.

Most of the eighteenth-century texts published on children's health made no mention of madness or mania, indicating either that such conditions were believed to be more common in older youths and adults, or that madness was considered to be a separate category of medical inquiry, requiring more detailed exposition than could be accomplished in a text devoted to all aspects of child health. In addition, there were difficulties distinguishing between mental handicap, behavioural disorders, and mental disorders.<sup>123</sup> In all of the above cases, though the Hospital's medical staff was involved in determining diagnoses, the circumstances of the children in question were discussed in the General Committee, and children with mental disorders were seldom admitted to the infirmary.

### *Cachexies*

Cullen defined cachexies as, 'a class of diseases, which consists in a depraved state of the whole, or of a considerable part, of the habit of the body, without any primary pyrexia or neurosis combined with that state'.<sup>124</sup> Under cachexies, Cullen listed several conditions which were identified among the Foundling Hospital children, including: swellings, dropsy, rickets, scrofula, scurvy, jaundice, and various other skin conditions. In addition, there was one child admitted simply with 'cachexy', though, in general, the tendency of the Hospital's practitioners was to be much more specific in labelling conditions, particularly since most conditions falling under the class of cachexies affected the surface of the body, and thus could easily be discerned through the external signs witnessed by the practitioner.

#### i) Emaciations

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<sup>123</sup> Sydney Brandon, 'The Early History of Psychiatric Care of Children', in John Cule and Terry Turner, eds. *Child Care Through the Centuries: An Historical Survey from Papers Given at the Tenth British Congress on the History of Medicine at Clyne Castle, Swansea, April 6-8, 1984* (Cardiff, 1986), 63; Joseph Melling, Richard Adair, and Bill Forsythe, "'A Proper Lunatic for Two Years": Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Asylum, 1845-1914', *Journal of Social History* 31/2 (1997), 378.

<sup>124</sup> Cullen, *First lines* (1784), 189.

There were three cases of emaciation in the infirmary for the period examined, and an additional case listed as ‘emaciated after smallpox’. At least three of these four cases of emaciation ended in death.<sup>125</sup> The first of these, Margaret Roper, was in the infirmary for 19 weeks in 1763 with: ‘excoriations’, ‘itch’, ‘smallpox’, ‘diarrhoea’, ‘sore mouth’, and ‘fever’. In the nineteenth week she was listed as being emaciated. She died the same week of ‘imposthumation of the lungs’. The second case of emaciation was a parish child, Ann Nicholas, aged two years and seven months when she was admitted to the hospital already emaciated. She spent seven weeks in the infirmary in 1767 with venereal disease, dying a few weeks later, shortly after arriving in the country to be nursed. The third case, Mildred Holt, was listed as ‘emaciated after smallpox’ in 1762. She had been confined to the infirmary for several weeks with worms and a disorder of the skin, before being inoculated in May, 1762. By June she was emaciated, and was sent to the country to be nursed. She died on 10 July 1762. The Hospital’s practitioners clearly associated emaciation with an extremely poor state of health, usually related to the aftermath or end-stages of prolonged illness. From these cases it is clear that treatment of emaciation usually involved the removal of the child to the country, which may have been a last resort, but certainly would not have been attempted if there was no hope of recovery.

#### ii) Intumescitiae, or General Swellings

The children of the Foundling Hospital were admitted to the infirmary for a wide variety of swellings which ran from swelled glands and mumps, to swelling specific to parts of the body, such as the neck, face, under the ear, legs, and breast. In making an effort to note the part of the body associated with the swelling, the practitioners of the Hospital made use of the same method used to differentiate inflammation and abscesses. As discussed above, this sort of specificity was significant, since it marked a clear

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<sup>125</sup> The fourth case, William Jones, suffered from emaciation after several weeks in the infirmary with ‘carious bones’. The outcome is unknown since several children were given the name William Jones.

attempt to be as descriptive as possible in labelling the conditions of the Hospital's children. In addition, in some cases there were efforts to identify a condition by its popular name, as well as by the terminology accepted as medically proper. On 17 Sep, 1763 the Hospital's medical staff identified three cases of 'tumor of the parotid glands commonly known as mumps'. The Hospital's practitioners were obviously aware of multiple labels for a single condition, and made an effort to be as clear as possible in laying out a diagnosis. In this context the slippages between Cullen's nosology and the Foundling Hospital infirmary reports become increasingly clear. Medical terminology was rich and accuracy was felt to be best served by multiple labels and detailed description. This particular entry also indicates the extent to which lay understandings of disease overlapped with medical terminology. Other cases of glandular swelling, swelling of the neck, or glandular tumours may also have been mumps but were not listed as such, perhaps as a result of a desire not to use the common terminology, but also arising from a tendency to be more specific in diagnosis.

Swellings were also associated by Cullen with both dropsy and rickets. Dropsy accounted for 3-5% of deaths in adult hospital patients in London between 1583 and 1849, and was occasionally fatal among the Foundling Hospital children.<sup>126</sup> In the Hospital there were five cases of dropsy for the period examined, and a further two labelled as 'dropsical'. An additional case was identified as 'dropsy and chin-cough'. Diagnostic labels such as 'lame' were also used in the infirmary and may have been related to deformities caused by rickets. In one case, the medical staff of the Hospital identified a child who had returned from the country with crooked legs. This last case was in keeping with the common perception that rickets was aggravated by poor nursing. In his 1773 text on rickets William Farrer noted of children with rickets that 'the commitment of such diseased infants, to the sole care of nurses, exclusive of the medical

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<sup>126</sup> Estes, 'Dropsy', *CWHHD*, 690.

art, makes but a melancholy'.<sup>127</sup> Underwood concurred with Farrer in attributing rickets in large part to negligent nursing.<sup>128</sup> Farrer suggested that the condition could proceed from the disorders of the parents or could be increased by the practices of the nurse, but that the condition occurred only in children between the ages of nine months and two or three years.<sup>129</sup> He located rickets particularly in the upper classes who entrusted their children to nurses, and to the lower classes who lacked the time and ability to keep their children clean and dry.<sup>130</sup> In either case he clearly laid blame on the parents whose child-rearing skills he regarded as inferior. The absence of rickets from the Foundling Hospital infirmary was due to several factors. The condition was thought to primarily affect children between the ages of six months and two years, during which time the Foundling Hospital children would have been away from the Hospital.<sup>131</sup> It is highly likely, however, that the Foundling Hospital children suffered from rickets and its effects but were not confined to the infirmary. As mentioned above, cases of rickets were possibly also listed using other terminology, such as 'crooked legs'.

### iii) Impetigines, or Depraved Habit with Affections of the Skin

Under impetigines, Cullen included: scrofula, syphilis, scurvy, and jaundice. The medical practitioners of the Foundling Hospital treated a variety of cases associated with scrofula, including 'scrophulous' sores, eruptions, abscesses, and tumours, as well as 'scrophulous and fever', and 'scrophulous'. When combined, there were 106 scrophulous-related cases, as well as one case of a 'strumous tumor', which was also related to

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<sup>127</sup> William Farrer, *A particular account, of the rickets in children: and remarks on its analogy to the King's evil: with general directions how to cure such diseased infants in an easy, and efficacious manner. Also precepts for the prevention, of most diseases of children; ...* (London, 1773), p. viii.

<sup>128</sup> Underwood, *A treatise* (1784), 120.

<sup>129</sup> Farrer was not suggesting that rickets was hereditary, but rather that it could attack children of parents who lived in luxury or children whose nurses carried them in their arms, thereby causing the stagnation of humours and curvature of the spine. He also noted, 'such persons also, who are exhausted by chronical disorders, excessive venery, age, a tabes, especially of the venereal kind, and repeated gonorrhoeas, propagate a weak, and languid offspring': Farrer, *A particular account*, 3, 4, 20.

<sup>130</sup> Farrer, *A particular account*, 7.

<sup>131</sup> Underwood, *A treatise* (1784), 121.

scrofula.<sup>132</sup> Children listed as ‘scrophulous’ in the Foundling Hospital tended to be confined to the infirmary for unusually long periods, which indicates either that their sores were considered to be contagious, or that their conditions entailed other symptoms which were not noted in the records, but which necessitated their confinement to the infirmary where they could receive greater care and attention.

Underwood suggested that scrofula was common to children between the ages of two, and ten or twelve, and that children who contracted the condition were frequently those already weakened by a bout of some other disease, such as smallpox, whooping cough, teething, and rickets.<sup>133</sup> Buchan similarly argued that children born of sickly parents or those individuals weakened by a bout of the ‘French-pox’, small pox, or measles were particularly susceptible to scrofula.<sup>134</sup> Buchan cautioned against dosing children with purgatives and recommended instead that scrofulous children be treated by ingestion of, and bathing in, cold sea water. To this end Dr. Richard Conyers suggested in 1753 that the Hospital’s scrofulous children be sent to Brighton for the health benefits of sea bathing.<sup>135</sup> As will be discussed in the following chapter, mineral waters were also used to treat Foundling Hospital children who suffered from scrofula, and several such children were given doses of the mineral waters from Powis Wells.

Venereal disease presented the Hospital with a host of problems, not least the issue of ensuring that acquired syphilis was not passed to a child through an infected nurse or vice versa.<sup>136</sup> In the Hospital’s infirmary, the medical staff noted four cases as ‘venereal’, three as ‘venereal disease’, and three as ‘suspected venereal’. In the three

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<sup>132</sup> Frank Barlow, ‘The King’s Evil’, *The English Historical Review*, 95 (1980), 3.

<sup>133</sup> Underwood, *A treatise* (1784), 141.

<sup>134</sup> Buchan, *Domestic medicine*, 505.

<sup>135</sup> GCM, 2 Oct, 1753, LMA, A/FH/A/03/002/004. Sending children for sea bathing was never adopted by the Hospital on anything more than a case by case basis, likely as a result of the expense. In 1796 Dr. Stanger and Mr. Ramsden were requested to report to the Committee on the expense of sending two children for sea bathing: GCM, 25 May 1796, LMA, A/FH/A/03/002/017.

<sup>136</sup> There was disagreement on how syphilis was transmitted but, following from Gerhard Van Swieten, most distinguished between ‘hereditary’ or congenital syphilis and acquired syphilis: Barbara J. Dunlap, ‘The Problem of Syphilitic Children in Eighteenth-Century France and England’, in Linda Merians, ed. *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington, 1996), 118.

cases of ‘suspected venereal’, only one of the children progressed from ‘suspected venereal’ to ‘venereal’ or ‘venereal disease’. Rachel Bates was in the infirmary from 7 Feb, 1761 to 13 Mar, 1762 under all three diagnostic labels in succession. She then spent several more weeks in the infirmary, suffering from ‘eruptions’, ‘fever’, ‘itch’, and ‘scorbutic eruptions’. The other two children with suspected venereal disease were parish children. The first of these, Ann Nicholas, was admitted to the infirmary ‘emaciated’ in July 1767, and progressed to ‘venereal disease’ for six weeks before the medical staff changed her condition to ‘suspected venereal’, indicating, perhaps, that a mistake had been made in identifying the signs of venereal disease, though she died only a few weeks later. The last child noted as ‘suspected venereal’ was William Scott, admitted to the infirmary with ‘itch’ in July 1767. His condition progressed to ‘node on the shin bone (suspected venereal)’, ‘suspected venereal’, ‘foul bones’, ‘carius bones’, ‘a foul bone’, and lastly, ‘a carious bone’, in April 1768. He was returned to his parish in 1775. This last case indicates that symptoms of venereal disease may have initially been mistaken for gangrene. The use of the label ‘suspected venereal’, however, indicates that the Hospital’s practitioners were careful to differentiate between a firm diagnosis and a possible diagnosis.

Scurvy was identified in the Foundling Hospital infirmary in cases of ‘scurvy’, ‘scurvy and scald head’, ‘scorbutic eruptions’, and ‘scorbutic’, amounting to 39 cases related to scurvy over the period examined. The diet of the Foundling Hospital children gives some indication as to the prevalence of scurvy, though diet was usually listed as only one of several causes of scurvy in this period.<sup>137</sup> The value of a vegetable diet was debated among practitioners over the eighteenth century. Generally those practitioners

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<sup>137</sup> Buchan cited cold air, prolonged reliance on salted or smoke-dried provisions, suppression of menses, flux, hereditary taint, grief, fear and other depressing passions, lack of cleanliness, bad clothing, lack of exercise, confined air or any disease which ‘weakens or vitiates the humours’ as causes of scurvy: Buchan, *Domestic medicine*, 499. Eighteenth-century treatments for scurvy often did not involve modification of the regular diet: R. Elwyn Hughes, ‘The Rise and Fall of the “Antiscorbutics”’: Some Notes on the Traditional Cures for “Land Scurvy”’, *Medical History* 34/1 (1990), 54; Drummond and Wilbraham, *The Englishman’s Food*, 140.

who subscribed to Harris' view that acid was the cause of all illness in children were wary of vegetable consumption by children, and often issued cautionary warnings about the acidity of fruits and vegetables. It can be inferred that the Hospital's children suffered from vitamin C deficiency at least until 1762, when the decision was made to serve vegetables at six dinners out of seven, an improvement over the 1747 table of diet, when vegetables were only served on Mondays.<sup>138</sup> Though the Hospital's practitioners were obviously unaware of the connection between vitamin C and scurvy, they frequently campaigned to alter the diet of the Hospital's children, and were often consulted by the Hospital's administration when changes needed to be made according to the season, or as the result of high levels of illness among the children.

In addition to jaundice, which appeared in 16 cases in the period examined, various other conditions evident on the surface of the skin were identified among the Foundling Hospital children. Itch was the most common ailment suffered by the children. The original admissions procedures prohibited the admission of children with itch, but the General Committee decided in 1774 to admit children suffering from the condition upon the payment of an extra ten shillings, the sum estimated as the amount necessary to effect a cure.<sup>139</sup> Another condition affecting the surface of the skin, sore head, was common in the Foundling Hospital in this period. The Hospital's infirmary reports also listed several cases of 'scald' or 'a scald'. However, it is difficult to determine whether this referred to scald head, some other form of skin condition, or a burn resulting from an accident. For scald head Underwood recommended the application of sulphuric ointment or the shaving of the head, followed by twice daily washings of a decoction of tobacco or soap suds and then the application of the tar ointment.<sup>140</sup> Armstrong recommended that cabbage leaves be applied to the head in the morning and at night and that the leaves be

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<sup>138</sup> McClure, *Coram's Children*, 204.

<sup>139</sup> GCM, 13 Jul 1774, LMA, A/FH/A/03/002/012.

<sup>140</sup> Underwood, *A treatise* (1784), 157.

rubbed with the juice of the root of red sedge, which he also noted to be useful in treating scrofula, suggesting that there may have been a perceived commonality between the two conditions, or at least the symptoms of both conditions.<sup>141</sup>

The term ‘leprosy’ was applied to a host of skin conditions, though there were attempts to clear this confusion by the early nineteenth century.<sup>142</sup> There were three cases of leprosy at the Foundling Hospital in the period examined, occurring in two children.<sup>143</sup> Martha Ellison was admitted to the infirmary with leprosy on 21 Apr, 1770 and was apprenticed with a three pound fee in September 1770.<sup>144</sup> The other child who suffered from leprosy, Robert Butcher, was in the infirmary with the condition for the whole of 1797. Discussion of leprosy in texts on children’s health was limited, indicating that the condition was considered uncommon, that it was predominately associated with adults, or that its symptoms were subsumed within discussion of other skin conditions.

### *Locales*

As previously mentioned, both Cullen and his critics were dissatisfied with the composition of locales, the fourth class in his nosology. However, since several of the conditions listed by Cullen under locales appeared among the labels used by the practitioners of the Foundling Hospital, some discussion of the category is necessary. Locales included: blindness, deafness, lack of desire for food, drink, or venery, excess desire for these three things, inability to speak, inability to swallow, fluxes of blood, tears, saliva, sweat, urine, and humour, suppression or excess discharge of faeces, urine,

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<sup>141</sup> Armstrong, *An account of the diseases incident to children* (1783), 99.

<sup>142</sup> Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore, 2007), p. viii; Ron Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge, 2006), 37.

<sup>143</sup> There were three cases in two children because Martha Ellison’s case of leprosy was interrupted by a two week bout of measles: Weekly Reports on the Sick in the Infirmarys, 21 Apr 1770-18 Aug 1770, LMA, A/FH/A/18/005/003.

<sup>144</sup> GCM, 5 Sep 1770, LMA, A/FH/A/003/002/010. Parliament insisted that premiums be given as the General Reception children were apprenticed but, outside this period, the only children to be apprenticed with premiums were those who had some disability: Alysa Levene, “‘Honesty, Sobriety and Diligence’”: Master-Apprentice Relations in Eighteenth- and Nineteenth-Century England’, *Social History* 33/2 (2008), 185. Since Martha Ellison was admitted during the General Reception, her fee may not have been related to her leprosy.

semen, or menstrual blood, tumours, ectopia (displacement of a body part), ulcers, pustules, carious bones, and fractured bones.

The practitioners of the London Foundling Hospital treated four cases of blindness for the period examined; three of these were listed as ‘blind’ and a fourth was listed as ‘blind from inflammation’. This, however, is an unreliable record of the number of blind children in the Hospital since several such children lived in the institution and were not confined to the infirmary unless suffering from some additional infirmity. Several of these children were noted in the 1771 list of invalid children not confined to the infirmaries. Of the 33 children in this list, four were ‘incurably blind of both eyes’, two were ‘incurably blind of one eye’, and two were ‘blind with cataracts in both eyes’.<sup>145</sup> As a result of the problems associated with apprenticing blind children, or those with bad eyesight, many of these children remained in the hospital, though not necessarily in the infirmary.

Medical efforts to understand eye conditions in children reflected, in part, a more general medical interest in the eyes, indicating that, in many instances, the direction of medical interest in children followed trends in the larger medical community. Blindness was a condition of particular interest to medical practitioners as well as philosophers interested in the implications for the theory of learned experience if an individual was suddenly cured of blindness.<sup>146</sup> Interest in eye conditions over the eighteenth century also led to the emergence of ophthalmology as a medical specialty. The tendency to defer to practitioners focused on ophthalmology was evident among medical practitioners who treated children. George Armstrong noted that he had cured early cases of cataracts in children by bleeding, mercurial purges, and strict dietary regimen, ‘but, where that disease was confirmed, I have not meddled with it’, suggesting that confirmed cases of

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<sup>145</sup> Weekly Reports on the Sick in the Infirmaries, 20 Jul 1771, LMA, A/FH/A/18/005/003.

<sup>146</sup> It was this debate, dubbed ‘the Molyneux problem’ as well as Daviel’s proposal of cataract extraction in 1753 which provided the impetus for increased medical interest in eye conditions: Corlett, ‘No Small Uncertainty’, 218.

cataracts were left to surgeons or specialists.<sup>147</sup> The Foundling Hospital made use of an outside medical practitioner to treat one of its children, John Printer, for cataracts. Printer had been admitted to the Hospital in 1756, and had returned to London from his country nurse in 1761 suffering from blindness. In 1774 Printer was sent to Baron de Wenzel, ophthalmologist to the king, for the couching of cataracts on his eyes.<sup>148</sup> De Wenzel's willingness to perform this particular operation was not unusual since he often provided his services to the poor, though in this case, his involvement was likely tied to his success in treating the Duke of Bedford, the original president of the Foundling Hospital, for cataracts.<sup>149</sup> Significantly, John Printer's operation was postponed at Printer's bequest, which suggests that institutionalized children did have some say in the nature of their medical care. However, since Printer was approximately 17 years old at the time, his opinion, as an adolescent, may have carried greater weight than that of a child. The General Committee reported the apothecary's opinion that, 'Printers irresolution prevented the Operation, owing in some Measure he believes to the want of more time to prepare his mind for it'.<sup>150</sup> The case of John Printer indicates that the Hospital's practitioners were perfectly willing to call in outside medical assistance when they felt themselves incapable of providing treatment. These sorts of arrangements were not necessarily novel, since similar efforts were made within the system of poor law medical provision, to recruit special medical assistance for certain cases. The details of John Printer's case also demonstrate, however, that the medical staff of the Hospital was active in identifying the condition the child was suffering from, and then in determining a course of treatment by recruiting the help of a specialist. The diagnostic process in the

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<sup>147</sup> Armstrong, *An account of the diseases most incident to children* (1783), 112.

<sup>148</sup> GCM, 20 July, 1774, LMA, A/FH/A/03/002/011; De Wenzel succeeded Chevalier Taylor as oculist to the king in 1772: A.L Wyman, 'Baron De Wenzel, Oculist to King George III: His Impact on British Ophthalmologists', *Medical History* 35 (1991), 78.

<sup>149</sup> Corlett, "'No Small Uncertainty": Eye Treatments in Eighteenth-Century England and France', 224. In 1776 a couple was paid seven shillings by the parish of Fulham to cover the treatment they were receiving from Wenzel: Wyman, 'Baron De Wenzel', 79, 87.

<sup>150</sup> GCM, 27 July 1774, LMA, A/FH/A/03/02/012.

infirmary was thus crucial to how the child received treatment and, as in the case of John Printer, was frequently the occasion for collaboration between practitioners, indicating that the Hospital's infirmary was, indeed, a learning environment for practitioners interested in children's health.

Suppression and excess discharge of urine were relatively common conditions among the Hospital's children. The infirmary staff treated several cases of 'stone in the bladder', 'disease of the bladder', 'disorder of the bladder', and 'disorder of the bowels'. The Hospital's practitioners treated 12 cases of stone in the bladder in the period examined and several of these children underwent the operation known as cutting for the stone. Lateral lithotomy entailed a high mortality rate prior to the early eighteenth century and lithotomy continued to be a dangerous procedure resulting in the recommendation of many practitioners that non-surgical treatment for the stone be attempted if possible.<sup>151</sup> The Foundling Hospital infirmary reports also identified several cases of suppression of urine, incontinence of urine and bloody urine. As mentioned above, suppression of urine was recognised as a symptom of both diabetes and dropsy and could, therefore, have serious and prolonged consequences. Investigation of the urine as an aspect of diagnosis was, by the eighteenth century, increasingly associated with empirics and quacks, though faith in uroscopy continued beyond official medical disapproval of the art.<sup>152</sup> Given the difficulties, often cited by practitioners, of diagnosing the conditions of children, as well as the seriousness of conditions such as diabetes and dropsy, it is not surprising that examination of urine was used as a diagnostic tool in understanding the case of a child patient, though Underwood suggested that examination

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<sup>151</sup> A. Batty Shaw, 'The Norwich School of Lithotomy', *Medical History* 14/3 (1970), 228, 233. As Shaw notes, the Marian operation was in use from 1535 into the eighteenth century, but the older Celsian operation was still performed on children in the seventeenth century since the Marian procedure was considered particularly dangerous. The Marian operation was still being performed by Norwich lithotomists in 1746.

<sup>152</sup> Roy Porter, "'I Think Ye Both Quacks": The Controversy Between Dr Theodor Myersbach and Dr John Coakley Lettsom', in W.F Bynum and Roy Porter, eds. *Medical Fringe and Medical Orthodoxy, 1750-1850* (Beckenham, 1987), 58.

of the pulse and urine were less certain diagnostic tools for the diseases of children than for the diseases of adults.<sup>153</sup>

Also included under locales were tumours, ectopia, and ulcers. Cullen included tumours under locales, but they also figured in the orders of pyrexia and cachexies, indicating some difficulty in isolating where tumours diverged from other forms of swelling or inflammation. Tumours were fairly common among the Hospital's children and, as with inflammations, abscesses, and swellings, the labels used to describe them reflected a desire to be as specific as possible. In the Hospital's infirmary, there were 77 cases of 'tumour' or 'tumours', and an additional 24 listed as: 'a large tumour', tumours of the cheek, face, neck, head, arm, back, hand, thigh, and leg, 'tumours of the axillary gland from a bruise', and of the glands of the axilla, 'tumours about the joint of the wrist' and the 'head of the thigh bone', 'tumor of the leg (scrophulous)', an 'incysted tumour' and, finally, a 'strumous tumour'. Ectopia and ulcers were identified among the Hospital's children in the labels 'bearing down of the gut', and 'ulcer of the belly, external'. Bearing down of the gut may have borne some relation to 'procedentia ani', which Jean Astruc referred to as 'falling down of the anus', though it is possible that, since Astruc included procedentia ani with ruptures, this condition, and possibly 'bearing down of the gut' as well, might have been grouped with other general swellings.<sup>154</sup>

In the ordinary course of childhood an average child could experience a variety of minor and major accidents, which could lead to carious or fractured bones. For the Foundling Hospital children, this was potentially compounded by the transportation of children between London, the country nurses, and the branch hospitals. It is difficult to determine whether the Foundling Hospital children suffered more accidents and ailments as a result of the institutional system in which they lived than those children who

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<sup>153</sup> Underwood, *A treatise on the diseases of children* (1784), 14.

<sup>154</sup> Jean Astruc, *A general and compleat treatise on all the diseases incident to children, from their birth to the age of fifteen. With particular instructions to tender mothers, prudent midwives, and careful nurses.* . . . (London, 1746), 177.

remained in a family home. Wounds and bruises were particularly common among the Hospital's children and, like inflammation, were listed according to the body part with which they were associated, which accounts for their significant presence among the single-case notations. The most common were wounds of the head, though 'concussion of the brain' was listed in several cases, sometimes in conjunction with 'wound of the head' and may have denoted a more serious condition. Bruises were customarily listed more generally, with bruises of fingers and toes specifically referred to. The only infirmary case for the period examined specifically mentioned as an accident was 'broken arm (by accident at play)'. Accidents, however, were common among the Hospital's children and often received attention in the General Committee minutes, particularly when such incidents necessitated a change in policy. For example when a child was killed after sliding down one of the Hospital's banisters, the General Committee ordered that an iron rail be placed to discourage future incidents.<sup>155</sup> Occasionally broken bones, fractures, wounds, and bruises were the result of abuse which occurred while the children were at nurse in the country, or while they were serving apprenticeships. The most notorious case of such abuse was widely publicized in the trial of Elizabeth Brownrigg in 1767.<sup>156</sup> Abuse, however, could also occur within the walls of the institution itself. In 1771 the General Committee resolved to discharge Robert Ballantine, the baker and brewer of the Hospital, for cruelly beating one of the Foundling children.<sup>157</sup> It is difficult to determine whether a condition was the result of abuse or was a defect which had existed since birth. Sarah Dodd returned to the Hospital in 1763, at the approximate age of eight years, 'entirely deficient in the external parts of

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<sup>155</sup> GCM, 4 Aug 1773, LMA, A/FH/A/03/002/011.

<sup>156</sup> *Genuine and authentic account of the life, trial, and execution of Elizabeth Brownrigg, who was executed on Monday the 14<sup>th</sup> of September, 1767, for the barbarous murder of Mary Clifford, her apprentice girl...* (London, 1767); McClure, *Coram's Children*, 135; Kristina Straub, 'The Tortured Apprentice: Sexual Monstrosity and the Suffering of Poor Children in the Brownrigg Murder Case', in Laura J. Rosenthal and Mita Choudhury, eds. *Monstrous Dreams of Reason: Body, Self, and Other in the Enlightenment* (Lewisburg, 2002), 66-84.

<sup>157</sup> GCM, 2 Oct 1771, LMA, A/FH/A/03/002/011.

generation'. Since no notation about this condition had been made upon her admission to the Hospital, it is possible that she developed the condition, possibly through abuse or an accident, while at nurse, particularly since the infirmary reports carefully noted that she had returned from Egham with the said condition. The tendency of the Hospital's practitioners to make specific note of conditions which affected those children returning to the Hospital from the country indicates that specificity in labelling also served to lay blame. Thus one case in 1761 was listed not merely as 'a broken arm', but as 'returned from the country with a broken arm'. While the infirmary reports reflected the efforts of the Hospital's practitioners to understand disease in children through the use of descriptive and specific labels, it should be remembered that the reports also functioned as a record of the medical histories of the Hospital's children, and could be used as a means of assessing where the policies of the Hospital broke down, and where abuse or neglect occurred.

### *Conclusion*

When John Mayo came before the Foundling Hospital's General Committee to denounce the infirmary as a 'nursery of contagion', he was not exaggerating. The medical practitioners affiliated with the London Foundling Hospital were confronted with a staggeringly wide array of diseases and disorders affecting children. The Hospital's children entered the infirmary with everything from fevers to broken bones, and it was the task of the Hospital's medical staff to make sense of the conditions they were confronted with in their child patients, and to formulate methods of treatment based on what could be diagnosed. In this context, their use of highly descriptive labels was not a coincidence. Specificity was used as a means of assessing and coming to terms with a massive variety of diseases and disorders. In the infirmary of the Foundling Hospital, and in other institutions where children received medical treatment, medical practitioners had the opportunity to witness disease in children, to assess it, and, through experience, to

understand it. By the end of the century, these practitioners were able, as they had never been before, to assert themselves as authorities on the subject of children's health. The final element in the creation of medical authority over children's health would come with the attempts by medical practitioners to tailor medical practice to children, and to devise new means of treating child patients through the use of innovation. When combined, the knowledge demonstrated by practitioners in their printed texts, the experience gained with the diseases of children in institutions like the Foundling Hospital, and the efforts to find new means of treating children, would collectively create the sound basis for claims on the part of medical practitioners that they were the individuals best qualified to be authorities on the subject of children's health.

**Chapter 6: Devising Therapeutics for Children: Medical Institutions and the Consolidation of Medical Knowledge Concerning Children**

On Saturday 17 March, 1759, the Sub Committee of the London Foundling Hospital recorded the following:

and it being also represented to this Committee according to the report of the Matron of the Infirmary that the Female Child No. 11372 was given over. And Mr. Bromfield Surgeon of the Lock Hospital having at Mr. Madan's recommendation seen the Child and he being of opinion that he can save the Poor Infant. Resolved: That the Child be sent to the Lock Hospital at Hyde Park Corner not only with a View to preserve her life but also to Try if any new Method of treating Venereal Complaints can be discovered more effectual to the preservation of the lives of Infants under such unhappy circumstances than what has been hitherto practiced in the Hospital.<sup>1</sup>

The child in question, Thomasine Edmonton, was admitted to the Foundling Hospital at the age of nine months on 27 January 1759. She was sent to the infirmary approximately one month later, and then to the Lock Hospital on 19 March 1759, where she was the first child to be formally admitted under the new agreement between the Foundling Hospital and the Lock Hospital. She returned to the Foundling Hospital two months later and was sent out to nurse, but spent the next few months being shuttled between the nurse, the Foundling Hospital infirmary, and the Lock Hospital. She died on 2 January, 1760.<sup>2</sup>

The case of Thomasine Edmonton is compelling for several reasons. Firstly, it highlights the importance of encounters between medical practitioners and child patients in encouraging the formulation of medical practice as it related specifically to children. The Hospital's Sub Committee clearly felt that, in treating Thomasine Edmonton, medical practitioners at the Lock could devise an effective means of treating other

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<sup>1</sup> SCM, 17 March 1759, LMA, A/FH/A/03/005/003. 'Mr. Madan' refers to Martin Madan (1725-1790), who served as chaplain at the Lock Hospital. Madan was also a governor of the Foundling Hospital from 1756: Arthur Pollard, 'Madan, Martin (1725-1790)', *Oxford DNB*; R.H Nichols and F.A Wray, *The History of the Foundling Hospital* (London, 1935), 367. 'Mr. Bromfield' refers to William Bromfeild/Bromfield (1712-1792), surgeon at St. George's and at the Lock Hospital: Kevin P. Siena, *Venereal Disease, Hospitals, and the Urban Poor: London's 'Foul Wards', 1600-1800* (Rochester, 2004), 184-186.

<sup>2</sup> General Register of Children, 27 Jan 1759, LMA, A/FH/A/09/002/003. Arrangements between the Lock and Foundling Hospitals were first made in March, 1759 with Thomasine Edmonton the first child formally exchanged. By February, 1761, 14 children had been sent from the Foundling Hospital to the Lock Hospital for treatment: GCM, 4 Feb 1761, LMA, A/FH/A/03/002/007.

Foundling Hospital children suffering from venereal disease. Accordingly, the case also demonstrates the extent to which institutions, in this case the Foundling Hospital and the Lock Hospital, played a role in providing a space for medical practitioners to witness the diseases of children, and to gain experience with children as patients. Thirdly, the case suggests that innovative medical practices were attempted on child patients with the aim of developing methods of combating disease in children. Thomasine Edmonton was one child of many in the Foundling Hospital, but the circumstances surrounding her medical treatment were emblematic of how medical interest in children was converted into medical practice, and also of the role institutions played in the efforts of practitioners to devise therapeutics for children.

The preceding chapters have established that medical interest in children was growing over the course of the eighteenth century, that published texts fostered a dialogue on the subject between practitioners, that institutions provided an additional space for practitioners to encounter children, and that these encounters contributed to slowly evolving medical understandings of children's bodies and diseases. This final chapter examines how these developments led to the use of institutional spaces to formulate new approaches to therapeutics for children. Institutions provided practitioners with the ability to test new methods on large groups of children, and to try innovative approaches on single child patients who could be closely observed over time. Since these institutions were providing medical care for poor children, such innovation was also linked to the charitable intentions of institutions and, as such, contributed to the efforts of institutions to appear to be providing a useful and necessary service. The intent here is not to suggest that practitioners did not pursue innovative approaches in private practice, but rather that institutions provided unique spaces, and in many cases, a cooperative partnership conducive to medical efforts to test new methods of treating child patients. For medical practitioners interested in children's health, institutions thus afforded

indispensable opportunities to test therapeutic practices on child patients. As a result of these opportunities, medical knowledge of how to treat child patients increased, and medical claims to authority over children's health were reinforced.

This chapter begins by exploring the meaning of innovative medical practice and how ethical concerns shaped the ways in which practitioners approached treating child patients. The subsequent sections detail three specific attempts by medical practitioners, namely Robert McClellan, William Watson, and George Armstrong, to devise therapeutic practices for children at the Foundling Hospital and at the Dispensary for the Infant Poor. The final section of this chapter examines the role institutions such as the Foundling Hospital played in the emergence of inoculation for smallpox. Collectively these encounters between medical practitioners and child patients contributed to medical knowledge of children's bodies, diseases, and general health. As this knowledge expanded, so too did the basis for claims of medical authority over children's health. In tailoring medical practice to suit children, medical practitioners were demonstrating that child patients required special consideration, that children's diseases could be managed medically, and that children's health, as a whole, was the province of medical practitioners. These efforts to develop innovative approaches to providing medical treatment for children thus bolstered the efforts of practitioners to assert control and authority, thereby converting medical interest in children into a more concrete basis for future specialisation in the field.

### *The Ethics of Innovation*

It is important, when examining how medical practitioners devised new approaches, to determine the point at which trial and error, or the act of merely attempting a new method or a new treatment, shaded into experimentation. The pluralistic nature of therapeutics for much of the eighteenth century makes it difficult to draw a clear line between the utilization of multiple and sometimes innovative remedies

on one hand, and medical trials, or experimentation, on the other. It is possible, however, to discern a method behind how practitioners approached new forms of medical practice. As Ulrich Tröhler has argued, eighteenth-century medical practitioners used two complementary approaches when assessing medical innovation.<sup>3</sup> The ‘assessment’ approach evaluated the relative risk of harm to the patient and society, while the ‘improvement and safety approach’ focused on making the intervention safer from a medical point of view. Both approaches can be seen in the case of Thomasine Edmonton. In sanctioning an innovative approach to her illness, the governors of the Foundling Hospital hoped to save her life, therefore considering the risks to the individual patient. They also hoped to gain knowledge which might make treatments for venereal disease safer for children, thereby saving the lives of future children. This issue of the risk of innovation is particularly relevant to consider since the institutions which gave medical practitioners spaces to test innovative therapeutic practices on child patients specifically provided these practitioners with patients drawn from poor families or, in the case of the Foundling Hospital, patients without families. While therapeutic approaches did not necessarily differ when a practitioner treated a child of the poor, as opposed to cases in which his child patient was from a more wealthy and established family, the fact that the children of the poor were used in institutional trials of new medicines and approaches is significant. Though, as will be discussed, ethical considerations, and the oversight of either institutional administrations or the medical community, restricted the extent to which medical practitioners approached poor children as objects to be used in the service of a greater good, these children were crucial to the process of evolving medical understandings of children’s health and the treatment of child patients.

Assessing whether a medical procedure was innovative was complicated by the tendency of both practitioners and patients to assume that any treatment offering hope of

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<sup>3</sup> Ulrich Tröhler, ‘To Assess and to Improve: Practitioners’ Approaches to Doubts Linked with Medical Innovations, 1720-1920’ in Thomas Schlich and Ulrich Tröhler, eds. *The Risks of Medical Innovation: Risk Perception and Assessment in Historical Context* (London, 2006), 22.

efficacy should be tried, particularly in the case of conditions which appeared to be imminently fatal. This practice of trying anything that might prove effective encouraged innovation, but was not necessarily synonymous with indiscriminate and unethical medical practice. Innovative medical practice was constrained by the rise of medical ethics, the desire of practitioners to appear to be legitimate and professional, and by optimism about medical progress.

By the second half of the eighteenth century, medical theorists such as John Gregory, and later Thomas Percival, were beginning to formulate ideas surrounding the ethics of practising medicine.<sup>4</sup> For Gregory, the ideal physician was an educated and erudite practitioner who was able to balance monetary disinterestedness with ‘a softness and gentleness of manner, a compassionate heart’.<sup>5</sup> Significantly, this sort of sympathetic relationship between doctor and patient was aptly suited to medical efforts to treat child patients, where traditional perceptions of a child’s vulnerability preconditioned a medical practitioner to approach the patient with sympathy, concern, and caution. Gregory’s ideal view of the sympathetic medical practitioner also accorded with the rising culture of sensibility, and a notion of ideal masculinity derived from David Hume, who made room in notions of sensibility for a masculinity informed by tenderness and sympathy.<sup>6</sup> The ideal male medical practitioner was thus someone who approached his patients, and his child patients in particular, with a tenderness not compatible with calculated and risky experimentation.

The focus in these early texts on medical ethics was on articulating the gentlemanly behaviour expected between practitioners, particularly in situations of

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<sup>4</sup> Lisbeth Haakonssen, *Medicine and Morals in the Enlightenment: John Gregory, Thomas Percival, and Benjamin Rush* (Amsterdam, 1997); Laurence B. McCullough, *John Gregory and the Invention of Professional Medical Ethics and the Profession of Medicine* (Dordrecht, 1998); Andrew Wear, ‘Medical Ethics in Early Modern England’ in Andrew Wear, et al., *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, 98-130.

<sup>5</sup> John Gregory, *Observations on the duties and offices of a physician and on the method of prosecuting enquiries in philosophy* (London, 1770), 19.

<sup>6</sup> G.J Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago, 1992), 135-137; McCullough, *John Gregory and the Invention of Professional Medical Ethics*, 113.

confrontation. These authors were not yet engaged in defining a regulated and formalized set of codes governing ethical medical practice. However, the lack of a formal code of medical ethics in the eighteenth century should not be equated with a lack of morality as a factor in medical exchanges.<sup>7</sup> As Anne Digby argues, children, like women, were perceived as ‘other’ patients, thereby differentiating them from the norm of the adult male patient and increasing the likelihood that they were to be viewed as objects rather than full patients.<sup>8</sup> Furthermore, the inability of minors to enter into medical contracts made them ‘subject’ patients, colouring with disempowerment the interaction between practitioner and patient.<sup>9</sup> However, as a counterbalance, social and moral conventions dictated that children, much like women, were also to be protected. Therefore, though a child may have lacked status as a full participant in a medical exchange, the medical practitioner was constrained, in part, by moral conventions that dictated that it was the responsibility of the adult to care for the powerless.

In addition to these underlying understandings of morality, medical practitioners were constrained, in all cases, by expectations of gentlemanly professional conduct, in itself a form of moral or ethical regulation. Eighteenth-century medical practitioners were thus not overt or indiscriminate in their use of experimentation, in part because of the role sympathy increasingly played in conditioning the doctor-patient relationship, but also because practitioners could not afford to appear to be callous about the lives of their patients. Their reputations and their hopes of attaining the legitimacy conferred by professionalization rested on the construction of ‘legitimate’ medical practice in opposition to the ‘illegitimate’ or ‘irregular’ practice of quacks, charlatans, and

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<sup>7</sup> The rise of modern medical ethics is usually dated from the publication in 1803 of Thomas Percival’s *Medical Ethics: or, a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons*: Albert R. Jonsen, *A Short History of Medical Ethics* (Oxford, 2000), 59. A counterpoint to this view is provided by Lisbeth Haakonssen who argues that Gregory, rather than Percival, should be seen as the father of medical ethics: Haakonssen, *Medicine and Morals in the Enlightenment*, 8.

<sup>8</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), 307.

<sup>9</sup> Catherine Crawford, ‘Patients’ Rights and the Law of Contract in Eighteenth-Century England’, *Social History of Medicine* 13/3 (2000), 400.

empirics.<sup>10</sup> Additionally, as historians have frequently noted, the image of eighteenth century medics as keen either to dose their patients indiscriminately, or to hack them open at the slightest provocation, can primarily be attributed to popular satirization of practitioners. This satire was driven in part by the fears and concerns of the populace rather than by a rational assessment of actual medical practice, which was usually geared towards ensuring, where possible, a positive outcome, since the reputation of the practitioner was at stake.<sup>11</sup>

Eighteenth-century medical practitioners were cautious in their use of experimentation for the reasons listed above but, at the same time, they also sought to be innovative in their approaches and practices. Influenced by Enlightenment ideas about progress and the possibilities of science and medicine to contribute to the health and happiness of the population, eighteenth-century practitioners were comparatively more likely than their predecessors to attach a positive value to innovative medical practice.<sup>12</sup> The long decline of Galenism contributed to this state of affairs by suggesting that medical practice no longer needed to remain bound to the theories of the ancients, though the practice of medicine, of course, continued to owe a great deal to Galenic theory.<sup>13</sup>

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<sup>10</sup> The interaction between the medical orthodoxy, as embodied in the Royal College of Physicians, and the large numbers of irregular practitioners operational in London in the early modern period has been well examined: Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford, 2003). For a slightly later period, Roy Porter has examined the patient preference for quacks/irregulars: Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester, 1989).

<sup>11</sup> This approach has been part of the shift away from Whiggish accounts of medical history which privileged nineteenth century developments as a linear progression from barbaric practices to modern medicine. Such accounts had a strong impact on early overviews of eighteenth century London such as Margaret George's *London Life in the Eighteenth-Century* (London, 1925) but also persisted to the end of the 1970s with Guy Williams' *The Age of Agony: The Art of Healing, c 1700-1800* (London, 1975). Discussion of satirization of medical practitioners can be found in: Fiona Haslam, *From Hogarth to Rowlandson: Medicine and Art in Eighteenth-Century Britain* (Liverpool, 1996), 174-214.

<sup>12</sup> Spadafora has argued that faith in progress spread and took on new forms between the 1730s and 1780s and that veneration of antiquity was more limited in the eighteenth century than has been assumed: David Spadafora, *The Idea of Progress in Eighteenth-Century Britain* (New Haven, 1990), 8, 39.

<sup>13</sup> As historians have argued, the decline of Galenism was a long process occurring roughly between 1600 and 1800, though elements of Galen's approach persisted into the nineteenth century, making a narrative of straightforward decline unpersuasive: Owsei Temkin, *Galenism: Rise and Decline of a Medical Philosophy* (Ithaca, 1973); Andrew Wear, 'Medical Practice in Late Seventeenth and Early Eighteenth-Century England: Continuity and Union' in Roger French and Andrew Wear, eds. *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), 294-320.

Another contributing factor engendering a positive view of innovation was the debate concerning the relationship between nature and science, which encouraged the belief that nature could be understood, and eventually mastered, and that a scientific approach to medicine could lead to advances in knowledge.<sup>14</sup> In this context it was increasingly assumed that the experience gained in medical practice would contribute new knowledge beyond what had been learned in the course of a practitioner's medical education.

In short, while eighteenth-century medical practitioners might not have been engaged in medical experimentation in the modern sense of controlled trials and well-established ethical standards, many undertook cautious innovation which often went above and beyond pluralistic therapeutics by using a scientific approach of multiple case studies, meticulous record-keeping, and consolidation of results. It was this cautious innovation which directly contributed to medical efforts to establish knowledge and authority over children's medicine. It should be noted at the outset that the following three examples do not conform in every respect to this ideal picture of innovative medical practice. Indeed, George Armstrong's failure to consider the quantitative results of his trial of hemlock aroused criticism from the medical community. Similarly, while Robert McClellan's trial of mineral water at the Foundling Hospital involved a total of 40 children, William Watson's case study of medical electricity involved only a single child. What these three cases demonstrate, however, is that medical practitioners were interested in devising or adapting innovative methods of treating child patients, and that institutional environments provided them with the appropriate context for doing so.

*Robert McClellan and the Use of the Mineral Waters from Powis Wells*

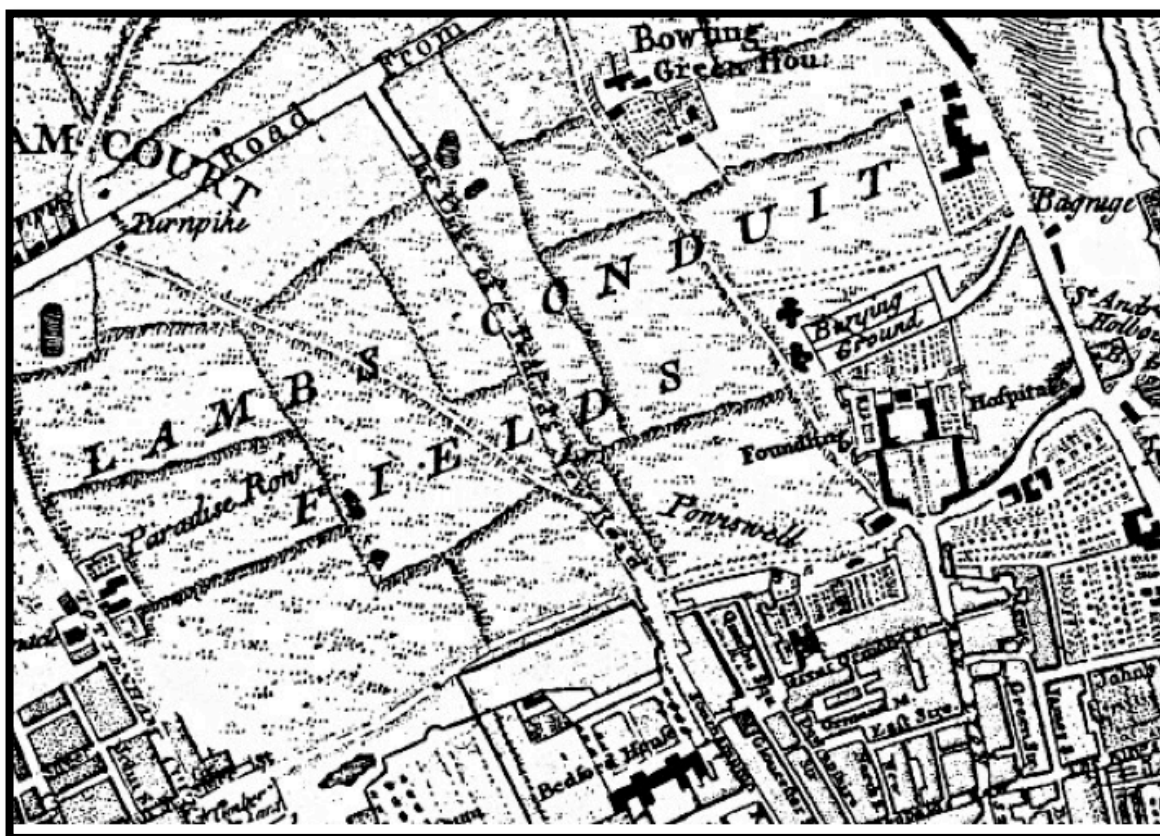
The chalybeate, or 'iron-rich' spring at Powis Wells had been frequented by those interested in its health benefits from at least 1721 when *The Weekly Journal* relayed to the public that a man stooping to wash his eyes in the well's water had fallen in and had

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<sup>14</sup> Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (London, 2000), 142.

been suffocated.<sup>15</sup> The well was located within the property purchased by the Foundling Hospital from the Earl of Salisbury in 1740 and, in subsequent years, the Hospital made considerable use of the reputed therapeutic powers of the Powis Wells water (see Image 1). The water, when taken either internally or externally, was thought to be particularly useful in treating scrofula and eye conditions and, from 1759, Powis Wells water was used to treat the Foundling Hospital children for a variety of conditions, most of which involved the face, head, and eyes.

**Image 1: The Location of Powis Wells on the Foundling Hospital Property**



Source: John Rocque, *A new and accurate survey of the cities of London and Westminster, the Borough of Southwark, with the country about it for nineteen miles in length and thirteen in depth ...* (London, 1748).

<sup>15</sup> Alfred Stanley Foord, *Springs, Streams and Spas of London: History and Associations* (London, 1910), 168.

Robert McClellan, the Hospital's apothecary, kept case studies of 40 children treated with Powis Wells water from August 1759 to February 1762.<sup>16</sup> As apothecary to the Hospital, McClellan was often commissioned by the administration to conduct trials of medical treatments or of medicines. For instance, in 1761 a Hertfordshire surgeon sent the Hospital an ointment to cure the itch and McClellan was directed by the General Committee to make a trial of its efficacy.<sup>17</sup> Similarly, he was charged by the Sub-Committee in 1759 to oversee a trial in which he was to administer water to six children and small beer to an additional six children, and then to observe the effects and report to the General Committee.<sup>18</sup> This particular trial may have been tried in conjunction with, or may indeed have been the root of McClellan's study of the efficacy of the Powis Wells water, since the Committee subsequently ordered, 'that the Nurses or Servants do not on any pretence whatsoever give any Beer to the Children. This in order that the effect of the Childrens drinking Powis Wells Water may be more particularly observed'.<sup>19</sup> The Hospital provided practitioners like McClellan with the rare opportunity to conduct trials of medicines or procedures, involving large numbers of children, who could be closely observed over time. As such, the partnership between the Hospital and McClellan was highly conducive to the expansion of medical knowledge of children's health.

McClellan's study represented an attempt on the part of the Foundling Hospital to make use of a popular therapeutic treatment without incurring excessive expense. In this respect, the timing of the study was particularly important since it occurred at the meeting point between two overlapping trends in therapeutics: one which could be utilised for a small cost, and the other which was less viable for the cash-strapped

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<sup>16</sup> 'Apothecary's notes (in English) on treatment with the use of Powis Wells Water (1759-1762)', LMA, A/FH/A/18/009/001.

<sup>17</sup> GCM, 8 Jul 1761, LMA, A/FH/A/03/002/006.

<sup>18</sup> SCM, 21 Sep 1759, LMA, A/FH/A/03/005/003. The Sub-Committee ordered the following week, 'that the Apothecary be as acute as possible in observing the progress of the most healthy Children newly come whilst they drink Water in order to make the Experiment of Beer at another time either in this Hospital or at Powis Wells', suggesting that the trial with small beer may have been postponed: SCM, 29 Sep 1759, LMA, A/FH/A/03/005/003.

<sup>19</sup> SCM, 6 Oct 1759, LMA, A/FH/A/03/005/003.

Hospital. Prior to the mid-eighteenth century, mineral waters enjoyed massive popularity as a therapeutic treatment for wide variety of ailments.<sup>20</sup> In the second half of the century, the preference for warm waters was superseded by a trend for cold water bathing and sea water, which was thought to be particularly useful in combating scrofula and skin complaints. Before the commencement of McClellan's study, the Hospital had considered the benefits of sending children to Brighton for the sea water, but determined that the expense would be too high.<sup>21</sup> The prohibitively high costs of sea bathing likely contributed to the Hospital's decision to make use of the water from Powis Wells, which was also more conveniently accessible. The Hospital's administration may also have been influenced by the specific references in child-rearing texts to the particular benefits of cold baths for children.<sup>22</sup> As William Buchan emphasised,

to young people, and particularly to children, cold bathing is of the last importance. Their lax fibres render its tonic powers peculiarly proper. It promotes their growth, increases their strength, and prevents a variety of diseases incident to childhood.<sup>23</sup>

Among the 13 boys and 27 girls in McClellan's study, there was a wide spread of ages. The youngest child, William Farnaby, was between the age of two and four when the study was begun, while the oldest child, Elizabeth Jephson, was between the age of 12 and 14 in 1760 when she was instructed to begin drinking the Powis Wells water for her scald head. The amounts of water drunk by the children in the study were determined

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<sup>20</sup> The rise of medical uses of mineral waters is examined in: E.S Turner, *Taking the Cure* (London, 1967); Noel G. Coley, "Cures Without Care": "Chymical Physicians" and Mineral Waters in Seventeenth-Century English Medicine', *Medical History* 23 (1979), 191-214.

<sup>21</sup> GCM, 2 Oct 1753, LMA, A/FH/A/03/002/004. In 1787 the possibility of sending the children for sea bathing was again broached, but was rejected due to the weather and the season. GCM, 12 Sep 1787, LMA, A/FH/A/03/002/015.

<sup>22</sup> Locke, *Some thoughts concerning education* (1693), 5. There was no eighteenth-century medical consensus on the value of cold baths for children, but cold baths were, in general, recommended by most medical practitioners: John Rendle-Short, 'Infant Management in the Eighteenth Century with Special Reference to the Work of William Cadogan', *Bulletin of the History of Medicine* 34 (1960), 110. Medical recommendations on the health benefits of cold baths for children continued into the twentieth century, suggesting that this was a particularly entrenched custom: Ann Dally, *Inventing Motherhood: The Consequences of an Ideal* (London, 1982), 76. Cold baths as well as chalybeate waters were also recommended as a treatment for the excessive acidity of the stomach which children were thought, in particular, to suffer from: William Cullen, *First lines of the practice of physic...* (London, 1783), 114-17.

<sup>23</sup> William Buchan, *Cautions concerning cold bathing, and drinking the mineral waters...* (London, 1786), 11.

by the Sub-Committee, which stipulated that McClellan ensure that the children drink the water ‘in small quantities at a draft’.<sup>24</sup> This qualification may have reflected contemporary debates on the value or harm of drinking large quantities of mineral waters.<sup>25</sup> However, it might also have been indicative of the trend among medical practitioners to suggest that children required smaller doses of medicines than adults. The fact that it was the Sub-Committee, rather than McClellan, who determined some of the parameters of the study should not be seen as evidence of the superior control of laymen within the Hospital. As mentioned in Chapter Two, many of the governors of the Hospital were, themselves, medical men and, in any case, the relationship between the administration and the Hospital’s medical practitioners generally took the form of a mutually beneficial partnership. As a servant of the Hospital, McClellan’s position was tied to the Hospital’s success and, as such, he had as much to gain from a successful study as did the governors of the Hospital. In addition, McClellan, as a medical practitioner whose career was dominated by the treatment of child patients, stood to benefit from any study which demonstrated a new and effective method of treating complaints in children.

The conditions suffered by the children in the study were similar to those conditions considered to be particularly receptive to the effects of mineral waters. Of the 40 children in the study, 19 were instructed to drink and/or wash with Powis Wells water to relieve scald head, and a further 11 were to use the water for some form of inflammation of the eyes. In the case of Elizabeth King, the two conditions were combined since she was listed as suffering from ‘a very bad scald head & being quite blind by means of a defluxion of sharp humours on the eyes’. The case studies also detailed the use of the water to treat warts, ‘the Evil’, ‘sore head’ and ‘a violent flux of

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<sup>24</sup> SCM, 27 Oct 1759, LMA, A/FH/A/03/005/003.

<sup>25</sup> Buchan, *Cautions concerning cold bathing*, 16; Coley, ‘Cures Without Care’, 199; David Harley, ‘A Sword in a Madman’s Hand: Professional Opposition to Popular Consumption in the Waters Literature of Southern England and the Midlands, 1570-1870’ in Roy Porter, ed. *The Medical History of Waters and Spas* (London, 1990), 52.

sharp humours from the head'. These conditions, while lacking the high profile of smallpox, measles, or whooping cough, were particularly troublesome within the Hospital.<sup>26</sup> Indeed, the Hospital's continual struggle to combat skin and eye conditions was a major factor encouraging the administration to commission McClellan's study of the efficacy of Powis Wells water.<sup>27</sup>

McClellan continued to report on the Powis Wells water cases to the Hospital's Sub-Committee, and the committee sporadically commented on how the treatments were progressing, noting for instance in May of 1760, 'found the Girls to be much mended as to their scalded heads by drinking the Powis Wells water'.<sup>28</sup> Most of the cases in McClellan's notes detailed symptoms that continued to recur over time and, while some of the children left the Hospital in good health, others were still ill at the end of McClellan's study. Eighteen of the 38 children for whom outcomes were recorded either left the Hospital in good health or were listed as continuing in good health at the end of McClellan's study. An additional 17 were either not in perfect health or, as McClellan noted, 'continued badly' at the end of the study. Three of the children progressed to such a state that the use of the water was discontinued. The Foundling Hospital continued to administer the water from Powis Wells to children beyond the 1760s indicating the continued prevalence of the widespread perception that mineral water was a potentially effective treatment for a variety of ailments. It may also have reflected a recognition, based on McClellan's case study, that the water was useful in some cases and harmful in almost none and could, therefore, be considered an appropriately mild treatment suitable for use on children.

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<sup>26</sup> As mentioned in Chapter Five, smallpox, measles, and whooping cough were the conditions singled out in the General Registers.

<sup>27</sup> The Sub-Committee noted in 1759, 'the children in general seem to be extremely subject to distempered eyes' and ordered that the nurses be directed not to expose the children to strong light. The following week the Committee also mandated that hats and bonnets be provided for children with weak eyes since, 'the evil arises from their being exposed to a bleak North and North East wind without any covering to their heads for Shelter for the Eyes': SCM, 15 Sep 1759, LMA, A/FH/A/03/005/003.

<sup>28</sup> SCM, 10 May 1760, LMA, A/FH/A/03/005/004.

McClellan's study of Powis Wells water is significant in several respects. Firstly, it highlights how crucial institutional settings were in providing practitioners with access to large numbers of children, upon whom new methods of treatment could easily be tested. Secondly, in McClellan's case, the institution itself was also crucial in initiating and overseeing the study, indicating that co-operation between practitioners and institutional administrations could encourage advances in medical treatments for children. Lastly, McClellan's study was well-organized, and progress of the treatment was well documented. While this aspect of the study may have been the result of the larger efforts of the Foundling Hospital administrators to keep meticulous records, it also reflected a desire to test a treatment on a set group of children, and to observe the results in a systematic manner. McClellan did not administer the mineral water to the children on an ad hoc basis. He kept detailed records of how the children progressed over time through the treatment. McClellan's approach indicates that this particular study, much like the case of Thomasine Edmonton, was intended to expand medical knowledge of a particular treatment as it related to child patients. Both McClellan and the Foundling Hospital administration clearly felt that childrens' conditions could and should be managed medically, and that such a study, headed by a medical practitioner, could contribute a fresh approach to the problems of providing medical treatment for children.

#### *William Watson and the Use of Electricity*

Many of the functions served by McClellan's study can also be observed in a single case study conducted by William Watson. Watson, physician to the Foundling Hospital from 1762 to 1787, brought his experience with medical electricity to bear on a particularly difficult case in 1763. Though Watson continued to publish works on botany throughout his career, he was widely reputed for his work on electricity, which he began through experimentation in 1744. Despite the fact that he was an enthusiastic supporter of electricity, he was known to demonstrate a somewhat cautious approach to the use of

electricity in medical contexts. His use of an electrical treatment on a young girl in the Foundling Hospital in 1763 is thus remarkable since, in this instance, he was willing to try a procedure while being unsure of the outcome. Though the child's case was severe, warranting an effort to try any possible remedy, Watson's documentation of the case indicates he viewed the treatment as innovative and was eager to communicate his success in treating the young girl in question.

On 30 August 1756 Catherine Field, who was less than one year old, was admitted to the Foundling Hospital. She was sent away to a country nurse the following day and returned to the Hospital on 17 September 1760.<sup>29</sup> On 10 July 1762, when she was approximately six or seven years of age, she was admitted to one of the Hospital's infirmaries with a fever.<sup>30</sup> The following week her condition had altered to 'fever and lock'd jaw'. She remained in the infirmary until 19 February 1763 suffering from 'universal rigidity', 'lock'd jaw and universal rigidity', 'partial rigidity' and finally, in her last week, small pox. Though the day-to-day care of the children in the Foundling Hospital infirmaries was primarily conducted through Robert McClellan, the resident apothecary, and the hospital's nursing staff, the Hospital's physicians and surgeons were required to attend on certain days to oversee cases. The evidence that William Watson was personally involved in the case of Catherine Field lay in Watson's publication of his involvement with her case in the *Philosophical Transactions* in 1763.

Watson revealed that Catherine was originally thought to have been suffering from worms until, on 8 July 1762, she was unable to open her mouth.<sup>31</sup> Four days later, Watson visited Catherine in the infirmary along with Dr. Charles Morton, also a physician to the Foundling Hospital. They concluded, 'from her offensive breath and other indications, that the spasm of her jaw was symptomatic, either of worms or foul

<sup>29</sup> General Register of Children 1 (1741-1757), LMA, X041/003.

<sup>30</sup> Weekly reports on the sick in the infirmaries, Jan 1761-Apr 1763, LMA, A/FH/A/18/005/001.

<sup>31</sup> William Watson, 'Observations upon the Effects of Electricity Applied to a Tetanus, or Muscular Rigidity, of Four Months Continuance. In a Letter to the Royal Society', *Philosophical Transactions* (1683-1775) 53 (1763), 10.

bowels'.<sup>32</sup> Over the next three weeks her pulse was taken at intervals and a regimen was prescribed, though she continued to be feverish and the rigidity progressed to her neck and back until 'by the end of September, almost all the muscles of her body were rigid and motionless'.<sup>33</sup> Her condition continued to deteriorate. Watson recorded that, though two of Catherine's front teeth were removed so that she might be fed, she became emaciated due to lack of nourishment. Both Watson and Morton attempted a series of treatments including: warm bathing and then cold bathing, linseed oil and other medicines to destroy the worms and cleanse the bowels, bleeding with leeches at the temples to reduce the fever, blisters on various parts of the body, and more than nine hundred drops of 'tinctura thebaica', an opiate.<sup>34</sup> Medical treatments were suspended from the end of September, 1762, though Watson noted, 'dreadful however as her situation was, she was still alive: we were desirous therefore of omitting nothing, that in the least might be expected to relieve her'.<sup>35</sup>

From this point, they began to attempt the use of electricity to contract her muscles. The infirmary notes for October 1762 recorded, 'electricity used for a fortnight without any good effect'.<sup>36</sup> From the middle of November 1762, Catherine was electrified every day, or every other day, for approximately 20 minutes. Her convulsions ceased after about a fortnight and her muscles had fully loosened by the end of January, 1763 at which point Watson noted, 'she could not only stand upright, but walk, and can even run like other children of her age'.<sup>37</sup> Catherine Field was presented before the governors of the Foundling Hospital who, as Watson related, expressed amazement at her recovery.

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<sup>32</sup> Watson, 'Observations upon the Effects of Electricity', 11.

<sup>33</sup> Watson, 'Observations upon the Effects of Electricity', 12.

<sup>34</sup> Watson, 'Observations upon the Effects of Electricity', 14.

<sup>35</sup> Watson, 'Observations upon the Effects of Electricity', 15.

<sup>36</sup> Weekly Reports of the Sick in the Infirmarys, Oct 1762, LMA, A/FH/A/18/005/001.

<sup>37</sup> Watson, 'Observations upon the Effects of Electricity', 17.

Watson was clearly aware that the electric treatment prescribed in this case was unorthodox. In his letter to the Royal Society, he defended the procedure as a true test of the benefits of electricity since other cures had had no effect on Catherine's condition, noting 'the patient under electrifying only, and that at a very severe season of the year, has been restored to perfect health, I cannot refuse my assent in believing it effected by the power of electricity'.<sup>38</sup> The use of electricity in medical contexts had gained several advocates by the time that Watson was involved in Catherine Field's case. The ninth edition of John Wesley's *Primitive Physic*, published in 1761, contained the first recommendation for the use of electricity in the popular text, which had been published in frequent editions from 1747.<sup>39</sup> Indeed, medical institutions, as 'centres for practical experimentation with novel therapies' played a major role in encouraging the adoption of medical electricity.<sup>40</sup> Electricity was popular in part because it had a dual appeal. To the wealthy and educated, electrical displays, like James Graham's celestial bed, were novelties, popular demonstrations of Newtonian experimental philosophy.<sup>41</sup> To the lower orders the aspects of novelty and spectacle may have been similar but the cheapness and universality of electricity allowed its advocates to advertise it as a useful medical therapy for the poor.<sup>42</sup>

Watson expressed reservations about the uses of electricity in 1746 in his *Experiments and observations tending to illustrate the nature and properties of electricity*. However, public interest in electrical demonstrations was at its height in the mid-eighteenth century and, by 1763, Watson was clearly not averse to attempting the use of electricity on a young girl, though it may have been the severity of her case which

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<sup>38</sup> Watson, 'Observations upon the Effects of Electricity', 19.

<sup>39</sup> Deborah Madden, '*A Cheap, Safe and Natural Medicine*': Religion, Medicine and Culture in John Wesley's *Primitive Physic* (Amsterdam, 2007), 3.

<sup>40</sup> Paul Elliott, "'More Subtle than the Electric Aura": Georgian Medical Electricity and the Development of Erasmus Darwin's Psychophysiology', *Medical History* 52 (2008), 201.

<sup>41</sup> Porter, *Health for Sale*, 157-172.

<sup>42</sup> Paola Bertucci, 'Therapeutic Attractions: Early Applications of Electricity to the Art of Healing', in Harry Whitaker, C.U.M Smith and Stanley Finger, eds. *Brain, Mind and Medicine: Essays in Eighteenth-Century Neuroscience* (New York, 2007), 276.

induced him to try electricity when he otherwise might have cautioned against its use.<sup>43</sup>

By 1785 when George Adams published *An essay on electricity explaining the theory and practice of that useful science; and the mode of applying it to medical purposes*, the use of electrical treatments on children was common enough for Adams to include on the frontispiece an image of a young girl being electrified. Such images may, indeed, have utilised the figure of a child to indicate the safety of medical electricity or to highlight the wide scope of individuals who could benefit from medical treatments.

Catherine Field's case indicates the extent to which Watson was aware that medicine for children must take a different form than medicine for adults. In his letter to the Royal Society he expressed reservations about the large doses of opium to which Catherine Field was subjected. This was in accordance with a popular belief that children could accept similar medicine to adults, but that the doses had to be reduced in size to account for the relative fragility of the child's body. Watson's comments also touched on an ongoing debate about the propriety of administering opium to children, particularly in light of the popularity of opium-based soothing syrups.<sup>44</sup> Most medical practitioners considered opium to be a dangerous substance to be avoided when treating children. In 1740 the General Committee of the London Foundling Hospital corresponded with the President of the Royal College of Physicians concerning the use of opiates on children.<sup>45</sup> Though the College of Physicians responded that opium was never to be used on children, future dictates of the General Committee indicate that the use of opium products on children by nurses continued to be enough of a problem to be warned

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<sup>43</sup> Simon Schaffer, 'The Consuming Flame: Electrical Showmen and Tory Mystics in the World of Goods', in John Brewer and Roy Porter, eds. *Consumption and the World of Goods* (London, 1993), 490.

<sup>44</sup> Andreas-Holger Maehle, 'Pharmacological Experimentation with Opium in the Eighteenth Century', in Roy Porter and Mikulas Teich, eds. *Drugs and Narcotics in History* (Cambridge, 1995), 52-76; Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London, 1981), 98

<sup>45</sup> GCM, 16 July 1740, LMA, A/FH/A/03/002/001.

against.<sup>46</sup> Though most practitioners cautioned against opium use on child patients, many, like Watson, were willing to condone the use of opium on children when the child's condition was severe enough to warrant a serious treatment. Indeed, Watson justified his administration of opium to Catherine Field in much the same terms as he justified his use of medical electricity in her case. According to Watson, Catherine's dire condition warranted a serious, and in this case innovative, approach.

Watson concluded his letter to the Royal Society with the observation that the patient was well but, if any change should occur, he would acquaint the Society with the further conditions of her case. A postscript for 9 March 1763 noted, 'the patient continues well, her jaw is as loose as ever. The electrifying has been discontinued above a month; and she is in every respect perfectly recovered'.<sup>47</sup> In September 1765 Watson again attempted an electric treatment on a Foundling Hospital child listed as 'paralytic'. The child in question, Sarah Parker, was treated with electricity twice a week from 14 September 1765 to 19 April 1766.<sup>48</sup> The evidence of this second case indicates that, following the case of Catherine Field, the governors of the Hospital were receptive to the use of electricity on children and that they were willing to make use of a treatment that was still being tested in the medical and scientific community.

#### *George Armstrong and the Use of Hemlock for Whooping Cough*

The trials of mineral waters and electricity conducted at the Foundling Hospital by McClellan and Watson provoked little negative comment, at least in print. Though McClellan's trial was never published in print, Watson's appeared in a widely-read journal, and certainly could have motivated discussion. The relatively successful nature of both trials was likely crucial in precluding any negative backlash. Such was not the

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<sup>46</sup> The regulations for the Hospital specifically stated, 'if any Nurse give any strong Liquor or Opiate to any Child, or shall have any such in her Custody, she shall be immediately discharged, and for ever be incapable of serving the Hospital': *Regulations for managing the hospital for the maintenance and education of exposed and deserted young children* (London, 1757), 27.

<sup>47</sup> Watson, 'Observations upon the Effects of Electricity', 26.

<sup>48</sup> Weekly Reports of the Sick in the Infirmarys, Apr 1766, LMA, A/FH/A/18/005/002

case with George Armstrong's efforts to popularise the use of hemlock as a treatment for infants suffering from whooping cough. In this case, innovative medical practice involving children was perceived as excessively dangerous, carrying a risk which did not justify the use of a new treatment. As such, Armstrong's trials provide a useful counterpoint to those initiated by McClellan and Watson, as well as evidence that, while the medical community was eager to develop new methods of preventing infant and child mortality, they were not willing to countenance risky treatments, or improperly conducted trials.

Until 1772 Armstrong treated whooping cough with antimonial vomits.<sup>49</sup> However, following the publication of a treatise by William Butter, he began to experiment with the use of hemlock. In *A treatise on the kinkcough*, William Butter recommended treating whooping cough using hemlock mixed in liquid, usually spring water, occasionally with lemon juice, sugar, or other additives.<sup>50</sup> By 1777 George Armstrong had treated, using hemlock, 357 children suffering from whooping cough, of whom he reported 17 dead.<sup>51</sup> In the 1783 edition of his essay on the diseases of infants, the number of whooping cough cases treated with hemlock had risen to 732, of whom he reported only 25 dead.<sup>52</sup>

In 1777, Armstrong's reputation, as well as the reputation of his Dispensary for the Infant Poor, was threatened when John Coakley Lettsom accused Armstrong in the *Gentleman's Magazine* of experimenting with hemlock in an indiscriminate and dangerous fashion on the dispensary children, citing Armstrong's 'warm disposition to

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<sup>49</sup> In the first edition of his text, Armstrong noted that he had treated 14 children suffering from whooping cough in a single year. All 14 cases were treated with an antimonial mixture and all but one recovered: George Armstrong, *An essay on the diseases most fatal to infants...* (London, 1767), 91-94.

<sup>50</sup> William Butter, *A treatise on the kinkcough with an appendix, containing an account of hemlock, and its preparations* (London 1773), 164.

<sup>51</sup> George Armstrong, *An account of the diseases most incident to children...* (3<sup>rd</sup> edn, London, 1777), 107.

<sup>52</sup> Whooping cough cases were not actually admitted to the dispensary. Parents and nurses were given medicines to administer to the children at home: George Armstrong, *An account of the diseases most incident to children...* (4<sup>th</sup> edn, London, 1783), 116, 191.

try experiments in a very serious and dangerous disease'.<sup>53</sup> In his memoirs of the General Dispensary, Lettsom noted of Butter's recommendation of the use of hemlock for whooping cough, 'we find no very evident instance of its success related by its patron; and therefore, since the perusal of his own cases, I have never attempted *his hemlock*'.<sup>54</sup> Lettsom's accusations against Armstrong were grounded in the argument that other, safer remedies for whooping cough existed and should, therefore, be used in preference to hemlock. In 1772, the same year that Armstrong began the use of hemlock for whooping cough, John Haygarth reported the use of tartar emetic as a treatment during a whooping cough epidemic in Liverpool. According to Haygarth, tartar emetic mitigated both the cough and fever and also had no taste, making it a useful remedy for children, especially young infants.<sup>55</sup> William Buchan similarly argued that opium was superior to hemlock for the treatment of whooping cough and that hemlock could be dangerous and should be purchased already prepared in a shop as opposed to relying on home preparation.<sup>56</sup> Hemlock was first included in the pharmacopoeia prepared by the Royal College of Physicians in 1791 with the warning, 'though long supposed more poisonous than was just, yet, taken in too large a quantity, it is certainly capable of producing pernicious effects'.<sup>57</sup> Clearly hemlock was widely considered to be potentially dangerous. Armstrong's use of it, in preference to the antimonial wine he had previously administered to whooping cough cases, was thus remarkable.

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<sup>53</sup> John Coakley Lettsom, 'Observations on some Passages in Dr. Armstrong's Diseases of Children', *Gentleman's Magazine* 47 (Sep 1777), 416.

<sup>54</sup> John Coakley Lettsom, *Medical memoirs of the General Dispensary in London, for part of the years 1773 and 1774* (London, 1774), 242; italics are Lettsom's.

<sup>55</sup> William Haygarth, 'Observations on the Bills of Mortality in Chester', in *Mortality in Pre-Industrial Times: The Contemporary Verdict* (facs. edn., Westmead, 1973), 75.

<sup>56</sup> William Buchan, *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicines ...* (London 1772), 263, 430.

<sup>57</sup> *The pharmacopoeia. Of the Royal College of Physicians of London. Translated into English, with notes, indexes of new names, preparations, & c. & c. ...* (5<sup>th</sup> edn., London 1791), 20.

In his response to Lettsom's accusations, Armstrong took a defensive stance, attempting to efface his own culpability in using dangerous medicine on children.<sup>58</sup> In addition to noting that a treatment should never be dismissed without a fair trial of its efficacy, Armstrong responded that the deaths of children through the use of hemlock might have been related to nothing more than the fact that the parents of the dispensary children were becoming more efficient in reporting the deaths of their children. Armstrong clearly felt that, while fatalities were regrettable, he was not solely to blame. He had merely attempted a new cure to a disease which posed a serious threat to infants and children. However, as will be discussed, Lettsom's quarrel was not with Armstrong's efforts to test a new treatment, but with Armstrong's assessment of the risks involved, and his failure to take quantitative results into account. In short, Lettsom was querying the way in which innovative medical practice was conducted. The fact that Armstrong's patients were infants contributed, as far as Lettsom was concerned, an additional cause for criticism, suggesting that innovative medical practice, when applied to children, needed to conform to a different set of parameters. While these parameters may have been met by McClellan and Watson, under the watchful eye of the Foundling Hospital administration, Armstrong, who operated his dispensary on a nearly solitary basis, clearly failed, at least according to Lettsom, to conform to these standards.

The print debate between Armstrong and Lettsom highlighted some of the problems inherent in the medical treatment of children. As discussed in previous chapters, eighteenth-century medical practitioners interested in children's health were frequently forced to confront the assumption, emanating from the laity as well as from other medical men, that mothers, nurses, and midwives, rather than medical practitioners, were authorities on children's health. This state of affairs created a degree of self-consciousness among those practitioners who treated children. Essentially there was a

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<sup>58</sup> *Gentleman's Magazine* 47 (Dec 1777), 633.

necessity for their medical involvement with child patients to be beyond reproach, so as to avoid accusations that they did not possess the proper qualities to care for children. When seen in this context, and in relation to the wider trend towards medical professionalization, Lettsom's attack on Armstrong becomes increasingly clear. Lettsom was an incredibly prolific writer who frequently cast himself in the role of public commentator, particularly on medical matters and in response to anything he regarded as quackery. In this respect he was part of a vocal anti-quack movement which championed medical professionalization at the expense of irregulars who were cast as dangerous threats to the public. Lettsom's portrayal of Armstrong's use of a dangerous remedy on infant patients when other, safer cures were at hand, configured Armstrong as a threat to those practitioners, like Lettsom, who hoped to see medical care of children become the province of responsible, knowledgeable, and authoritative medical practitioners.

As mentioned above, Lettsom's quarrel was not with the attempt to use a new treatment on children but was, rather, with Armstrong's neglect in following up the treatment with a consideration of the quantitative results. Armstrong responded that it was difficult to obtain accurate statistics about the efficacy of a treatment when dealing with dispensary patients, but Lettsom's accusation was grounded in the assumption that new medical treatments had to be proven scientifically before they could be used on a wider scale. Tied to these concerns were increased demands that medical institutions, and the actions of medical practitioners, be accountable to public scrutiny. As John Millar, physician to the Westminster General Dispensary, noted, 'it is not fit that individuals of any profession should prey on public calamity: error ought not to be sanctified by custom, nor concealed by mystery and reserve; nor the test of arithmetical calculation evaded'.<sup>59</sup> According to Lettsom, Armstrong's medical practice was clearly suspect because, though Armstrong did keep track of the number of cases treated, an appreciation

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<sup>59</sup> John Millar, *Observations on the practice in the medical department of the Westminster General Dispensary: together with an arithmetical calculation of the comparative success of various establishments for the relief of the sick...* (London, 1777), 7.

of the number of fatalities caused by hemlock did not prompt him to alter his course of treatment.

Armstrong's efforts to develop a new treatment for children clearly aroused controversy, but his trial with hemlock should not necessarily be viewed as a failure. If nothing else, the controversy itself aroused the interest of other practitioners, as well as the literate public who read the *Gentleman's Magazine*. The trial also demonstrated the potential for institutional spaces to provide opportunities to formulate new approaches to medical practice. In his dispensary Armstrong had access to large numbers of children and, while he did not enjoy the same ability to observe the children over longer periods of time as did McClellan and Watson, the institution itself provided an important space for the testing of an innovative practice which, though partially unsuccessful, did, in the long term, serve the interests of medical authority over children's health by demonstrating to the public that the medical community was attempting to develop new approaches to children's health, and that the community would police itself from within to ensure that innovative medical practice involving children did not shade into dangerous territory.

#### *The Development of Inoculation for Smallpox*

While McClellan, Watson, and Armstrong were engaged in attempting to formulate therapeutics for children, another development captured medical and public interest, fusing varying issues of children's health with a prolonged and high profile campaign. The beginning of the eradication of smallpox through inoculation and vaccination is typically regarded as one of the only major medical advances in the eighteenth century though, as most recent historians have argued, the adoption of both inoculation and vaccination by the majority of the population was hardly steady and

unproblematic.<sup>60</sup> Though the prevalence and fatality rate of smallpox encouraged the widespread conviction that the disease was a problem, efforts to provide a solution pitted members of the medical community against one another, and against the population at large, and demonstrated the problems of first gaining support for, and then instituting, an innovative medical procedure, particularly since both the problem and the proposed solution targeted children, a subset of the population perceived as both vulnerable and valuable.

By the end of the seventeenth century, there were annually approximately 1,000 to 2,000 smallpox deaths in London alone, reaching levels of 2,500 to 3,000 during epidemic years, though misdiagnosis was common and had an impact on these numbers.<sup>61</sup> James Jurin noted that the total number of smallpox deaths between 1701 and 1722 within the Bills of Mortality was 36,620 out of a total number of 505,598, or one fourteenth of the total number of burials.<sup>62</sup> Smallpox was prevalent in the Bills of Mortality but fear of the disease was also promoted by popular images of the scarred faces and blindness left as lasting tokens of the disease.<sup>63</sup> Anxiety about such outcomes, as well as fears about the possibilities of fatality, motivated panic about disease and

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<sup>60</sup> Traditional histories of inoculation and vaccination tend to view the two procedures in a somewhat triumphal and inevitable light: Peter Razzell, *The Conquest of Smallpox: The Impact of Inoculation on Smallpox Mortality in Eighteenth Century Britain* (Sussex, 1977). More recent histories of smallpox, inoculation and vaccination have made greater attempts to foreground dissent and the uneven adoption of the procedures and have moved away from heroic narratives: Donald R. Hopkins, *Princes and Peasants: Smallpox in History* (Chicago, 1983), J.R. Smith, *The Speckled Monster: Smallpox in England, 1670-1970, With Particular Reference to Essex* (Chelmsford, 1987); Sanjoy Bhattacharya and Niels Brimnes, 'Introduction: Simultaneously Global and Local: Reassessing Smallpox Vaccination and its Spread, 1789-1900', *Bulletin of the History of Medicine* 83/1 (2009), 1-16. However, though examination of dissent forms a part of most recent historiographical discussions of smallpox, the tendency to see inoculation and vaccination as inevitable advances over ignorance continues to pervade the historiography: Gareth Williams, *Angel of Death: The Story of Smallpox* (Houndmills, 2010).

<sup>61</sup> Ann G. Carmichael and Arthur M. Silverstein, 'Smallpox in Europe Before the Seventeenth Century: Virulent Killer or Benign Disease', *Journal of the History of Medicine and Allied Sciences*, 42 (1987), 162. All early modern cases of smallpox in Europe prior to the nineteenth century were some form of *Variola major*, which killed approximately 25 percent of its victims: Hopkins, *Princes and Peasants*, 5.

<sup>62</sup> James Jurin, 'A Letter to the Learned Dr. Caleb Cotes-Worth. . .', *Philosophical Transactions* 32 (1722-1723), 218.

<sup>63</sup> David Shuttleton, 'A Culture of Disfigurement: Imagining Smallpox in the Long Eighteenth Century', in George Sebastian Rousseau, et al., eds. *Framing and Imagining Disease in Cultural History* (Houndmills, 2003), 68-91.

informed the way in which people approached inoculation as a possible solution, and how they understood inoculation trials as possible dangers to the bodies of children.

Inoculation involved the introduction of a small amount of smallpox matter into the system to induce a mild case of smallpox which, if the patient survived, would leave him or her immune to the disease. The procedure had a significant success rate, but was also dangerous, since it essentially involved giving a healthy patient a form of a potentially fatal disease. Interest in the procedure was evident as early as 1714 when a letter published in the *Philosophical Transactions* described the practice of inoculation in Constantinople, though the Chinese practice of inhaling smallpox matter through the nose had been discussed among the members of the Royal Society as early as 1701.<sup>64</sup> In 1717 Lady Mary Wortley Montagu's son was inoculated by Charles Maitland, who recorded that Lady Montagu sent for

an old Greek Woman... [who] 'put the Child to so much Torture with her blunt and rusty Needle, that I pitied his Cries. . . and therefore Inoculated the other Arm with my own Instrument [lancet], and with so little Pain to him, that he did not in the least complain of it'.<sup>65</sup>

The clear juxtaposition in this account was between the benefits of science and the dangers of allegedly blind adherence to supposedly ignorant tradition; also configured as a dichotomy between the learned man and the uneducated woman, a rhetorical strategy that, as previously noted, was common to medical texts on the subject of children's health. Significantly in this case, even though the practice of inoculation was traditional, the process was considered to be improved and made palatable by the participation and expertise of a practitioner who believed his equivalent qualifications and sensibility to be superior.

In 1721 Lady Mary's daughter was inoculated successfully in London by Maitland, contributing to a virulent debate on the subject among men of science and

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<sup>64</sup> Emanuel Timonius and John Woodward, 'An Account, or History, of the Procuring the Small Pox by Incision, or Inoculation; As It Has for Some Time Been Practised at Constantinople', *Philosophical Transactions* 29 (1714-1716), 72-82.

<sup>65</sup> Quoted in: Razzell, *The Conquest of Smallpox*, 4.

medicine, but also among the general public. One of the key objections, as Peter Razzell has noted, was that the medical profession found it difficult to countenance that an effective technique against smallpox had not been discovered by one of its own members.<sup>66</sup> The tone of Maitland's account, however, suggests that the medical community was quick to stake its own claim to the procedure as a means of signalling its own authority and asserting the superiority of medical training over supposedly superstitious folk practices. If they initially rejected inoculation for the reason suggested by Razzell, they were able to overcome the problem relatively quickly.

As support for inoculation increased, calls to institute general inoculation of entire populations introduced another stumbling block to acceptance of the procedure. Opponents of general inoculation frequently cited the difficulties of isolating inoculated individuals. If inoculated patients could not be isolated, the risks of spreading the disease increased. Opposition to inoculation also reflected a simple fear of novelty. Innovation did not carry entirely positive connotations in the eighteenth century and there were many who argued against inoculation based on a mistrust of what seemed to be innovation merely for the sake of innovation. In addition to suspicion of innovation, there was the complex relationship between knowledge that something exists and acceptance that something is true.<sup>67</sup> The dissemination of information about inoculation did not result in simple acceptance of a procedure considered to be potentially dangerous and potentially ineffective. An opponent of inoculation forcefully stated in the *Gentleman's Magazine*,

till the Advocates for this sort of Manslaughter can produce some Text of Scripture, to warrent our giving ourselves a Distemper we might never have, or not till a more proper Season, they do nothing—Would these Gentlemen, if the Plague was amongst us, inoculate for that?<sup>68</sup>

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<sup>66</sup> Razzell, *The Conquest of Smallpox*, 5.

<sup>67</sup> Sara Stidstone Gronim, 'Imagining Inoculation: Smallpox, the Body and Social Relations of Healing in the Eighteenth Century', *Bulletin of the History of Medicine* 80 (2006), 249.

<sup>68</sup> *Gentleman's Magazine* 3/34 (Oct 1733), 514.

Convincing the populace at all levels was not as simple as the popularization of a few key, high-profile cases, though such cases may have contributed to greater awareness of inoculation itself.<sup>69</sup> However, in some cases, publicity worked against acceptance of the process since it merely added to public speculation.<sup>70</sup> Support for inoculation remained tenuous from its introduction into England in 1721 until the 1740s. Much of this reticence hinged on a reluctance to infect patients, particularly children, with a dangerous illness they did not already have. As Rev. J. Hough noted in 1737, ‘parents are tender and fearful, not without hope their children may escape this disease, or have it favourably, whereas, in the way of art, should it prove fatal, they could never forgive themselves: for this reason, nobody dares to advise in the case’.<sup>71</sup>

Support for inoculation increased as the scientific and medical community, led by Hans Sloane and the Royal Society swung their support behind the procedure and began to amass a body of data about the benefits of inoculation. James Jurin compiled rough statistics on the extent of inoculation, applying mathematical principles to the problem of disease.<sup>72</sup> In this case, medical statistics were used to bridge the gap between speculation and acceptance. Public acceptance of inoculation also rested on public demonstration that the procedure could produce successful results. Though children were not involved in the first well-publicized British experiment with the inoculation of the prisoners at Newgate in 1721, children were often the subjects of inoculation experiments. As individuals with limited prior experience of disease, they were considered apt subjects for pure

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<sup>69</sup> As Miller notes, the impact of high profile support for inoculation, like that from Lady Mary Wortley Montague has been overstated and it is likely inoculation would have gained support without her: Genevieve Miller, ‘Putting Lady Mary in Her Place: A Discussion of Historical Causation’, *Bulletin of the History of Medicine* 55/1 (1981), 2-16.

<sup>70</sup> Hopkins, *Princes and Peasants*, 49.

<sup>71</sup> Quoted in: Razzell, *The Conquest of Smallpox*, 41.

<sup>72</sup> Jurin, ‘A Letter to the Learned Dr. Caleb Cotes-Worth’, 214.

experimentation.<sup>73</sup> As the account of the formation of the Middlesex Smallpox Hospital observed,

children from four, to ten or twelve Years old, may probably be the most proper Subjects for this Operation, inasmuch as their Fluids in this tender Age, are not so subject to be contaminated with such Disorders as a more adult Age may be liable to, or being disorder'd may be more easily and speedily corrected.<sup>74</sup>

Children of medical practitioners, or children of outspoken supporters of inoculation, were often chosen for the procedure in the first half of the eighteenth century. The inoculation of children was not necessarily a form of experimentation in the negative sense of the word, because it was considered, by supporters of inoculation as a means of protecting children from future harm. In this sense, inoculation fit with contemporary notions of acceptable innovation which, as discussed earlier, weighed the risks against the possibility of future reward. However, inoculation was a new procedure in Britain and France and outcomes were uncertain. John Gregory suggested that, before performing inoculation as medical research, the practitioner first consider whether or not he would perform the same procedure on his own child, suggesting that, as discussed in previous chapters, the medical practitioner's consideration of a child patient was indeed informed by his relationship to his own child, and his role as a father.<sup>75</sup>

Charity children were also frequent subjects of early inoculation trials. Hans Sloane recorded that, before the royal princesses were inoculated, 'to make a further tryal, the late queen Caroline procured half a dozen of the charity-children belonging to St. James's parish, who were inoculated'.<sup>76</sup> The use of foundling children in similar therapeutic trials extended from the efforts of the Foundling Hospital to inoculate all of its children, through to the 1803 Balmis expedition, in which arm-to-arm vaccination was performed on foundling children on a voyage sanctioned by the Spanish government to

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<sup>73</sup> Michael A. Grodin and Leonard H. Glantz, eds. *Children as Research Subjects: Science, Ethics and Law* (Oxford, 1994), 4.

<sup>74</sup> *Account of the Middlesex County Hospital for the small-pox and inoculation* (London, 1748), 3.

<sup>75</sup> McCullough, *John Gregory and the Invention of Professional Medical Ethics*, 249.

<sup>76</sup> Hans Sloane and Thomas Birch, 'An Account of Inoculation by Sir Hans Sloane. . .', *Philosophical Transactions* 49 (1755-1756), 518.

spread the practice of vaccination to Cuba, Mexico, Guatemala, Panama, Argentina, Chile, Peru, the Philippines, and China.<sup>77</sup>

Mandatory inoculation of the Foundling Hospital children began in 1744, at which date few children, much less children of the poor, were receiving inoculations in London. In June, 1743 Dr. Conyers was requested by the General Committee of the Foundling Hospital to consider inoculating the children living in the hospital who had not had smallpox.<sup>78</sup> The Foundling Hospital children were eventually inoculated according to the Suttonian method, popularized by Robert and Daniel Sutton from the early 1760s. The Suttonian method involved the use of smaller incisions as well as a shorter preparation period for the process, which made inoculation more palatable to institutions like the Foundling Hospital, where issues of time and cost were considerations.

The relative success of the Suttonian method was instrumental to greater acceptance of inoculation, though the adoption of inoculation at the Foundling Hospital from the early date of 1744 undoubtedly also played a role in swaying popular perception of the procedure. William Watson defended the success of the procedure at the Foundling Hospital in 1768 noting, ‘the success of inoculation at the hospital has been such, as no practitioners need be ashamed of’.<sup>79</sup> As the Suttonian method was adopted and many of the earlier rituals and procedures surrounding inoculation were abandoned, several practitioners increasingly stressed the reassuring simplicity of inoculation. In *Domestic Medicine* William Buchan suggested that, failing other attempts, mothers and fathers could perform inoculation on their own children. Buchan’s argument in favour of parents performing inoculation was rooted primarily in his desire to make the procedure appear as simple and risk-free as possible. There is no indication that he was suggesting that parents were equal to medical practitioners in this respect, rather that he was cognizant

<sup>77</sup> Andrea Rusnock, ‘Catching Cowpox: The Early Spread of Smallpox Vaccination, 1798-1810’, *Bulletin of the History of Medicine* 83/1 (2009), 32.

<sup>78</sup> GCM, Jun 1743, LMA, A/FH/A/03/002/001.

<sup>79</sup> William Watson, *An account of a series of experiments instituted with a view of ascertaining the most successful method of inoculating the small-pox* (London, 1768), 2.

that parents could perform the procedure as a last resort, and that the simplicity of inoculation made it a procedure that could be done by any individual without fear of harming the patient.

The Foundling Hospital children were initially inoculated within the premises of the Hospital, but increases in the Hospital's population necessitated the recruitment of practitioners to perform the procedure off-site. In 1766 Daniel Sutton corresponded with Jonas Hanway, offering his services to perform inoculations for the Foundling Hospital children at his practice at Ingatestone, though he expected to receive one guinea per child inoculated. Hanway forwarded the letter to the Hospital's physician, William Watson with the observation, 'considering how closely our poor children tread on the heels [sic] of each other, You will think with me, the sooner they are inoculated the better'.<sup>80</sup> Throughout the eighteenth century, the Foundling Hospital continued a policy of inoculating children either while they were at nurse in the country, or immediately upon their return to the London hospital.

In the 1740s general inoculation for the poor was limited.<sup>81</sup> The inoculation of the Foundling Hospital children could thus be viewed either as evidence of the exemplary medical care they received, or as evidence of efforts to test a new procedure on a population of children considered to some extent expendable. Given the continued efforts by the Hospital's governors and supporters of the institution to stress the importance of children to the social body and the nation, it is improbable to suggest that inoculation was adopted without concern for the possibly dangerous outcome. It is far more likely that the Hospital's governors, such as Jonas Hanway and Richard Mead, and its medical staff, including William Watson, considered inoculation to be a valid and successful procedure that had the potential to save more lives than it cost. The enterprise of the Foundling Hospital was always a mathematical balancing act which perpetually threatened to tip

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<sup>80</sup> 'Letter from Jonas Hanway to William Watson', 15 July 1766, LMA, A/FH/M/01/005/001.

<sup>81</sup> Razzell, *The Conquest of Smallpox*, 56.

towards disaster. Keeping children alive and healthy was not an easy or trivial endeavour, and the efforts of the individuals involved with the Foundling Hospital suggest that the attempt was not undertaken lightly; nor was it informed by the assumption that illegitimate children of the poor were somehow more expendable than others and were, therefore, appropriate subjects for risky scientific research.

At the same time, the Hospital's medical practitioners used the opportunity of being able to inoculate the Hospital's children to learn more about the success of the procedure. The 1763 infirmary records contained the notation that 'Beatrice Akland and . . . Ann Bateman were inoculated at the same time and had each one pustule: Quare, Whether those Pustules were truly variolous'.<sup>82</sup> This was clearly an effort to use the experience of performing inoculations to gain more concrete and applicable knowledge about smallpox. The Hospital's medical staff also adopted techniques developed by other practitioners and publicized within the scientific and medical community. In 1752 Richard Brooke, a surgeon practising in the American colonies, related to James Parsons, Secretary of the Royal Society, experiments undertaken to inoculate for smallpox without making any incision but rather by applying infected lint to the arm. At the end of the account a notation recorded, 'since the above account was communicated to the Royal Society by Mr. Brooke, the experiment has been tried upon four children by Dr. Conyers at the Foundling Hospital'.<sup>83</sup> The same letter was also printed in the same year in the *Gentleman's Magazine* in an expanded form, an indication of the popularity of the subject even among the lay population.<sup>84</sup> In this version of the letter Brooke noted that his method was preferable because it produced milder symptoms and because children were afraid of the lancet.

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<sup>82</sup> 'Weekly Report of the Sick in the Infirmarys, LMA, A/FH/A/18/005/002.

<sup>83</sup> Richard Brooke, 'A Letter from Mr. Rich. Brooke, Surgeon. . .', *Philosophical Transactions* 47 (1751-1752), 472.

<sup>84</sup> Richard Brooke, 'Letter' *Gentleman's Magazine* 22 (May 1752), 218.

In 1768 William Watson published the results of a series of trials he had done to ascertain the best medical treatment to accompany inoculation. In 1767 he inoculated 31 children between the ages of six and 12 with the same variolous material, using the same lancet technique and demanding that all follow the same diet prior to and during the inoculation process.<sup>85</sup> Ten of the children were given a powder of jalap and calomel, 10 were given purges of senna and syrup of roses, and 11 were inoculated without any medical treatment. Watson then went on to give details of a further 43, concluding, 'it should seem, however, from the result of these enquiries, that after a few previous gentle purges, in which mercurial preparations have no part, and the variolous matter being inserted in its watery state, that the supervening eruptions will be fewest in number, and the disease the slightest'.<sup>86</sup> Watson was of the opinion that the best accompanying procedure for inoculation was the simplest and strongly urged against the use of mercurials and frequent purges.<sup>87</sup> Watson's own opinions on this matter, combined with the desire of the Hospital's governors to keep costs low, likely had an impact on the style of inoculation practised at the Foundling Hospital.

As previously mentioned, even those who conceded that greater numbers of children should be inoculated were not convinced that inoculation should be general among the population. In order to spread inoculation to a wider spectrum of children, John Coakley Lettsom established the Society for General Inoculation of the Poor in 1775, which elicited vocal opposition from Dimsdale. A pamphlet war ensued with Dimsdale claiming that inoculation of poor children in their homes would only serve to spread smallpox. Lettsom countered that inoculated patients could not spread the disease and that inoculation of children as out-patients was thus perfectly safe. General acceptance of Dimsdale's position likely contributed to the lack of any provision of free

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<sup>85</sup> Watson, *An account of a series of experiments*, 7.

<sup>86</sup> Watson, *An account of a series of experiments*, 31.

<sup>87</sup> Watson, *An account of a series of experiments*, 37.

inoculation for the poor outside the London Smallpox Hospital until the beginning of vaccination. In addition, the Smallpox Hospital inoculated only a small proportion of children living in London.<sup>88</sup> General inoculation and vaccination also faced considerable opposition from anti-vaccinationists who felt that the poor were being targeted for a dangerous procedure and that forced inoculation or vaccination infringed on individual liberty.<sup>89</sup> Though the movement did not fully coalesce until the 1860s and 1870s, there was considerable opposition to vaccination from its inception. This opposition went to the heart of both popular and medical understandings of the body and disease. Within this context it seemed to many to be a form of lunacy, and certainly an invasion of bodily space, to introduce into the body a dangerous foreign agent when the aim of healthcare was to prevent such agents from gaining entry into the body. In short, the concept of rendering a healthy body sick to guard against an outcome that was a possibility rather than a certainty seemed to many to be a medical or state infringement on an individual's control of his or her body. Thus, with debates over inoculation and vaccination, the issue of the public and medical control and use of children's bodies came full circle, returning to the issues of ownership and guardianship raised by the use of children in innovative medical trials over the course of the eighteenth century.

### *Conclusion*

This chapter began with a discussion of Thomasine Edmonton, the Foundling Hospital child who was sent to the Lock Hospital to receive treatment for venereal disease. She was one child of many in the eighteenth century who received medical attention in an institution. Aside from her status as a foundling, she was thus, in many respects, a child like any other. Her case, however, was indicative of a much larger development. The case of Thomasine Edmonton clearly demonstrates that institutions

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<sup>88</sup> Razzell argues that, of a population of approximately 28,000 children born in London each year, only an average of 632 were inoculated at the Smallpox Hospital between 1746 and 1822: Razzell, *Conquest of Smallpox*, 72.

<sup>89</sup> For the anti-vaccination movement see: Nadja Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* (Durham, 2005).

were important spaces for medical practitioners to encounter child patients, and for therapeutic practices related to children to be formulated. These encounters between medical practitioners and child patients were highly significant. They proved that medical practitioners could treat child patients, that children could benefit from an innovative approach to medical practice, and, as a consequence, that children required the attention of medical practitioners, who considered themselves to be the only individuals fully qualified, not only to merely treat children, but to advance knowledge of children's health to the point that future children stood to benefit. The therapeutic trials discussed in this chapter clearly highlight how eighteenth-century medical practitioners struggled to understand the diseases of children, how they devoted time and energy to therapeutic trials with child patients, and how they gradually, and with many setbacks, established themselves as authorities on the subject of children's health.

### *Conclusion*

By the end of the eighteenth century, the notion that the medical practitioner had a role to play in ensuring the health of a child was well-established. In the nineteenth century medical authority over the health of children would only expand, with the development of children's hospitals, changes to infant feeding, and the emergence of scientific motherhood. Though, in 1800, many of the developments shaping the emergence of paediatric medicine lay in the future, the past 100 years had been crucial in carving a place for the medical practitioner as an authority on child-rearing and children's health. As Mary Lindemann has noted, though the 'tendency toward the medicalization of childhood, elevating the physician to the position of expert in all matters of puericulture, would only come to fruition in the nineteenth century, the eighteenth century laid the groundwork'.<sup>1</sup>

As the preceding chapters have established, this process of 'laying the groundwork' was not the work of a single individual, and did not occur over a short span of time. There was a long arc of transition between limited medical involvement in the care of children, and the rise of paediatric medicine as a formal field of medical specialization. The eighteenth-century medical practitioners who devoted time and energy to investigating disease in children, and to commenting on childrearing practices, were crucial actors in this long transition. They involved themselves in child-centred causes, published texts which spoke to issues of children's health and diseases, and encountered child patients in institutions, where they had the opportunity to study the diseases of children and to formulate therapeutic practices which could be used for children. While these men were not paediatricians, as their nineteenth and twentieth-

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<sup>1</sup> Mary Lindemann, 'Health and Science' in Elizabeth Foyster and James Marten, eds. *A Cultural History of Childhood and Family*, vol. iv: *In the Age of Enlightenment* (Oxford, 2010), 173.

century counterparts would become, their interest in children's health made them remarkable.

As this thesis has established, medical men were drawn to consider children's health by a variety of factors, including their education and institutional experiences, and their involvement in clubs, societies, and child-centred causes. These child-centred causes arose in part out of a larger social milieu in which children were increasingly perceived as important. Debates on population, poverty, abandonment, infanticide, and smallpox mortality all worked to create a space for medical interest in children to coalesce. Added to these social concerns were intellectual ideas about the importance of children and childhood to the individual and to the social body. Both Locke and Rousseau suggested that childhood was a crucial time for the formation of character and self. When combined with the social concerns mentioned above, this intellectual strand helped provide the conditions in which medical interest could naturally develop. There was, after all, a natural progression from establishing the importance of children and childhood, to safeguarding the lives and futures of children through good health. In short, eighteenth-century medical practitioners were drawn to an interest in children by the world in which they lived, and the concerns, anxieties, and problems, which dominated their society.

As medical interest in children developed, so too did printed expressions of that interest. Medical practitioners were able to use these texts as vehicles for claims of medical authority over children's health by presenting themselves as 'men of sense', in opposition to what they considered to be the dangerous practices of alternately over-fond or negligent mothers, nurses and midwives. Published texts also acted to establish a dialogue between practitioners and between the author and the reading public, disseminating ideas and foregrounding medical knowledge and experience. This experience was gained, in large part, in institutions.

Contrary to traditional assumptions, children did receive medical treatment in eighteenth-century institutions, and these institutions functioned as important spaces, expanding the number of encounters between medical practitioners and child patients. In medical institutions and in institutions such as the Foundling Hospital, which had a crucial medical function, medical practitioners gained experience treating the children of the poor.

In hospitals, dispensaries, and infirmaries, medical men confronted the diseases and disorders of children and sought to understand them through categorization and description. As this thesis has suggested, the labels used by the medical practitioners of the Foundling Hospital were indicative of the process through which medical understandings of children's health were created and expanded. Using this knowledge, medical practitioners then turned to the task of devising therapeutic practices which could be used on children. In doing so, they adopted an approach of cautious innovation. As the trials of Robert McClellan, William Watson, and George Armstrong demonstrate, medical practitioners were active in attempting to find new methods of treating children. These cases also highlight the role institutions played in providing spaces for practitioners to attempt new treatments on large groups of children who, in some cases, could be observed over time. While not all of these trials were successful, the fact that they were conducted suggests that medical practitioners were increasingly confident asserting themselves as authorities over children's health, and that they used their experiences with child patients to reinforce their status as experts.

Underlying the central argument of this thesis are several larger themes, including the role of gender in shaping the perception and practice of medicine, the role played by poor patients in institutions in providing the patient population necessary for medical knowledge and authority to expand, and the significance of social welfare schemes in encouraging and directing medical interests. Despite the fact that medical practitioners

were largely successful in persuading the public that children's health lay within the sphere of male medical practice, in many respects, the problems raised by these larger themes remained unresolved at the end of the eighteenth century.

The issue of gender, in particular, played a central role in shaping how male medical practitioners configured their authority in relation to children's health, and how they confronted the problem of involving themselves in an area of medicine previously dominated by women. The entry of male medical practitioners into the realm of children's health immediately established a dichotomy between male and female practice, in many ways, as a partial mirror to the controversy which raged over the emergence of man midwives. Though male medical practitioners were able in their printed texts to suggest that the choice between a physician and a mother or nurse, in relation to the medical care of a child, was one to be made between experience and ignorance, the implications of the gendered division of labour in the context of childcare were never fully resolved. As the preceding chapters have demonstrated, medical interest in children did not immediately overcome the assumption that women knew best with regard to children's health. Nor were male medical practitioners entirely willing to involve themselves in all aspects of childcare. In many respects, establishing male medical authority over children's health involved drawing boundaries along gendered lines, but these boundaries were hardly fixed and established at the close of the eighteenth century.

The role of the poor in providing the patient population for medical practitioners interested in children's health was considerable. Yet the use of children of the poor as representative templates for all children raised problems for medical practitioners. Following from Cadogan, medical practitioners were often eager to assert the primacy of the environment, and the individuals providing the early care of children, as key determinants in establishing the health or sickliness of a child. To a certain extent, they

were thus willing to view the bodies of the children of the poor as relatively similar to those of other children, save for the damaging negligence and poor conditions such children suffered. Indeed, eighteenth-century medical practitioners never fully resolved the question of how children's bodies differed from one another, and the point at which a child of the poor was, in some ways, unique. The involvement of the children of the poor in medical trials raised a host of additional issues. As suggested in the preceding chapter, testing new therapeutic methods was not necessarily equated in this period with free and unethical experimentation on subjects lacking the authority to complain. However, power and authority continued to be factors conditioning how medical practitioners approached child patients in institutions, and how they approached the use of such children in medical trials. It is clear that the problems associated with treating the children of the poor remained largely unresolved at the close of the century.

An additional issue shaping the rise of medical interest in children in the eighteenth century was the role of social welfare concerns. As this thesis has demonstrated, social concerns with abandonment, infanticide, population, smallpox mortality, foundlings, and a host of other issues played a considerable role in directing medical interest towards children. Arising out of these concerns, civic fatherhood acted as a driving force behind the emergence of greater medical attention to children. Yet child protection schemes also raised the question of where children were healthiest, and who was best qualified to care for them. Greater medical involvement in children's health, though inspired by social concerns, also resulted in the emergence of new concerns, as medical practitioners and social theorists began to question the ability of certain groups of parents to care for their own children. Over the nineteenth century, this criticism of allegedly inept parents would result in a host of schemes which separated children from the supposedly damaging and unhealthy influences of their families. Essentially, there was a very short progression to be made between medical and social

concerns surrounding the protection of children, and the rise of the view that the only way to protect a child was to remove him or her from the family entirely. As suggested above, though social welfare agenda encouraged medical interest in children, the social problems created by these agenda were, in many ways, left unresolved and under-explored at the end of the eighteenth century. Though medical attention to children undoubtedly rose over the course of the eighteenth century, there is no reason to suppose that the results of such attention were always positive or unproblematic.

Though medical interest in children, as it developed over the eighteenth century, never took an entirely smooth or untroubled path, it is hard to deny that this period was a crucial one for the rise of greater medical involvement with children. By the end of the eighteenth century, George Armstrong's accusation that 'there are physicians of note here, who make no scruple to assert, that there is nothing to be done for children when they are ill', no longer rang true for most of the medical community.<sup>2</sup> Though there undoubtedly continued to be physicians who refused to treat children, the community of London medical practitioners who did devote attention to child patients disproves the universality of Armstrong's statement. The idea that nothing could be done medically for a sick child had been soundly rejected by a series of medical practitioners, Armstrong included, who claimed for themselves the recognition that they were, in fact, authorities on the subject of children's health. If, indeed, as Plumb argued, the eighteenth century was the 'century of the child', it is not surprising that it was also the century which saw medical interest and attention to children increase and coalesce into the beginnings of what would later become a medical specialty, paediatrics.

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<sup>2</sup> George Armstrong, *An account of the diseases most incident to children, from the birth till the age of puberty; with a successful method of treating them. To which is added, an essay on nursing; with a particular view to children who are brought up by hand. Also a short general account of the dispensary for the infant poor* (4<sup>th</sup> edn. London, 1783), 3.

## APPENDIX 1

**Cullen's Categorization in *First Lines of the Practice of Physic* (1777-1784) and *Synopsis Nosologiae Methodicae* (1769). Information derived from the 1800 English-language edition.**

## PART ONE: Pyrexiae, or Febrile Diseases

## BOOK ONE: Fevers

## BOOK TWO: Inflammations or Phlegmasiae

- Inflammation in General
- Inflammation more strictly cutaneous
- Ophthalmia, or Inflammation of the Eye
- Phrensy or Phrenitis
- Quinsy, or Cynanche
- Pneumonic Inflammation
- Gastritis, or Inflammation of the Stomach
- Enteritis, or Inflammation of the Intestines
- Hepatitis, or Inflammation of the Liver
- Nephritis, or Inflammation of the Kidneys
- Rheumatism
- Gout

## BOOK THREE: Exanthemata, or Eruptive Fevers

- Erysipelas, or St. Anthony's Fire
- Plague
- Smallpox
- Chicken pox
- Measles
- Scarlet Fever
- Miliary Fever
- Remaining Exanthemata (Urticaria, Pemphigus, Aphtha)

## BOOK FOUR: Hemorrhagies

- Hemorrhagy
- Epistaxis, or Hemorrhagy of the nose
- Hemotysis, or Hemorrhagy from the lungs
- Phthisis Pulmonalis, or Consumption of the lungs
- Haemorrhoids, or of the 'Haemorrhoidal' swelling & Flux
- Menorrhagia, or the immoderate flow of the Menses
- Leucorrhoea, Fluor Albus, or Whites
- Amenorrhoea, or Interruption of the Menstrual Flux

## BOOK FIVE: Profluvia, or Fluxes with Pyrexia

- Catarrh
- Dysentery

## PART TWO: Neuroses, or Nervous Diseases

## BOOK ONE: Comata, or of the Loss of Voluntary Motion

- Apoplexy
- Palsy

## BOOK TWO: Adynamiae, or Diseases Consisting in Weakness or Loss of Motion

- Syncope, or Fainting
- Dyspepsia, or Indigestion
- Hypochondriasis, or Vapours or Low Spirits

## BOOK THREE: Spasmodic Affections Without Fever

- Tetanus
- Epilepsy
- Chorea, or Dance of St. Vitus
- Palpitation of the Heart
- Dyspnoea, or difficult Breathing
- Asthma
- Chincough, or Hooping Cough
- Pyrosis, or Water Brash
- Colic
- Cholera
- Diarrhoea, or Looseness
- Diabetes
- Hysteria, or the Hysteric Disease
- Canine Madness and Hydrophobia

## BOOK FOUR: Vesaniae, Disorders of the Intellectual Functions

- Vesaniae in General
- Mania, or Madness
- Melancholy & other forms of Insanity

## PART THREE: Cachexies

## BOOK ONE: Emaciations

## BOOK TWO: Intumescenciae, or General Swellings

- Adipose Swellings
- Flatulent Swellings
- Watery Swellings, or Dropsies
- General Swellings, arising from an Increased Bulk
- Rachitis, or Rickets

## BOOK THREE: Impetigines, or Depraved Habit with Affections of the Skin

- Scrophula, or the King's Evil
- Syphilis, or the Venereal Diseases
- Scurvy
- Jaundice

## CLASS FOUR: Locales

## ORDER ONE: Dysaesthesiae

- Caligo (dimness or loss of sight from interposition of an opaque film)
- Amaurosis (dimness or loss of sight without apparent disease in the eye)
- Dysopia (depraved vision)
- Psudoblepsis (false vision)
- Dysecoea (hearing impaired or lost)
- Paracusis (false hearing)
- Anosmia (smelling impaired or lost)
- Agheustia (taste impaired or lost)
- Anaesthesia (sense of touch impaired or lost)

## ORDER TWO: Dysorexiae

- Bulimia (appetite for greater quantity of food than can be digested)
- Polydipsia (preternatural thirst)
- Pica (a desire of eating what is not food)
- Satyriasis (excessive desire of venery, in men)
- Nymphomania (uncontrollable desire of venery, in women)
- Nostalgia (vehement desire to revisit native country)

- Anorexia (want of appetite for food)
- Adipsia (total want of desire for drink)
- Anaphrodisia (defect of desire for venery)

## ORDER THREE: Dyscinesiae

- Aphonia (total suppression of the voice, without coma or syncope)
- Mututas (incapacity of speaking)
- Paraphonia (sound of the voice depraved)
- Psellismus (faulty articulation)
- Strabismus (the optic axes of the eyes not converging)
- Dysphagia (impeded deglutition, without phlegmasia or respiration affected)
- Contractura (continued & rigid contraction of one or more of the joints)

## ORDER FOUR: Apoceneses

- Profusio (flux of blood)
- Ehidrosis (preturnatural sweating)
- Epiphora (flux of tears)
- Ptyalismus (flux of saliva)
- Enuresis (involuntary but not painful flux of urine)
- Gonorrhoea (in men, preturnatural flux of humour from urethra)

## ORDER FIVE: Epischeses

- Obstipatio (no discharge of feces, or uncommonly seldom)
- Ischuria (total suppression of urine)
- Dysuria (painful & sometimes obstructed emission of urine)
- Dyspermatismus (emission of semen, obstructed or insufficient for generation)
- Amenorrhoea (menses smaller in quantity or toally obstructed)

## ORDER SIX: Tumores

- Aneurisma (soft tumour, with pulsation, on an artery)
- Varix (soft tumour, without pulsation, on a vein)
- Ecchymoma (diffuse tumour, little elevated & somewhat livid)
- Scirrhus (hard tumour mostly of a gland, without pain)
- Cancer (painful scirrhus tumour, ending in a foul ulcer)
- Bubo (suppurating tumour of a conglobate gland)
- Sarcoma (soft excrecence, not painful)
- Verruca (hard rough excrecence)
- Clavus (lamellated induration of the cuticle)
- Lupia (moveable swelling under the skin, soft & not painful)
- Ganglion (hard, moveable swelling, seated on a tendon)
- Hydatis (vesicle upon the skin full of an aqueous humour)
- Hydarthrus (tumour of the joints, very painful & diminishing power of motion)
- Exostosis (hard tumor, seated on a bone)

## ORDER SEVEN: Ectopiae

- Hernia (ectopia of a soft part still covered with skin)
- Prolapsus (ectopia of a soft part, not covered)
- Luxatio (a bone thrust out of its proper place)

## ORDER EIGHT: Dialyses

- Vulnus (recent bloody solution of continuity in a soft part by a hard body)
- Ulcus (purulent or ichorose solution of a soft part)
- Herpes (numerous pustules or little ulcers in clusters, spreading)
- Tinea (small ulcers at the roots of the hair discharging a humour)

- Psora (pustules & small itchy ulcers, contagious, affecting the hands)
- Fractura (parts of a bone, by violence separated into large fragments)
- Caries (exulceration of a bone)

## APPENDIX 2

### Categorizing the Foundling Hospital Labels Using Cullen's nosology.

Conditions in square brackets denote those which were not mentioned by name in *First Lines*, but can reasonably be included in a given category. Several of the conditions listed in the infirmary fell under Cullen's Locales class, so they have been included here under Locales.

#### Pyrexiae

##### 1) Fevers

Fever, Feverish, Feverish Complaint, Morbillious Fever, Morbillious Fever & Itch, Intermittent Fever, Slow Fever, Putrid Fever [Recovery from Putrid Fever], Nervous Fever, Worm Fever, [Rheumatic Fever], [Peripneumonic Fever], Hectic Fever, Fever Symptomatic of a Tumor About the Head of the Thigh Bone, Fever and Abscesses, Fever With a Rash, Fever & Eruptions, Fever & Sore Throat, [Fever & Ulcerated Sore Throat], Fever & Sore Mouth, Fever & Cough, Fever & Chin Cough, Fever & c., Fever & Smallpox, [Convalescent State After Fever], [Recovery from Fever], [Convalescent After Fever & Abscesses], [Convalescent State After Fever & Hard Belly], [Weak State After Fever], [in a Weak State & Fever], Ague/s, Ague & Itch

##### 2) Inflammations or Phlegmasiae

Inflammation, Inflammation of the Hand, Inflammation of the Arm, Inflamed Cheek, Inflamed Leg, [Inflammation & Excoriation of the Pudenda], Abscess/es, Abscess Over the Eye, Abscess Near the Eye, Abscess of the Axillary Gland, Abscess of the Shoulder, Abscess of the Side, Abscess of the Finger, Abscess of the Hip, Abscess of the Thigh, Abscess of the Loins, Abscess About the Joint, Lumbar Abscess, Abscess of the Lungs, Gangrene, [Recovery from Gangrene], [Mortification], [Mortified Toes], [Mortification of the Penis/Wound of the Urethra], Ophthalmies, Ophthalmy, [Sore Eyes], [Returned from the Country with Sore Eyes], [Inflamed Eyes], [Inflammation of the Eye/s], [Inflamed Eye & Fever], [Weak Eyes], [Disorder of the Eyes], [Disease of the Eye,], [Sore Throat], [Sore Throat & c.], [Disorder of the Throat], [Ulcerated Sore Throat], Rheumatism

##### 3) Exanthemata or Eruptive Fevers

Erysipelas, Erisapylatous Eruptions, St. Antony's Fire, Smallpox, Smallpox by Inoculation, Natural Smallpox, Natural Smallpox Two Days After Inoculation, Smallpox & c., Hot Small Pox, [Inoculated], [Under Inoculation], [To Take Chance With Inoculation], [Set Apart for Inoculation], [Inoculated Ineffectually], [Inoculated Doubtful], [Inoculated & Had Disease], [Inoculated & Had Not the Disease], [Inoculated Had the Disease & Died], [Inoculated Had Not the Disease & Sickened with Natural Smallpox], [Inoculated Had Not the Disease & Sickened with Natural Smallpox a Short Time After], [Inoculated & Had the Disease & Blind], [Recovery from Smallpox by Inoculation], [Recovery from Smallpox], [Recovery from Natural Smallpox], [Swine Pox] Chicken Pox, [Recovery from Chicken-Pox] Measles, Measles & Cough, Measles & Ulcerated Sore Throat, [Recovery from Measles] Eruptive Fever, Eruptive Fever & Itch, Scarlet Fever, Scarlet Fever & Sore Throat,

4) *Haemorrhagies*

Consumption, Consumptive, Very Weak &amp; Consumptive

5) *Profluvia, or Fluxes with Pyrexia*

Dysentery, Dysentery &amp; Itch, [Recovery from Dysentery], [Cold]

**Neuroses or Nervous Diseases**

[Nervous Fibricula], [Nervous Disorders]

1) *Comata, or the Loss of Voluntary Motion*

In a Comatose State, In a Comatose State After Fever, [Partial Rigidity], [Universal Rigidity], [Paralytic]

2) *Adynamiae, Diseases Consisting in Weakness or Loss of Motion*

[Depraved Appetite], [Very Weak but Convalescent Ordered to the Country], [Weak/Weakness], [In a Weak State], [in a Weak State &amp; Much Reduced], [in a Very Weak State], [in a Very Weak State &amp; Wants a Change of Air Much], [Weak &amp; Diseased], [Returned from the Country in a Very Weak Condition]

3) *Spasmodic Affections Without Fever*

Epileptic Fits, [Catalepsy], Fits, Hysteric Fits, Chin-Cough, Whooping Cough, Hooping Cough, [Cough], [Bad Cough], Cholic, Diarrhea, Diabetes, Worms, Worms &amp; c., Returned from the Country with Worms, Stone in the Bladder [Spasmodic Pains], [Spasms], [Nervous Spasms], [Lock'd Jaw], [Lock'd Jaw &amp; Fever], [Bite of a Dog]

4) *Vesaniae, Disorders of the Intellectual Functions***Cachexies**1) *Emaciations*

Emaciated, Emaciated After Smallpox

2) *Intumescenciae or General Swellings*

Largeness of the Belly, Returned from the Country with Large Belly, Hard Belly, [Ulcer of the Belly External], [Ulcer of the Labia Pudenda], [Ulcerations of the Breast], A Swelling, Swell'd Breast, Glandular Swelling, Swell'd Gland/s, Glandular Swelling &amp; c., Swell'd Throat, Swelling of the Neck, Swelling on the Neck, Swelled Face, Swelled Face &amp; c., Swelling Under the Ear, Swell'd Leg/s, Dropsy, Dropsy &amp; Chin-Cough, Dropsical, Rickets, Rickets &amp; c., Rickets &amp; Weak, [Returned from the Country with Crooked Legs], [Rupture/s], [Ruptured Navel], [in Rupture]

3) *Impetiginosae, or Depraved Habit with Affections of the Skin*

Scrophulous, Scrophulous Sores, Scrophulous Eruptions, Scrophulous Abscesses, Scrophulous Tumor/s, Scrophulous Abscesses &amp; Tumors, Scrophulous &amp; Other Sores, Scrophulous &amp; Fever, Scrophulous Swelling About the Joint, Scurvy, Scurvy &amp; Scald Head, Scorbutic, Scorbutic Eruptions, Returned from the Country with Scorbutic Eruptions, Jaundice, Venereal, Venereal Disease, Suspected Venereal, [Recovery from Venereal], Cachexy, Cachexy &amp; Worms, [Itch], [Itch &amp; Fever], [Itch &amp; Recovering from Fever], [Itch &amp; Diarrhea], [Itch &amp; In a Weak State], [Itch &amp; Natural Smallpox], [Recovery from Itch], [Returned from Westerham with Itch], [Returned from the Country with Itch], [Eruptions], [Returned from the Country with Eruptions], [Eruptions of the Skin], [Eruptions &amp; c.], [Dubious Eruptions], [Returned from the Country with Dubious Eruptions], [Doubtful Eruptions], [Scabious Eruptions], [Inflammatory Eruptions], [A Dry Scabious Eruption], [Sores, Sores &amp; Eruptions], [Sores &amp; Bruises], [Eruption on the Head], [Sore Head], [Sore Head &amp; Scorbutic Eruptions], [Sore Head &amp; Other Eruptions], [Sore Head &amp; Measles], [Sore Head Returned from Finchley], [Returned from the Country with Sore Head], [Returned from the Country with

Sore Head & Itch], [Disorder of the Skin], [Disorder of the Skin & c.], [Excrementitious Substance Growing on the Surface of the Skin], [Rash], [a Wart on the Abdomen], [Burnt Arm], [a Burn], [a Burn of the Cheek], [Burn on the Hand], [Returned from the Country with a Burn Under One of the Eyes], [Returned from the Country with a Wen on the Finger], [Returned from the Country with Sinews of One Leg Contracted in Consequence of a Burn], [Returned from the Country with a Burn on the Foot], [Chilblains], [Sores & Chilblains], Leprosy

### **Locales (from the *Synopsis Nosologiae Methodicae*)**

Cataract, Cataract & c., Blind, [Blind from Inflammation], Fistula Lachrymalis, [Returned from the Country Blind], [Returned from the Country Blind in the Left Eye], [Returned from the Country with Loss of Sight of the Right Eye], [Returned from the Country with Loss of One Eye], Deafness, [Returned from the Country Deaf & Dumb], Suppression of Urine, Incontinence of Urine, Disease of the Bladder, Disorder of the Bladder, Disorder of the Bowels, Bloody Urine, [Returned from the Country Having Stone in Bladder], [Bubo of the Groin], [a Polypous Excrescence], Tumor/s, Tumor of the Parotid Glands/Mumps, [Glandular Tumor], [Tumified Scrotum], [a Large Tumor], [Tumor of the Cheek], [Tumor of the Face], [Tumor on the Head], [Tumor of the Neck], [Tumor of the Axillary Gland from a Bruise], [Tumor of the Glands of the Axilla], [a Tumor on the Back], [Tumor of the Arm], [Tumor on/of the Hand], [Tumor About the Joint of the Wrist], [Tumor About the Head of the Thigh Bone], [Tumor of the Thigh], [Tumor of the Leg], [Tumor of the Leg (Scrophulous)], [an Incysted Tumor], [a Strumous Tumor], [Cancerous Ulcerations], a Foul Bone/s, a Foul Bone & c., Foul Jaw Bone, Foul Bone of the Foot, Carious Bone/s, Bone of the Leg Suspected Carious, Diseased Joint, Fracture of the Toe, Compound Fracture, Simple Fracture, Fracture of the Thigh Bone, Fracture of Both Arms, Recovery from Fracture, Broken Collar Bone/Broken Bone, Broken Back, Broken Thigh Bone, Broken Thigh, Broken Arm/s, Returned from the Country with a Broken Arm, [Lame], [Lameness], [Lame Foot], Procidencia Ani, [Weakness of the Rectum], [Fistula in Ano], Bearing Down of the Gut

### **Not Listed**

Delerium, Dysury, Vertigo, A Scald, Scald Head, Scald/Scalded Legs, Scald Foot, Scalded Foot, Excoriations, Imposthume Under the Eye, Bruised Eye, Cough & Sore Mouth, Cough & Itch, Hoarseness, a Bronchocele, Sore Mouth, Sore Lip/s, Hare Lip, Hare Lip & Fissured Palate, Imposthumation of the Cheek, an Imposthume, an Imposthumation, a Humour, Humour in the Face, Imposthume of the Ear, Sore Ears, Bruised Head, Concussion of the Brain, Distortion of the Spine, Distortion of the Spine & c., Spina Ventosa, Shingles, a Wound/s, Wound of the Head, Wound of the Head & Concussion of the Brain, Wound of the Sore Head, Wound of the Eye, Wound of the Chin, Wound of the Palate, Wound of the Tongue, Wound of the Lip, Wound in the Neck, Wound of the Finger, Wound of the Thumb, Wound of the Hand, Wounded Hand, Wound of the Arm, Wound of the Arm/Large Wound of the Arm, Wound of the Thigh, Wound/s of the Leg, Wound of the Foot, Wound of the Heel, Wound of the Toe, Wounds & Sores, Wound & Abscess, Sprain, a Strain, Sprained Ankle, Contusion/s, Contusion Near the Eye, Contusion of the Finger, Contusion on/of the Toe, Contusion of the Leg, Contusions on the Back & Arms, Contusion of the Arm, Contusion of the Elbow, Sore Leg/s, Sore Mouth & Feet, Sore Feet, Club Feet, Excoriation & c. of the Foot, Bruise/s, Bruises in Various Parts, Bruised Toe, Bruised Foot, Bruised Knee, Sore Toe/s, Sore

Finger/s, Bruised Fingers, Bad Thumbs, Sore Thumb, Sore Hand, Lame Hand, Sore Arm, Stiff Arm from Contraction, Wither'd Arm, Needle Broke in the Thigh, Broken Arm by Accident at Play, Cut for the Stone, Left Leg Taken Off/Amputation of the Leg, Under an Operation, In a Convalescent State, State of Recovery, on the Recovery, Recovering, Recovery from Various Disorders, in a Low State, in a Declining State, Returned from the Country Well, Returned from the Country with a Wound of the Head & Otherwise Much Bruised, Returned from Egham Entirely Deficient in the External Parts of Generation

### APPENDIX 3

List of Conditions in the Foundling Hospital Infirmary for 1761-1771, 1777, 1787, and 1797, according to frequency by the number of cases. The number of cases were determined by examining whether a condition occurred under the same label in consecutive weeks. If a condition appeared for a solid block of time, it was counted as one case. If the condition was interrupted by the space of more than one week, or if the terminology changed, it was counted as two separate cases. Conditions listed in both the singular and the plural have been combined (ie: 'sore finger' and 'sore fingers').

Abbreviations used: W. (with), RET. (returned), INOC. (inoculated). The abbreviation 'C.' occurred in the records (as in 'itch & c.'). The original spelling has been retained.

ITCH	1691
FEVER	799
INOCULATED AND HAD DISEASE	500
INOCULATED	407
MEASLES	309
CHILBLAINS	202
ERUPTIONS	198
SORE MOUTH	166
SMALLPOX	151
STATE OF RECOVERY	146
ERUPTIVE FEVER	139
SORE HEAD	134
RECOVERY FROM FEVER	121
IN A WEAK STATE	114
COUGH	108
SCROPHULOUS	82
SCARLET FEVER & SORE THROAT	81
UNDER INOCULATION	80
A TUMOR/S	77
RECOVERY FROM MEASLES	74
CHICKEN POX	68
NATURAL SMALLPOX	68
INFLAMED EYES	68
DISORDER OF THE EYE/S	66
IN A CONVALESCENT STATE	65
INOCULATED INEFFECTUALLY	63

CHIN-COUGH	61
AGUE/S	52
DYSENTERY	52
DIARRHEA	51
SET APART FOR INOCULATION	48
CONVALESCENT STATE AFTER FEVER	48
ABSCCESS/ES	46
SORE EYES	43
LAME	37
SCORBUTIC ERUPTIONS	34
SMALLPOX BY INOCULATION	32
WHOOPING COUGH	28
RECOVERY FROM VARIOUS DISORDERS	26
ITCH & C.	24
RECOVERY FROM SMALLPOX	22
A SCALD	21
EXCORIATIONS	20
HARD BELLY	20
RETURNED FROM THE COUNTRY W. SORE HEAD	20
SORES	19
PUTRID FEVER	18
A FOUL BONE/S	18
WEAK/WEAKNESS	18
GLANDULAR SWELLING	17
JAUNDICE	16
RASH	16
A WOUND/WOUNDS	16
A CONTUSION/CONTUSIONS	16
FEVERISH	15
FEVER & ULCERATED SORE THROAT	14
SWELLED FACE	14
WORMS	14
A BRUISE/BRUISES	14
WEAK STATE AFTER FEVER	14
MEASLES & ULCERATED SORE THROAT	13
RECOVERY FROM SMALLPOX BY INOCULATION	13
RETURNED FROM THE COUNTRY WELL	13
SCALD HEAD	12
BAD COUGH	12
SWELL'D GLAND/S	12
STONE IN THE BLADDER	12
MORBILLIOUS FEVER	11
INFLAMMATION OF THE EYE/S	11
SORE LEG/S	11

FEVERISH COMPLAINT	10
ERUPTIVE FEVER & ITCH	10
SHINGLES	10
SPRAIN	10
RUPTURE/S	9
ULCER OF THE MOUTH	9
IMPOSTHUME OF THE EAR	9
SCALD/SCALDED LEGS	8
SCROPHULOUS & OTHER SORES	8
INTERMITTENT FEVER	8
SORE HEAD & SCORBUTIC ERUPTIONS	8
WOUND OF THE HEAD	8
CUT FOR THE STONE	8
RETURNED FROM THE COUNTRY WITH ITCH	8
RETURNED FROM WESTERHAM WITH ITCH	8
IN A LOW STATE	7
RHEUMATISM	6
SCARLET FEVER	6
OPHTHALMIES	6
OPHTHALMY	6
SORE HEAD & OTHER ERUPTIONS	6
WOUNDS AND SORES	6
CARIOUS BONE/S	6
A BURN	6
RECOVERY FROM CHICKEN-POX	6
DROPSY	5
DUBIOUS ERUPTIONS	5
ERISYPELAS	5
SORES & CHILBLAINS	5
MORTIFICATION	5
SCROPHULOUS TUMOR/S	5
DISEASE OF THE EYE/S	5
SORE THROAT	5
INCONTINENCE OF URINE	5
PARALYTIC	5
FITS	5
SORE FINGER/S	5
TO TAKE CHANCE WITH INOCULATION	4
ERUPTIONS OF THE SKIN	4
ULCERATED MOUTH	4
HUMOUR IN THE FACE	4
VENEREAL	4
ST ANTONY'S FIRE	4
TUMOR OF THE FACE	4

SORE FEET	4
SORE HAND	4
VERY WEAK BUT CONVALESCENT; ORDERED TO THE COUNTRY	4
MEASLES & COUGH	3
LEPROSY	3
INOCULATED AND HAD NOT THE DISEASE	3
SCORBUTIC	3
SCABIOUS ERUPTIONS	3
SORES & ERUPTIONS	3
SORES & BRUISES	3
SCROPHULOUS ABSCESS	3
SCROPHULOUS ABSCESSSES & TUMORS	3
BLIND	3
HOOPING COUGH	3
COUGH & SORE MOUTH	3
COLD	3
TUMOR OF THE PAROTID GLANDS/MUMPS	3
DEAFNESS	3
DISORDER OF THE BLADDER	3
SUPRESSION OF URINE	3
VENEREAL DISEASE	3
SUSPECTED VENEREAL	3
SPASMODIC PAINS	3
DISTORTION OF THE SPINE	3
TUMOR ON THE HEAD	3
A STRAIN	3
SWELL'D LEG/S	3
SORE MOUTH & FEET	3
RET. FROM THE COUNTRY W. SORE HEAD & ITCH	3
RET. FROM THE COUNTRY WITH ERUPTIONS	3
RET. FROM THE COUNTRY WITH A RUPTURED NAVEL	3
IN A VERY WEAK STATE	3
EMACIATED	3
CONSUMPTION	2
DROPSICAL	2
INOC. & HAD NOT DISEASE. SICKENED W. NATURAL SMALLPOX A SHORT TIME AFTER	2
ITCH & FEVER	2
ERISAPYLATOUS ERUPTIONS	2
DISORDER OF THE SKIN	2
SCROPHULOUS SORES	2
SCROPHULOUS ERUPTIONS	2
SLOW FEVER	2

NERVOUS FEVER	2
WORM FEVER	2
FEVER & SORE THROAT	2
FEVER & COUGH	2
BRUISED EYE	2
FISTULA LACHRYMALIS	2
GLANDULAR TUMOR	2
SORE LIP/S	2
HARE LIP	2
AN IMPOSTHUME	2
SWELLING UNDER THE EAR	2
SORE HEAD RETURNED FROM FINCHLEY	2
LARGENESS OF THE BELLY	2
DISORDER OF THE BOWELS	2
PROCIDENTIA ANI	2
EPILEPTIC FITS	2
WOUNDED HAND	2
WOUND/S OF THE LEG	2
WOUND OF THE FOOT	2
TUMOR OF THE NECK	2
TUMOR ON/OF THE HAND	2
ABSCCESS OF THE THIGH	2
LUMBAR ABSCESS	2
FRACTURE OF THE THIGH BONE	2
BROKEN ARM/S	2
CONTUSION ON/OF THE TOE	2
BRUISED FINGERS	2
SORE THUMB	2
LAME HAND	2
RET. FROM THE COUNTRY WITH SORE EYES	2
IN A DECLINING STATE	2
RECOVERY FROM NATURAL SMALLPOX	2
RECOVERY FROM PUTRID FEVER	2
RECOVERY FROM FRACTURE	2
RECOVERY FROM ITCH	2
SWINE POX	1
DIABETES	1
CONSUMPTIVE	1
VERY WEAK & CONSUMPTIVE	1
CHOLIC	1
SCURVY	1
SCURVY & SCALD HEAD	1
DROPSY & CHIN COUGH	1
DYSURY	1

VERTIGO	1
NATURAL SMALLPOX 2 DAYS AFTER INOCULATION	1
SMALLPOX & C.	1
HOT SMALL POX	1
INOCULATED DOUBTFUL	1
INOCULATED, HAD THE DISEASE & DIED	1
INOCULATED, HAD NOT THE DISEASE & SICKENED W. NATURAL SMALLPOX	1
INOC. & HAD THE DISEASE; BLIND	1
ITCH & RECOVERY FROM FEVER	1
ITCH & DIARRHEA	1
ITCH & IN A WEAK STATE	1
ITCH & NATURAL SMALLPOX	1
ERUPTIONS & C.	1
DOUBTFUL ERUPTIONS	1
INFLAMMATORY ERUPTIONS	1
INFLAMED ERUPTIONS	1
A DRY SCABIOUS ERUPTION	1
ERUPTION ON THE HEAD	1
DISORDER OF THE SKIN & C.	1
EXCREMENTITIOUS SUBSTANCE GROWING ON THE SURFACE OF THE SKIN	1
SCALD FOOT	1
SCALDED FOOT	1
SCROPHULOUS & FEVER	1
A WART ON THE ABDOMEN	1
A POLYPOUS EXCRESCENCE	1
MORBILLIOUS FEVER & ITCH	1
RHEUMATIC FEVER	1
PERIPNEUMONIC FEVER	1
HECTIC FEVER	1
FEVER SYMPTOMATIC OF A TUMOR ABOUT THE HEAD OF THE THIGH BONE	1
FEVER & ABSCESSSES	1
FEVER WITH A RASH	1
FEVER & ERUPTIONS	1
FEVER & SORE MOUTH	1
FEVER & CHIN COUGH	1
FEVER & C.	1
FEVER & SMALLPOX	1
AGUE & ITCH	1
INFLAMED EYE & FEVER	1
WEAK EYES	1
IMPOSTHUME UNDER THE EYE	1
CATARACT	1

CATARACT & C.	1
BLIND FROM INFLAMMATION	1
SORE THROAT & C.	1
DISORDER OF THE THROAT	1
HOARSENESS	1
COUGH & ITCH	1
ULCERATED SORE THROAT	1
A BRONCHOCELE	1
GLANDULAR SWELLING & C.	1
A GLANDULAR TUMOR	1
SWELLD' THROAT	1
SWELLING OF THE NECK	1
SWELLING ON THE NECK	1
HARE LIP & FISSURED PALATE	1
CANCER OF THE LIP	1
SWELLED FACE & C.	1
PAIN IN THE FACE	1
INFLAMED CHEEK	1
IMPOSTHUMATION OF THE CHEEK	1
AN IMPOSTHUMATION	1
A HUMOUR	1
SORE EARS	1
SORE HEAD & MEASLES	1
BRUISED HEAD	1
CONCUSSION OF THE BRAIN	1
DYSENTERY & ITCH	1
WORMS & C.	1
CACHEXY	1
CACHEXY & WORMS	1
ULCER OF THE BELLY, EXTERNAL	1
BEARING DOWN OF THE GUT	1
DISEASE OF THE BLADDER	1
BLOODY URINE	1
BUBO OF THE GROIN	1
MORTIFICATION OF THE PENIS/ WOUND OF THE URETHRA	1
TUMIFIED SCROTUM	1
WEAKNESS OF THE RECTUM	1
FISTULA IN ANO	1
INFLAMMATION & EXCORIATION OF THE PUDENDA	1
ULCER OF THE LABIA PUDENDA	1
PARTIAL RIGIDITY	1
UNIVERSAL RIGIDITY	1
LOCK'D JAW	1

LOCK'D JAW & FEVER	1
CATALEPSY	1
HYSTERIC FITS	1
SPASMS	1
NERVOUS FIBRICULA	1
NERVOUS SPASMS	1
NERVOUS DISORDERS	1
DISTORTION OF THE SPINE & C.	1
SPINA VENTOSA	1
DELERIUM	1
INFLAMMATION	1
WOUND OF THE HEAD & CONCUSSION OF THE BRAIN	1
WOUND OF THE SORE HEAD	1
WOUND OF THE EYE	1
WOUND OF THE CHIN	1
WOUND OF THE PALATE	1
WOUND OF THE TONGUE	1
WOUND OF THE LIP	1
WOUND IN THE NECK	1
WOUND OF THE FINGER	1
WOUND OF THE THUMB	1
WOUND OF THE HAND	1
WOUND OF THE ARM	1
WOUND OF THE ARM/LARGE WOUND OF THE ARM	1
WOUND OF THE THIGH	1
WOUND OF THE HEEL	1
WOUND OF THE TOE	1
WOUND AND ABSCESS	1
A LARGE TUMOR	1
TUMOR OF THE CHEEK	1
TUMOR OF THE AXILLARY GLAND FROM A BRUISE	1
TUMOR OF THE GLANDS OF THE AXILLA	1
A TUMOR ON THE BACK	1
TUMOR OF THE ARM	1
TUMOR ABOUT THE JOINT OF THE WRIST	1
TUMOR ABOUT THE HEAD OF THE THIGH BONE	1
TUMOR OF THE THIGH	1
TUMOR OF THE LEG	1
TUMOR OF THE LEG (SCROPHULOUS)	1
AN INCYSTED TUMOR	1
A STRUMOUS TUMOR	1
A SWELLING	1
SWELL'D BREAST	1

ULCERATIONS OF THE BREAST	1
CANCEROUS ULCERATIONS	1
ABSCCESS OVER THE EYE	1
ABSCCESS NEAR THE EYE	1
ABSCCESS OF THE AXILLARY GLAND	1
ABSCCESS OF THE SHOULDER	1
ABSCCESS OF THE SIDE	1
ABSCCESS OF THE FINGER	1
ABSCCESS OF THE HIP	1
ABSCCESS OF THE LOINS	1
ABSCCESS ABOUT THE JOINT	1
ABSCCESS OF THE LUNGS	1
FRACTURE OF THE TOE	1
COMPOUND FRACTURE	1
SIMPLE FRACTURE	1
FRACTURE OF BOTH ARMS	1
SPRAINED ANKLE	1
BROKEN COLLAR BONE/BROKEN BONE	1
BROKEN BACK	1
BROKEN THIGH BONE	1
BROKEN THIGH	1
A FOUL BONE & C.	1
FOUL JAW BONE	1
FOUL BONE OF THE FOOT	1
BONE OF THE LEG SUSPECTED CARIOUS	1
DISEASED JOINT	1
SCROPHULOUS SWELLING ABOUT THE JOINT	1
GANGRENE	1
RICKETS	1
RICKETS & C.	1
RICKETS & WEAK	1
CONTUSION NEAR THE EYE	1
CONTUSION OF THE FINGER	1
CONTUSION OF THE LEG	1
CONTUSIONS ON THE BACK & ARMS	1
CONTUSION OF THE ARM	1
CONTUSION OF THE ELBOW	1
INFLAMED LEG	1
LAMENESS	1
LAME FOOT	1
CLUB FEET	1
EXCORIATION & C. OF THE FOOT	1
BRUISES IN VARIOUS PARTS	1
BRUISED TOE	1

BRUISED FOOT	1
BRUISED KNEE	1
SORE TOE/S	1
MORTIFIED TOES	1
BAD THUMBS	1
INFLAMMATION OF THE HAND	1
INFLAMMATION OF THE ARM	1
SORE ARM	1
STIFF ARM FROM CONTRACTION	1
WITHER'D ARM	1
BURNT ARM	1
A BURN OF THE CHEEK	1
BURN ON THE HAND	1
BITE OF A DOG	1
NEEDLE BROKE IN THE THIGH	1
BROKEN ARM (BY ACCIDENT AT PLAY)	1
LEFT LEG TAKEN OFF/ AMPUTATION OF THE LEG	1
UNDER AN OPERATION	1
ON THE RECOVERY	1
RECOVERING	1
RETURNED FROM THE COUNTRY IN A VERY WEAK CONDITION	1
RET. FROM COUNTRY W. WOUND OF THE HEAD & OTHERWISE MUCH BRUISED	1
RETURNED FROM THE COUNTRY BLIND	1
RET. FROM THE COUNTRY BLIND IN THE LEFT EYE	1
RET. FROM COUNTRY W. LOSS OF SIGHT OF THE RIGHT EYE	1
RET. FROM COUNTRY WITH LOSS OF ONE EYE	1
RET. FROM THE COUNTRY W. A BURN UNDER ONE OF THE EYES	1
RET. FROM THE COUNTRY DEAF & DUMB	1
RET. FROM THE COUNTRY WITH A WEN ON THE FINGER	1
RET. FROM THE COUNTRY WITH SCORBUTIC ERUPTIONS	1
RET. FROM THE COUNTRY WITH DUBIOUS ERUPTIONS	1
RET. FROM THE COUNTRY WITH A BROKEN ARM	1
RET. FROM THE COUNTRY IN RUPTURE	1
RET. FROM COUNTRY HAVING STONE IN BLADDER	1
RET. FROM THE COUNTRY WITH LARGE BELLY	1
RET. FROM THE COUNTRY WITH WORMS	1
RETURNED FROM THE COUNTRY WITH CROOKED LEGS	1
RET. FROM COUNTRY W. SINEWS OF ONE LEG CONTRACTED IN CONSEQUENCE OF A BURN	1
RET. FROM COUNTRY WITH A BURN ON THE FOOT	1
RET. FROM EGHAM ENTIRELY DEFICIENT IN THE	1

EXTERNAL PARTS OF GENERATION	
IN A WEAK STATE & MUCH REDUCED	1
IN A VERY WEAK STATE & WANTS A CHANGE OF AIR MUCH	1
WEAK AND DISEASED	1
IN A WEAK STATE & FEVER	1
IN A COMATOSE STATE	1
IN A COMATOSE STATE AFTER FEVER	1
CONVALESCENT AFTER FEVER & ABSCESSSES	1
CONVALESCENT STATE AFTER FEVER & HARD BELLY	1
RECOVERY FROM DYSENTERY	1
RECOVERY FROM VENEREAL	1
RECOVERY FROM GANGRENE	1
EMACIATED AFTER SMALLPOX	1
DEPRAVED APPETITE	1

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