Maternal Bodies
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Good Mothers and Wet Nurses
Breastfeeding and the Fracturing of Sentimental Motherhood

Just as the maternal breast was at the center of prescriptive discussions of motherhood, the experience of childrearing for many mothers initially revolved around the pleasures and challenges of breastfeeding. Middle-class and elite women wrote often in their journals and correspondence about breastfeeding, but their discussions rarely imitated the expressions of maternal pleasure that filled advice manuals from the late eighteenth century on. Instead, women balanced their sense of duty and the occasional pleasures of breastfeeding with the pain and frustration that often attended the practice. Women's perceptions of breastfeeding were more complex than their attitudes toward pregnancy and childbirth. Most women agreed (often emphatically) that childbearing was an unpleasant and sometimes terrifying process, a physical trial that was the foundation of their identity as mothers. Breastfeeding, on the other hand, could be alternately difficult, delightful, tiring, satisfying, and painful—and sometimes all these at once. Nursing could be one of the “privileges of motherhood,” for many women enjoyed the intimate connection with their infants and drew satisfaction from the knowledge that they were fulfilling the responsibilities of a good mother. But even the pleasures of such intimacy could not always compensate for the physical discomfort that was a regular part of nursing for many women or for the fact that breastfeeding was quite simply hard work.

In spite of their ambivalence toward the act of breastfeeding, women agreed that it was practically and ideologically crucial to good mothering. On a practical level, maternal breastfeeding promoted the health and survival of infants more surely than either wet nursing or hand feeding. Most middle-class and elite women agreed that wet nurses would not care for infants with the same tenderness and dedication that a mother would, and they saw from experience that infants who were hand-fed liquids such as animal milk, pap (typically a mixture of flour, water, and milk), or broth often suffered digestive problems and infections that could prove fatal. Maternal breastfeeding was thus the surest choice for infant health. On a
symbolic level, women also knew that breastfeeding had become perhaps the single most important way to demonstrate maternal virtue and dedication. Middle-class and elite women were surrounded by cultural injunctions to attain virtue and joy as mothers by breastfeeding. With both the practical and ideological nature of breastfeeding in mind, women passed judgment on themselves and other women based on the practice of breastfeeding.

Because the act of breastfeeding was so important both to the practical work of mothering and to the construction of sentimental motherhood, by the beginning of the nineteenth century it became a central issue around which the very definition of the mother became fractured along lines of race and class. Any woman who bore a child was, in a literal sense, a mother. Yet culturally and socially the category was far more nuanced, and not all women who bore children were considered true mothers. In white middle-class and elite women’s private writings, fissures in the category of the mother appeared most clearly in their discussions of hired wet nurses, whom they gradually came to perceive as reproductive and productive bodies rather than as true mothers. A wet nurse produced a valuable commodity which, in the case of a free woman, enhanced her ability to support her family. But in doing so she forfeited her claim to true motherhood by breaking the physical and affective ties that were supposed to bind her to her own infant. Because wet nurses were generally lower class, immigrant, or enslaved women, the definition of the good mother came to have a clear race and class location in the writings of more privileged women. By the beginning of the nineteenth century, middle-class and elite white mothers began to articulate a distinction between women who were true mothers and women whose bodies produced a valuable commodity. Although middle-class and elite white women saw their corporeal experiences as the foundation of their identity as mothers, they did not see themselves as solely defined by their corporeality; lower-class and nonwhite mothers, however, they perceived to be nothing but bodies, and socially and ideologically disruptive ones at that.

Most scholarship on breastfeeding in the late eighteenth and early nineteenth centuries has focused either on changing practices of infant feeding, including the use of wet nurses, or on the meaning of breastfeeding and the role it played in prescriptive discussions of motherhood as a social role. The work of defining the ideal mother was conducted by women and men alike in diverse venues such as medical texts, prescriptive literature, and popular literary and visual culture. Yet childbearing women also had strong opinions about breastfeeding—both as a bodily function and as a
practice imbued with meaning—that they shared in their personal writings. Few scholars have probed the complexity of women’s experiences with breastfeeding to highlight their ambivalence to the act of breastfeeding and their simultaneous reliance on it as a measure of maternal virtue. This chapter seeks to explore more fully the nuances and contradictions that characterized women’s attitudes toward breastfeeding and to show how their understanding of breastfeeding helped shape a maternal culture that excluded many childbearing women.

In spite of the practical and ideological importance of breastfeeding in the eyes of mothers, some of the time it was a part of women’s lives that required neither dramatic commentary nor sentimental expression. Elizabebth Drinker of Philadelphia wrote complacently in 1763 that she “began this Morning to Ween my Sally,—the Struggle seems now (April 2) partly over.—tho it can scarcely be call’d a Struggle she is such a good-natur’d patient Child.” Eliza Haywood of North Carolina recorded the same sentiment in a letter to her husband in 1800, writing, “Betsey has nearly forgot how to Suck already and has freted very little for being weaned and is quite in health.” Caroline Laurens of South Carolina wrote in her diary with more detail but similar tranquility about weaning her son in 1825: “John was weaned from his mother’s breast. She, finding herself 4 months gone in pregnancy, was obliged to do—he was easily weaned. Whenever he woke at night, he would ask for ‘tee tee’ his mother would tell him it was all gone. He would repeat the words ‘all gone’ . . . and go quietly to sleep.” Physicians often advised women to cease breastfeeding if they became pregnant, for they believed that pregnancy could contaminate or decrease the quality of the breast milk, so it was not uncommon for women like Laurens to cease breastfeeding only when they found themselves pregnant again. This meant that many women’s lives were defined by nearly continuous cycles of pregnancy and breastfeeding. For many women the processes of breastfeeding and weaning went smoothly and caused little complaint. Narcissa Whitman, a pioneer and missionary to Oregon, wrote of the birth of her daughter in 1837 and commented with pleasure that the infant “sleeps all night without nursing more than once sometimes not at all.” Such casual references to nursing showed that breastfeeding and weaning were important enough for women to make note of but warranted little fuss or ceremony as long as things went smoothly.
Often, however, women indicated that their experiences with breastfeeding were difficult, painful, and damaging, far from the pleasurable practice that maternal advice manuals promised. In 1771 Mary Holyoke of Massachusetts recorded several terse entries about breast infections. One day she noted a “violent pain in my breast,” and a week later reported that “the Dr opened my Breast.” Her trials continued for at least another week, when she reported, “Left off the poultice. Put on a frog Plaister. In a good deal of pain.” Holyoke’s other diary entries tended to include relatively few details about herself, suggesting that the problems with her breast were particularly significant to her and needed to be recorded. Holyoke was not alone in her afflictions, for infections and abscesses in the breasts were complaints that appeared often in women’s private records, alongside extremely painful conditions such as sore and cracked nipples that could make it agonizing to breastfeed. Breast problems were so significant for maternal and infant health that even men sometimes commented about the challenges of breastfeeding. John Campbell of Virginia reported to his adult son in 1804 that “your sister Polly had a young daughter now three Weeks old a fine Child and seems healthy. She seems to come to streangth herself but slowly but she has had no back-set since she had her Child except sore breasts which keeps her weak.” Breast infections had the potential to be life-threatening to both the mother and the infant, so it is perhaps not surprising that men as well as women took an interest in women’s health as they nursed. Women, however, commented much more regularly about breastfeeding and often in greater detail. Catherine Read of South Carolina wrote to her sister in 1821: “Poor Cornelia after having gone thru her confinement . . . was afterwards afflicted with a gather’d Breast it was nearly well when I left . . . but a letter I have recd from her since I have been here mentions that it has gathered in another place which distresses me greatly, tho she says the Boy thrives well on feeding what she has to give him.” Following the birth of her child, Mary Walker, a native of Maine and a missionary to Oregon, recorded on a daily basis the pain and difficulty she experienced attempting to breastfeed with her first child in 1838. “Nipples very sore. Worry with my babe. Get all tired out,” she wrote one day, only to continue the next with “Milk so caked in my breasts, have apprehensions of 2 broken breasts.” By the end of the week, she complained of “very little strength on account of suffering so much with my breasts.” For several weeks, Walker continued to write of her discouragement and ill health. Although she had greater success with her next child, breastfeeding rarely went smoothly for her,
and her later diary entries continued to expose the grim difficulties faced by many nursing mothers.

Occasionally women reported extreme examples of suffering as a result of breastfeeding, and they wrote in gruesome detail about their experiences, evoking the messiness and danger involved in childrearing. In 1803 Eliza Haywood reported to her mother: “Dr. Williams lanced my Breast on that Day week on which you left me, I had suffered great Pain from the rising with Fevers, Cough, and Inflammation, I had Excruciating pains in my Shoulders, Breast and Stomach—the Discharge of Matter was great with much Blood, it still runs a deal twice a Day Night and Morning.”11 Although the grim picture Haywood painted seems shocking to the modern reader, such narratives of the painful and messy consequences of lactation were all too common. In 1822 Laura Randall of Florida described the plight of a friend who had recently given birth and suffered from a “gathered breast.” “It had been lanced repeatedly,” she reported, but “mortification had taken place. . . . One of her breasts is entirely off, leaving nothing but the bare ribs. . . . And the other is in a dreadful state. Pieces of flesh as thick as your three fingers will sometimes drop off.”12 The woman did not survive much longer. Such gruesome cases reminded women that the physical dangers of motherhood did not end with childbirth.

Because complications with breastfeeding were common, women frequently sought and shared remedies that might ease the process. Maine midwife Martha Ballard, for instance, spent much of her time in the late eighteenth century delivering babies and tending to the health of new mothers whose breasts became painful and inflamed. On one such occasion she recorded in her diary: “I was Calld Early this morn to See thee Revd mr Fosters Lady who is very unwell; her Breast is Likely to Break. I aplyed a Poltis of Sorril & reeturnd home.”13 Abscesses, cracked nipples, and general pain were common complications that prevented women from enjoying nursing. These conditions were often treated with poultices and salves that women recommended to one another based on experience or word of mouth. Mary Chesnut, for instance, corresponded frequently with her mother, who sent her advice on how to manage her tendency to develop lumps and infections while nursing. In 1800 her mother expressed concern over Chesnut’s health and wrote, “I wish you had a Plaster from New York, which is a fine remedy—I brought some of it from there last year . . . & gave it to Emly Cuthbert who received great benefit from it—the hardness was all dispersed by it & she soon got well.”14 In 1801 her mother excitedly announced
that another remedy had been discovered by Chesnut’s sister: “Tis the salve, which she says you must have spread thin upon a linnen or leather & lay all over that breast that has the hardness in it soon after you are brought to bed—I believe I told you before what great things it had done for her, & that by experience she can advise your trying to Suckle with both breasts.” But when the child was born Chesnut’s trials did not abate, and breastfeeding continued to be a painful and difficult process. Women often shared new remedies or tried and true recipes, hoping to find something that would relieve the sufferings of their friends and kinswomen. Future First Lady Abigail Adams remarked in a letter to her sister that in her experience “a Bath of Hot Herbs was the most salutary means made use for me. A poultice of Camomile flowers is also very good.” In spite of these shared remedies, many women struggled time and again to breastfeed each of their children and were sometimes defeated by chronic breast problems. For women such as Mary Chesnut, breastfeeding never became the physically pleasant duty that advice manuals promised it would be, and they alternated between hope that a new remedy would solve their problems and disappointment when it did not.

Although mothers who could not breastfeed were often disappointed by this fact, they rarely expressed guilt, suggesting that in their estimation physical incapacity did not render them bad mothers. In their eyes only the willful rejection of maternal duty defined the unnatural mother. Indeed, although most mothers hoped to breastfeed successfully, they were practical in recognizing insurmountable difficulties. Elizabeth Drinker was disappointed in 1771 when her ill health made it necessary to substitute a wet nurse: “Dr. D. says I must wean my little Henry or get a nurse for him, either seems hard—but I must submit.” Several days later she found a nurse for him, but noted that she felt “lost without my little dear.” Although she longed to breastfeed her child, she recognized and submitted to her physical condition. Esther Cox wrote to her daughter in 1797 expressing her hope that “you may be able to perform the Mother’s part by Suckling her yourself.” But, she continued, “sometimes the Pain, in instances like yours is too much to bear, and then it must be given up.” Such cases reveal that although physicians and family members emphasized the healthful effects of breastfeeding and encouraged women to persevere, they often swiftly changed their minds in the face of complications and strongly recommended that women stop breastfeeding for the sake of their own health. Thus women may have been able to make the decision to stop breastfeeding without guilt, knowing that they were supported by their physicians and family members.
who generally prioritized the mother’s health over the infant’s. Other women needed only their own reasoning and observations to feel confident in their decision to stop breastfeeding. Mary Walker, who had endured so much pain attempting to breastfeed, wrote plaintively one day in 1838, “Try very hard to invent artificial nipples. Do not succeed. Feel very much unreconciled to the idea of being unable to nurse my babe.” But by the next day she indicated satisfaction with her decision to try hand feeding instead: “Find my health in a good measure restored. Babe in good health, no appearance of sore mouth. Nurse him mostly with a bottle. Feel more reconciled than I did yesterday. Tho the dispensations of Providence often appear dark, yet they are in the [end] for the best. How do I know but the want of means to nurse my babe may be the greatest of blessings?”

Walker noted the improvement in her own health and the continuing good health of her infant and was satisfied that she had made the right decision in switching from breastfeeding to bottle feeding. Women were practical, and they made compromises calculated to optimize their own health and that of their infants, showing that making good decisions for themselves and their children was an important part of motherhood, even if it meant going against the prevailing enthusiasm for maternal nursing.

In their discussions of breastfeeding women often openly contradicted the idea, frequently professed in maternal advice literature, that breastfeeding was beneficial for maternal health. Instead, many women portrayed breastfeeding as draining and even debilitating. Weakness and weight loss were particularly common complaints. Agnes Cabell wrote to her stepdaughter in 1824, “I am distressed to hear that you are so much reduced in flesh, and that you are ‘injuring’ by suckling the baby.” She emphatically recommended that her stepdaughter stop breastfeeding, lest she put her life at risk.

Eleanor Lewis expressed similar concerns when she reported in 1827 that her daughter “is better and I trust improving rapidly—she has been very weak and thin, and almost destroy’d herself by nursing.” Sarah Hopkins of South Carolina chided her husband in 1836, writing, “In your last letters you appear to think I have not been as well as was represented. Now you forget the drain that has been upon my system, and now nursing this dear great Boy is enough I think, to keep anyone weak for some weeks.” These comments reflected the fact that it could be challenging for women to receive the nutrition they needed to remain hearty while breastfeeding.

Many women also reported that breastfeeding was draining physical work. Margaret Brooke reported to her husband in 1843 that “Bunny is so
hearty that he sucks me too much—I feed him a great deal he is very good and does not disturb me at night . . . I get very tired nursing.”

Her remarks suggested that her infant was thriving at the expense of her own sense of well-being. Eliza Fisher reported to her mother in 1844 that she was unable to breastfeed without diminishing her own strength, writing, “I am sorry to find by yr last letter that you are making yrself unhappy at my indisposition—which I assure you is nothing serious, but Dr Meigs says entirely owing to the exhausting process of nursing—which he has strongly urged me to discontinue.”

Many women (and their physicians) agreed that breastfeeding could be exhausting, particularly when prolonged. Frances Kemble, the celebrated British actress and unwilling plantation wife, criticized a plantation mistress for continuing to breastfeed her child after two and a half years and concluded: “I attribute much of the wretched ill health of young American mothers to over nursing; and of course a process that destroys their health and vigour completely must affect most unfavorably the child they are suckling.” Kemble insisted that prolonged breastfeeding was a drain on women’s health and was therefore unconscionable. Moreover, her remark seemed to imply that American women actually became bad mothers, allowing their children to suffer from their mistaken insistence on breastfeeding. In her view, breastfeeding was a practice that could be taken to dangerous extremes.

Women also not infrequently made a rather implausible connection between breastfeeding and problems with their eyes, suggesting that they viewed nursing as having potentially widespread physical consequences. Elizabeth Drinker recorded in her diary in 1802 that “Molly Rhoads was here forenoon, she has made a beginning to wean her Son, having a great weakness in her Eyes . . . she has been told it is owing to her suckling such a strong lusty boy—and was told of a person who lost her sight by it—that after her child was wean’d, her sight was restored.”

Jane Bernard of Virginia similarly complained of weakness in her eyes when she wrote to her husband in 1819 that “for some days the great quantity of milk which flowed gave me considerable alarm but I hope, by great attention, to prevent a return of the long suffering I encountered before. As my eyes are a little weak I must stop for the present.” Bernard seemed to draw a link between the large amount of milk she had produced and the weakness in her eyes that prevented her from keeping up with her correspondence. Although with today’s medical knowledge it seems improbable that breastfeeding could damage women’s eyesight, such remarks implied that women
saw breastfeeding as a powerful process, capable of affecting multiple systems of the body, not just the breasts.

Only when the body did not intrude with pain and debility did women think about breastfeeding in less grim and more sentimental terms. By the early decades of the nineteenth century, when sentimental representations of motherhood had reached their height, women sometimes employed the language of sentimental motherhood to highlight the joy and pleasure they received from the act of breastfeeding. Georgina Lowell of Boston echoed the descriptions of prescriptive writers when she enthused in 1827 that “no one who has not tried can tell what delight it is for a mother to nurse her own offspring—I am more grateful for the blessing every day—for as the child increases in age & size, the pleasure increases.”

Some women emphasized the importance of the physical connection between mother and infant that was an inherent part of breastfeeding. Writing in her diary in 1857, southerner Rebecca Turner expressed her attachment to nursing when she wondered, “How am I to relinquish so sweet an office—that of giving nourishment to my darling? Are these foolish tears that dim my eyes when I think of the times, when he will no longer nestle in my bosom through the silent watches of the night?”

Women sometimes combined sentimental rhetoric with discussions of complications, creating a sense of unfulfilled ideals. Esther Cox referred to breastfeeding as a pleasure when she wrote to her daughter about the latter’s problems breastfeeding: “I rather think you . . . will be forced to relinquish the pleasure of giving Nourishment from your own breasts to the dear little Sally.”

Judging from previous and subsequent letters, breastfeeding had never been particularly delightful for Chesnut, for it had always brought pain and difficulty, yet her mother still deployed the sentimental trope of pleasure, showing that it had at least some rhetorical currency with women even when their lived experiences did not quite meet their ideals. Similarly, Mary Peabody noted in 1831 that to be unable to breastfeed was to miss out, noting that a friend of hers was “perfectly well now, and if she could enjoy all the privileges of motherhood, nothing would be wanting to her happiness—but she is obliged to see her babe ‘inhale life’ from others.”

No doubt the act of nursing a beloved infant was often a source of gratification and joy when the process proceeded smoothly—but women’s sentimental depictions of breastfeeding were few in comparison to their complaints.

Such sources show that representations of breastfeeding in the personal writings of white middle-class and elite women rarely imitated the
depictions of maternal nursing that were presented in prescriptive literature. Breastfeeding was a repeated and prolonged physical experience with which mothers were intimately acquainted—more so certainly than male advice writers—and women writing between the mid-eighteenth and mid-nineteenth centuries remarked frequently on nursing, weaning, and wet nursing and the effects of these practices on the bodies of mothers and infants. They harbored no illusions about the ease and pleasure with which they might nurse their children, for experience told them that the reality might be grim. Yet just as nineteenth-century prescriptive literature became more effusive and sentimental about breastfeeding, women letter writers and diarists in the nineteenth century were also more likely to deploy sentimental depictions of breastfeeding than their eighteenth-century foremothers. Even so, sentimental comments were almost always tempered by discussions of women’s difficulties. Women in both the eighteenth and nineteenth centuries wrote with greatest frequency about the difficulty, discomfort, and frustration attending nursing. In this sense, women’s references to breastfeeding remained remarkably consistent over the century in question. Although breastfeeding was an allegedly natural and simple act, women’s bodies did not always cooperate. The physical work of nourishing and then weaning an infant could be difficult and taxing. Occasionally, women indicated that they derived pleasure from the practice, but more often they recorded matter-of-fact statements of the daily cares of a nursing mother or enumerated their struggles and their suffering.

Although women were intimately aware of the challenges posed by breastfeeding, they nevertheless used it as a measure for judging other women, much as prescriptive writers praised or castigated women in their published writings. A woman’s ability to breastfeed, or her failure to do so, could provoke either praise or criticism from those around her. Women who breastfed successfully epitomized the ideal mother, but those who would not—or could not—might find their maternal virtue in question. In 1798 Gertrude Meredith exemplified maternal virtue by sacrificing her health to that of her infant, writing to her husband that she was “better than I have been this summer, but extremely thin notwithstanding, Mama tells me this is owing to my suckling my child—she is very anxious that I should wean her, but this I cannot think of doing, as I am confident that if I did, I should sacrifice her health which is infinitely dearer than my own.”32 In both her words and actions, Meredith identified herself as a good mother, although her own mother’s wish that she wean the child signaled that there were reasonable limits to what mothers needed to do for their children. Not all
mothers were as exemplary as Meredith, as Sarah Cary intimated in an inquiry to a friend in 1785: “Tell me, my dear, if you intend, like other town ladies to sacrifice the pleasure of nursing the dear one to fashion? If you do I pity you, for you are possessed of too much sensibility to do it without giving yourself great pain.”33 Just as some advice manual authors criticized women for caring more for the comeliness of their bosom than for its nurturing capacity, Cary identified fashion as a destructive influence that prevented mothers from fulfilling their duty. Indeed, a truly maternal body could not be a fashionable body, for tight stays might deform the breast and nipple. As the physician Samuel Bard insisted, “Above all things, a loose dress is absolutely necessary; and particular care should be taken not to press the nipple into the breast, by which it has been sometimes really obliterated, so as to render it impossible to suckle.”34 Moreover, Cary emphasized the trait of sensibility that defined the sentimental mother, claiming that her friend had too much sensibility to abandon the practice of breastfeeding. Other women could be even more critical than Cary of mothers who did not or could not nurse their children. “She has a sweet good babe,” wrote Eleanor Lewis of her niece in 1827, “but she is a helpless Mother, she cannot suckle it, and knows very little about the care of children. I hope you will see my little treasure next autumn, and his devoted Mother.”35 Lewis drew a clear connection between breastfeeding and maternal devotion, contrasting the incompetent mother who could not breastfeed with her own role as the devoted and capable mother. Her statement also implicitly questioned the purportedly natural and instinctual nature of motherhood—apparently mothering was a learned skill that some mothers mastered more quickly or more thoroughly than others. Even if breastfeeding was often destructive to the mother’s body and peace of mind, women saw it as central to the performance of good mothering. Although women may have felt ambivalent about the physical experiences of breastfeeding, they believed that good mothers nourished their children from their own bodies, a form of both pleasure and sacrifice that marked a woman as virtuous and competent in the maternal arts.

The corporeal nature of maternal virtue was so important that some women in the nineteenth century found a means of visually highlighting breastfeeding as both a practical and a symbolic act. A few daguerreotypes from the mid-nineteenth century exist that depict mothers in the act of breastfeeding (see figs. 4.1 and 4.2).36 Although mother-child portraits were common with the advent of photography in the late 1830s, most photographs displayed the mother with her child in her arms or at her side. The frank
display of the mother’s bare breast in portraits from this era is surprising to the twenty-first-century viewer, yet by visualizing the intimate physical connection between mother and child, these portraits privileged the same physical mother-infant bond that prescriptive literature idealized and that many women treasured. The mothers in these daguerreotypes demonstrated

FIGURE 4.1 Portrait of Unidentified Woman Breastfeeding a Baby (ca. 1848). Courtesy of the Schlesinger Library, Radcliffe Institute, Harvard University.
their maternal virtue by nursing, speaking to the symbolic importance of breastfeeding at this time. Unfortunately, the identities of the women in these breastfeeding images are lost, and with them the possibility of knowing the thoughts and emotions behind these photographs. We cannot know whether it was the mother herself who chose to pose in this way or if her husband or the photographer might have influenced the decision to breastfeed for the camera. Moreover, we cannot know what it meant to her to have a permanent image of the act of nursing. Perhaps it was a reminder of

**Figure 4.2** Portrait of Unidentified Woman Breastfeeding a Baby (ca. 1850). Courtesy of the Schlesinger Library, Radcliffe Institute, Harvard University.
duties faithfully fulfilled, of maternal love, of past pleasures and intimate moments. But perhaps it was also a reminder of the trials of maternity, of hard work, lack of choice, and self-sacrifice. Whatever the story behind these daguerreotypes, it is significant that these images captured women in the very act of performing the maternal duty that, more than anything, legitimized them as good mothers by showcasing the appropriate use of the maternal body.

If the definition of a good mother was one whose body provided life and nourishment for her children, the very function of a wet nurse was antithetical to good mothering. As noted earlier, prescriptive writers frequently castigated both women who employed wet nurses as well as the women who sought this kind of employment. Of course, most advice manual authors and women agreed that a mother who was so unfortunate as to be unable to breastfeed—because of infections, lack of milk, or other complications—could not be blamed for hiring a wet nurse, as long as she had done everything in her power to protect and promote her ability to breastfeed. In hiring a nurse, she simply fulfilled her maternal duty by proxy. The wet nurse, on the other hand, became by definition an unnatural mother because she sold her milk instead of devoting it to her own infant. The commodification of breast milk went against all notions of the sanctity of the maternal body and of maternal duty by placing a literal price on the lactating breast.

Throughout the eighteenth and early nineteenth centuries breast milk was in high demand. Ernest Caulfield has argued that in the eighteenth century, “breast milk was the most frequently advertised commodity in American newspapers.” Advertisements for wet nurses abounded in local newspapers, announcing, with little variation, that “a certain person wants a wet nurse into the house, to suckle a child.” Many women also advertised their own services, proposing that “a young woman with a new breast of milk, wants a place in a genteel family, as wet nurse.” These advertisements did not specify the reasons for which a woman’s services were needed or offered, but they did expose the economic value of mothers as producers. The wages offered to wet nurses meant that providing such a service generated needed income for lower-income mothers. Wet nursing was an economic exchange based on the maternal body. Indeed, descriptions of the wet nurse’s body were at the heart of such advertisements, which sought or proposed the services of a “hearty” and “perfectly healthy” nurse with a “fresh” or “good” breast of milk, or even a “good full young breast of milk.”
Interestingly, until roughly 1820, American newspaper advertisements for wet nurses tended to highlight the quality of the lactating breast in question, whereas subsequently they were more likely to focus on the overall health or heartiness of the wet nurse. Such a shift most likely reflected growing concerns about immigration, the health of the poorer inhabitants of urban areas, and the perceived risk of bringing purportedly unsanitary lower-class bodies into the middle-class home.

The challenging realities of childbearing and childrearing meant that wet nursing was a common aspect of family life in America from the early colonial era through the late nineteenth century, though it has been marginalized in historical studies of motherhood. It is difficult to calculate the extent to which middle-class and elite American mothers relied on wet nurses in the eighteenth and nineteenth centuries. Maternal mortality, illness, breast infections, and the numerous stresses on mothers that could prevent their milk from flowing all contributed to the need for a substitute feeding method. Sometimes a wet nurse was only needed for a short period of time while the mother recovered from illness or from childbirth complications, or she may have been needed only sporadically to supplement a mother’s scant supply of milk. In an era without refrigeration, it was difficult to keep a baby alive on animal milk or other liquid mixtures, which were often full of bacteria as well as being nutritionally inadequate, and it was also a challenge to feed infants enough using spoons, pap boats (small vessels with a spout), or bottles that were also likely to be contaminated with bacteria. Thus hand feeding was an even less desirable method of infant nurture than wet nursing.

Rates of wet nursing most likely corresponded to a certain extent to maternal mortality rates. In cases when a mother died during or after delivery, but the infant survived, an informal or hired wet nurse would have to be found. In the North, maternal mortality rates were relatively low. In Newport, Rhode Island, for instance, between 1760 and 1764 the Reverend Ezra Stiles recorded ten deaths out of sixteen hundred deliveries, while the midwife Martha Ballard delivered nearly one thousand babies between 1778 and 1812 and recorded only five maternal deaths that each occurred after delivery and during the lying-in period. Most mortality studies have focused on specific communities or small regions, so it is difficult to generalize about the whole of British America in the eighteenth century, but the historian Janet Golden suggests that maternal mortality rates probably ranged from six to twenty deaths out of one thousand births, with higher rates occurring primarily in the South, due at least in part to complications from exposure
Chapter Four

...to malaria. In the nineteenth century, overall rates of mortality climbed in urban areas, particularly among the urban poor. The 1850 census shows that the proportion of white women’s deaths that occurred during childbirth ranged from more than 5 percent in Georgia and Florida to just over 1 percent in New Hampshire and Rhode Island. As a point of comparison, a recent report that compiled global data on maternal mortality recorded twenty-eight maternal deaths out of one hundred thousand live births in the United States in 2013, a high rate compared to other developed nations and more than double the rate in 1990, but still significantly lower than in the eighteenth and nineteenth centuries.

Although prescriptive literature in both England and America from the eighteenth and the nineteenth century routinely criticized “fashionable” mothers for neglecting to breastfeed their own children, it seems that most well-to-do mothers who survived childbirth were generally the primary nurses for their children, though they may have received temporary assistance from a friend, relative, or hired or enslaved wet nurse shortly after delivery or in cases of breast pain, infection, or scarcity of milk. Maternal mortality and debility—not disinclination to nurse—most likely drove the demand for wet nurses. Daniel Blake Smith has argued in his work on eighteenth-century plantation society that “most women, except when ill, seem to have continued to nurse their own children.” Likewise Sally McMillen has argued that in the antebellum South, even in the case of elite mothers who had ready access to enslaved wet nurses, about 20 percent employed them, leaving a substantial majority who nursed their own infants. Sylvia Hoffert has shown that women in the antebellum North saw breastfeeding as an important source of authority and self-worth and a central part of mothering. Thus advice manuals that insisted on the merits of maternal breastfeeding were most likely preaching to the choir, but the very real dangers and difficulties of childbearing and childrearing ensured that there was always a market for wet nurses.

Economic necessity drove women to seek employment as wet nurses, which usually paid them more than they could earn for other kinds of domestic labor. As one newspaper advertisement for a wet nurse promised, “a wet nurse with a good Breast of Milk . . . will receive good wages.” Some nurses were employed by families and generally earned higher wages, while others were paid by cities or institutions to nurse orphans and foundlings of the poor. Some wet nurses had lost their infants and thus had superfluous milk; others had an abundant supply of milk and were able to nurse more than one infant at the same time; but many were forced to leave...
babies behind or to wean them prematurely so as to give the majority of the milk to the privileged child. At a time when hand-fed infants died in much greater numbers than those who were breastfed for at least twelve months, it is not surprising that mortality rates were high for the infants of wet nurses. This created a trap for poor women who, in turning their breast milk into needed income for their families, lessened their infants’ chances of survival and undermined their own claims to respect as virtuous mothers.51

Hired wet nurses were of course not the only mothers to be commodified in American society and culture.52 The most significant commodification of maternal bodies occurred in the context of American chattel slavery. A rich and abundant literature has sprung up around the perception and use of the enslaved body in the antebellum South. Much of this scholarship has highlighted the ways in which women experienced the commodification of their bodies differently than men because of their ability to reproduce. Enslaved women’s bodies provided labor, but they also produced new laboring bodies and breast milk.53 In spite of the emphasis slaveholders placed on enslaved women’s ability to bear children— their capacity to “breed”—they did not emphasize enslaved women’s identity as mothers in the fullest sense of the word. Instead, their bodies were forced to produce three key commodities: labor, infants, and breast milk, and they were never awarded the social and cultural capital that American society granted to white mothers. This is not to say that enslaved mothers did not engage in the emotional and social work of mothering, for historians have shown that enslaved mothers struggled on a daily basis to maintain the integrity of their affective relationships and, on a more practical level, to protect the health and happiness of their children.54 But in spite of the extraordinary emotional and physical work these women accomplished, their humanity and their claims to motherhood were articulated and defended only in abolitionist literature and propaganda. In the social context of slavery, these women were simultaneously valued as commodities and discounted as mothers on the basis of their corporeality.

Unfortunately, we know little about enslaved women’s attitudes toward breastfeeding and wet nursing, but we do know that the seemingly basic practice of nursing an infant became extraordinarily difficult for enslaved mothers. The system of slave labor demanded that women work long hours at their appointed tasks and simultaneously expected them to raise healthy children to bring increased wealth to the slaveholder. Weakened by heavy labor and nutritional deficiencies during pregnancy, and unable to breastfeed
at sufficient intervals during the work day, enslaved mothers faced immense difficulties in their efforts to raise their children through the first year of life. Anecdotally, we know that rates of infant mortality among enslaved populations were high. Frances Kemble’s journal of antebellum plantation life, for instance, recorded a litany of petitions from desperate slave mothers seeking some small alleviation of their burden of labor during pregnancy and after delivery. Collectively, ten women had borne a total of sixty-five children and lost nearly half of them. One statistical study of a large slave population on a South Carolina plantation found a 35 percent infant mortality rate between the 1830s and 1861, less than the anecdotal rates found in Kemble’s narrative but still very high, especially when compared with mortality rates for white and free black children in South Carolina for 1850, estimated at 5.7 percent for children under one year of age and 12.9 percent for children up to five years of age.

It is hard to say to what degree insufficient breastfeeding contributed to these high rates of infant mortality, but the references to breastfeeding made by former slaves attest to the fact that for many enslaved mothers it was nearly impossible to provide adequate nutrition for their infants. Emily West and R. J. Knight have suggested that enslaved infants may have been more likely to be bottle-fed, a method that would have freed up the woman’s body for labor or for wet nursing, but that would likely have been both unsanitary and nutritionally deficient for the infant. Even for enslaved women who were allowed to breastfeed their children, problems abounded. Willie Wallace, a former slave, recalled, “My father was crippled and couldn’t work in the field, and I remember he used to carry the children out to the field to be suckled.” In this case the slave mothers were able to feed their children without leaving work, but it is unlikely that they were allowed to stop often enough or long enough to give sufficient nourishment. Many other enslaved mothers did not have the advantage of having their children brought to the fields. Another former slave, Celia Robinson, recalled stories her own mother told her: “I ‘member how mother tole me de overseer would come ter her when she had a young child an’ tell her ter go home and suckle dat thing, and she better be back in de field at work in 15 minutes. Mother said she knowed she could not go home and suckle dat child and git back in 15 minutes so she would go somewhere an’ sit down an’ pray de child would die.” The image of this mother praying for the death of her child put the act of breastfeeding in a very different light than the discussions of breastfeeding recorded by white women. In such dire situations breastfeeding was of little practical utility because the slave mother could not have enough
time to give sufficient nutrition to her child, nor could breastfeeding be envisioned as an act of sentimental or affective importance because it only prolonged the uncertain and unhappy existence of the infant. Unlike the white mothers discussed earlier, breastfeeding could not as easily become a source of pride or maternal identity for many enslaved women because they could not dictate the uses to which their bodies were put.

For many enslaved women, the demands of maternity and forced labor collided when they were required to nurse white infants in addition to, or instead of, their own. The former slave Jeff Calhoun remembered, “My massa had 15 chillun and my mamma suckled every one of dem, ’cause his wife was no good to give milk.” In such cases, enslaved mothers provided a valuable and life-giving commodity for a child who was not their own, but in doing so they most likely undermined the well-being of their own infants. For enslaved women, wet nursing was predicated on a refusal to recognize their claims as mothers. As West and Knight have noted, “White women’s use of enslaved wet nurses provides evidence of both spatial closeness and racial distance between black and white women.” The fact that enslaved women wet-nursed white infants should not be sentimentalized, nor should the more surprising instances when white slaveholding women served as wet nurses for their own slaves. Sim Greeley, a former slave, recalled how “Miss Viny Cannon suckled me and her son Henry at de same time, me on one knee and Henry on t’other.” Lucy Cocke of Virginia, whose infant was stillborn in 1850, likewise served as a wet nurse to an enslaved baby as a way of dealing with her surplus milk. She explained in her diary, “My chief trouble is having such a quantity of milk, I am forced to have one of the servant’s children to nurse. I fear I shall become too much attached to the little fellow! He is a sprightly little fellow of 3 Months old perfectly black. . . . My children seem much astonished to see me with the little Ebony fellow, but they are becoming very fond of him.” A surprising reversal of the role of wet nurse, such instances can be understood in different ways. On the one hand, these scenarios demonstrated that while wet nursing was frequently an act that turned the maternal body into a literal commodity with specific economic value, it could also in special circumstances be a practical gesture that spoke less about the politics of the body and more about the exigencies of daily life at a time when breastfeeding needed to be managed carefully for the sake of both infant and maternal health. On the other hand, these examples testified in multiple ways to the commodification of the black body. In the first example we cannot know why the slave infant was suckled by the white mother, but it could have been to promote
his survival if his mother was unwell or lacked an adequate milk supply, thus ensuring future profits for the slaveholding family. In the second example, Lucy Cocke was able to use an enslaved infant to help preserve her own health. Although the baby may have benefited nutritionally from her actions, the infant’s mother no doubt had little choice but to hand over her infant for Cocke’s use and benefit. Her needs or desires as a mother would have had little place in this process of exchange.

As these more unusual examples of white women nursing enslaved infants suggest, hired or coerced wet nursing was by no means the only context in which a woman might nourish a child who was not her own. Informal, that is, unpaid, wet nursing also occurred between friends and relatives in both the eighteenth and nineteenth centuries. Sometimes a mother simply needed a little assistance while she recovered from childbirth or from an illness, or sometimes a woman’s milk was slow in coming in or was not quite sufficient in quantity. In such cases a friend or sister who was lactating might take over suckling the child sporadically or for a short period of time. Southern mother and grandmother Caroline Clitherall, for instance, found herself in the position of acting as wet nurse to her own grandchild. As she explained in her diary, when her daughter Eliza’s child was born, “my Alexr was a baby; Eliza was so ill, I performed for Georgena the office of Wet Nurse—it does not often occur, that the G[rand]d-child is suckled by the Gr[an]dmother.”

Clitherall was not the only grandmother to nurse her own grandchild. Caroline Gilman reported a curious story to her sister in 1821: “The mother of Mr. Blois, whose youngest child is 12 years old, finding it very difficult to procure a nurse for her little grandchild, conceived the project of nursing it herself, & after ten days of persevering application, actually procured for it an abundant supply of milk, & performs for the little creature all the offices of a mother! This circumstance though wonderful, is not, I believe, unprecedented.” Although it would have been more common for sisters or friends to share the task of suckling a new baby rather than a grandmother, these anecdotes reveal the ways in which female friends or relatives stepped in to share the burden of infant nurture on an informal basis.

The practice of wet nursing arose in a variety of contexts for a host of different reasons, testifying to the complexities of childrearing at a time when breast milk was the only safe option for infant feeding. Although the evidence is sometimes difficult to pin down, it seems clear that the majority of American women in the eighteenth and nineteenth centuries planned to breastfeed their children and were prevented from doing so only because
of complications. As we have seen, however, breastfeeding often did not go as smoothly as women might have hoped, thus making the practice of wet nursing widespread and complex. Wet nursing most likely occurred on an informal basis more frequently than the historical record reveals, but when Americans discussed the issue of wet nursing they almost always had in mind the paid (or coerced, in the case of enslaved women) use of women’s bodies. Thus wet nursing was fundamentally a process of commodification by which maternal bodies were valued based on their ability to produce wholesome breast milk.

Although the practice of wet nursing remained a part of American childrearing practices through the nineteenth century in both formal and informal ways, attitudes toward wet nurses underwent an important transition around the turn of the nineteenth century. Scholars such as Janet Golden have examined a subtle shift in the discussions of wet nurses in prescriptive literature that revealed a growing fear of wet nurses as a source of moral and physical contagion. But there was also much that remained consistent in prescriptive portrayals of wet nurses from the eighteenth to the nineteenth century. The ways in which middle-class and elite women wrote about their encounters with wet nurses, however, changed dramatically from the eighteenth to the nineteenth century. Whereas the women who employed wet nurses in the eighteenth century tended to see their nurses as part of their community of friends and acquaintances, by the early decades of the nineteenth century women were more likely to define their wet nurses as troublesome laboring bodies, exposing the race and class biases that played an increasingly important role in the way women defined themselves as mothers and how they viewed other women.

Eighteenth-century mothers often mentioned their wet nurses by name and included them in their roster of friends and acquaintances, indicating a sense of social proximity, if not necessarily equality. They also sometimes acknowledged the affections of wet nurses toward their own children and toward the children they nursed, thus implying that these women had claims to the affective bonds of motherhood. If the ideal mother was defined by her sentiment and sensibility, wet nurses had the potential to meet these standards. Elizabeth Drinker noted in her diary in 1765 that “Molly Worrel with Sitgreaves’s Baby who she Nurses, were also here,” signaling that her social circle included women who worked as wet nurses as
well as more well-to-do friends. Janet Golden has used the relationship between Elizabeth Drinker and the wet nurse Nanny Harper to explore the close and cordial relations between employer and hired nurse. After nursing her daughter Ann (Nancy) for six months, Drinker sent her to be nursed by Nanny Harper, the wife of a blacksmith. Drinker called often to visit and even sent her carriage to fetch Harper and the baby for visits home. Even after the baby was weaned and returned home, Drinker continued to exchange visits with the Harper family, showing that their relationship extended beyond the economic ties of the employer-employee relationship. Yet even in this friendly relationship, Drinker remained apparently blind to or unconcerned by the fact that by tending Ann, Harper may have been jeopardizing the health of her own infant, Benjamin.

Thus formal long-term nursing arrangements—even when they occurred between respected acquaintances—almost always created a hierarchy of importance between the two mothers and their children. Still, it is significant that eighteenth-century mothers and their nurses saw themselves as part of the same community of women who frequented one another’s homes.

In spite of the fact that both formal and informal wet nursing were common and necessary practices, from the eighteenth century through the nineteenth prescriptive authors consistently looked with a suspicious eye on both wet nurses and the mothers who employed them. Both were deemed unnatural mothers, though for different reasons. Yet eighteenth-century prescriptive writers tended to have a more positive view of wet nurses than later authors. Maternal nursing was ideal, they argued, but in cases of maternal death or debility, a kind nurse with an abundant breast of milk could mean the difference between life and death for an infant. According to prescriptive literature, it was theoretically possible to find a good wet nurse, “who may be known to be such by her Health; by the good Habit and make of her Body; by her Age; by her Breasts; by her Lying-in; by the Time since her Lying-in, and by her Milk.” Her character and her sexual habits were of particular concern because writers feared that intemperate passions could affect the infant, and a nurse with venereal disease was believed to infect the home with immorality and contagion.

The physical appearance of the nurse was crucial in determining her wholesomeness and suitability, and medical and prescriptive writers offered advice about how to choose a wet nurse based on a host of physical characteristics. The tradition of describing the ideal wet nurse stretched back much earlier than the eighteenth century. In the seventeenth century the English midwife Jane Sharp recommended a “Nurse of a sanguine Complexion.”
She defined the ideal nurse in terms of a litany of physical characteristics: “Her Milk will be good, and her Breasts and Nipples handsome, and well proportioned . . . not fat, but well flesht; of a ruddy, merry, cheerful, delightsome Countenance, and clear skin’d that her Veins appear through it; her hair is in a mean between black, and white and red, neither in the ex-tream, but a light brown, that partakes somewhat of them all.”70 Sharp also explained that all of these desirable physical traits would add up to a pleasant and cheerful disposition, ideal for someone entrusted with the care of young children. Roughly a century and a half later, the American physician William Dewees offered a nearly identical description. He quoted another authority as saying that the wet nurse should be between the ages of twenty and thirty-five, “she should neither be too fat nor too lean; she should be fresh-colored . . . her hair should not be too black, nor too deep a red . . . her breast should be of moderate size, with a nipple sufficiently projecting and irritable, and yielding milk upon the slightest force.”71 Added to these physical attributes, the ideal wet nurse of course needed to have a good character.

These minute descriptions of the age, hair color, breast size, and nipple quality of the prospective wet nurse exposed an important inconsistency in prescriptive discussions of breastfeeding. Nowhere did prescriptive writers suggest that mothers who failed to live up to these standards should not be trusted to breastfeed their own children. Not a single writer implied that women with hair too dark or breasts too large should forbear from marrying and bearing children because they would be poor nurses. These physical standards evidently applied only to wet nurses, not to the middle-class and elite mothers to whom prescriptive writers offered their advice. No mother was ever subjected to the same intrusive physical evaluation as her potential wet nurse.72 Thus wet nurses were defined by their utilitarian physicality, while middle-class and elite mothers were described in terms of their morality, sensibility, and sentimentality.

Although prescriptive literature in the nineteenth century continued many of the same themes as earlier texts with regard to the use and character of wet nurses, it also took on a more ominous tone. Nineteenth-century prescriptive authors such as William Alcott were generally skeptical as to the existence of a truly good wet nurse. As Alcott explained, “If a nurse could always be procured whose health, and temper, and habits were good, who had no infant of her own, and who would do as well for the infant, in every respect, as his own mother, it would be preferable to have no feeding by the hand at all. But such nurses are very scarce. Their temper, or habits,
or general health will often be such as no genuine parent would desire.” Janet Golden has argued that as motherhood was reconfigured in the post-Revolutionary era, the figure of the wet nurse took on a new and more dangerous image. The fear of wet nurses as a source of danger and contagion derived from a growing sense of embattlement on the part of the white middle class, which reacted to growing urbanization, immigration, and poverty by withdrawing to the safety of the nuclear family and genteel domestic culture. In particular, nineteenth-century depictions of wet nurses served as a means of articulating class differences and emphasizing the virtue of middle-class mothers in contrast to the presumed vice and incompetence of poor women. A cartoon from a popular nineteenth-century comic almanac illustrated the visions of intemperance and vice attached to the figure of the wet nurse by portraying her as drunk and dangerously neglectful (see fig. 4.3). The caption, “Wanted—A Dry Nurse,” used humor to imply that wet nurses were universally vice-ridden and dangerous. Drunk, slovenly, and neglectful of the infant in her care, this wet nurse epitomized the fears of middle-class Americans. Representations of wet nurses helped to reinforce the divide between the true mother and the poor, diseased, and depraved women whose disorderly bodies allegedly populated the slums of the nation’s largest cities with new generations of inferior women and men.

Although prescriptive writers developed a long-standing tradition of defining wet nurses differently than mothers by focusing on their physical attributes, it was not until the nineteenth century that middle-class and elite women betrayed in their writings a clear perception of wet nurses as a distinct class of mothers who were in fact not real mothers at all, but simply reproductive and productive bodies. Writing in 1813, Peggy Craig revealed a subtle distinction in her view of elite mothers and hired nurses when she remarked that her daughter “is the best Nurse (of a lady) that I ever saw—she is fat and hearty and much improved in her looks.” Craig betrayed a degree of surprise that her daughter, “a lady,” should prove such an excellent nurse and that her body should prove robust in the ways that wet nurses were expected to be, indicating that she viewed elite women and lower-class women as different in terms of their physical abilities. Unfortunately for the historian, women did not often leave extensive comments about their wet nurses in their letters and diaries, but when they did, they evinced the belief that these women lacked the tender and sentimental instincts of true mothers. They portrayed wet nurses as a separate class of women, and even depicted them as more animal than human. Lydia Russell wrote of her use
of wet nurses while traveling in Sweden in 1818, “I had a kind of jealous repugnance to have my child take anything but from me, but of all animals the human was most obnoxious to my feelings.” 77 It seems unlikely that Russell would have thought of herself as a human “animal.” In the personal writings of privileged women, the wet nurses’ bodies were seen as more capable than those of mothers who could not breastfeed, but this very capability shifted the focus away from their moral and affective role as mothers and toward the function of their bodies. In short, wet nurses were defined

by the abilities of their bodies, and their bodies (or the milk they produced) were commodified in a way that was antithetical to sentimental motherhood. The wet nurse was not a mother, in this view, but merely an occasionally useful and always problematic body.

The case of Eliza Fisher and the Irish wet nurse she engaged in Philadelphia in 1844 is strikingly illustrative of the ways in which privileged women in the nineteenth century othered their wet nurses, defining them by the functions of their bodies and denying them the emotional privileges of sentimental motherhood. Fisher wrote to her mother that, owing to her problems with breastfeeding, she had at last hired a wet nurse. “She is such a remarkably nice looking, good humoured person, & brings from Ireland such high recommendations, that I trust she will suit me well & make a faithful nurse for my little darling,” Fisher enthused, and went on to reassure her mother that the nurse “appears perfectly healthy, & the Dr, after examination pronounces her sound in every respect.” Although Fisher’s description of her wet nurse was complimentary in the sense that she described the woman as good-natured and trustworthy, she dwelled on the woman’s physical attributes in such a way as to render her animal-like. She emphasized the nurse’s health and soundness (a term frequently associated with animals and slaves) and seemed to think that there was nothing out of the ordinary in having a male physician inspect the woman, though middle-class and elite women would likely have found such an examination intrusive and indecent. Moreover, alongside her fixation on the woman’s body, Fisher also devalued the nurse’s emotional role as a mother. She noted that “the only objection to her is that she has an infant of her own, 3 months old, from whom she was very reluctant to part—but she now consents to leave it under the care of her cousin—& will I hope remain several months with me—so that I shall now have a good chance of recovering my strength—by having both mind & body relieved.”78 The only problem with the nurse from Fisher’s perspective was that she was reluctant to abandon her own child. Although Fisher was herself a fond and watchful mother, it did not seem to occur to her that the Irish wet nurse might entertain the same feelings of devotion to her own infant. Fisher seemed unable or unwilling to empathize with the hired nurse. The implicit boundary she drew between the two mothers demonstrated that, in her worldview, one woman truly merited the name “mother,” while the other was merely a body that could replace Fisher’s feeble one.

Several months later Fisher wrote again at some length about her wet nurse and revealed even more clearly the distinction she saw between
mothers like herself and lower-class women. This distinction was based on a hierarchy that placed emotionality over corporeality, making emotional mothering more important than physical mothering. Referring to her own little daughter, Fisher wrote, “The little monkey is beginning to love her Nurse so much better than me that I am quite mortified—which I ought not to be as the preference is as yet purely physical, and when her morale is more developed, I need not fear the continuance of it—therefore as long as she continues to thrive so well with the Alderney I must therefore not let my jealousy get the better of me.”79 Fisher tellingly exposed her insecurity that, in spite of her best efforts, she was perhaps not perfectly fulfilling her maternal role because her little daughter seemed to prefer the Irish wet nurse. Yet she quickly corrected herself by asserting that the infant’s preference was purely physical, not emotional, and that therefore Fisher herself was still the true mother. Indeed, the wet nurse was nothing more than an Alderney, a dairy cow, whose bounty allowed the infant to thrive. But this did not make her a real mother, only a commodity that could be purchased and then dismissed when no longer needed. In Fisher’s estimation she was the real mother who had borne the child and then set aside her own preferences so that her daughter could be sufficiently nourished. Though she could not do the physical work of nursing the child, her emotional investment served to sustain her maternal virtue.

Eliza Bellows had a similar blind spot in the way she understood her own role as a mother as compared to that of her wet nurse. She bore a daughter in 1845, who unfortunately found “no sufficient nurse in her Mamma, but is so fortunate as to have her deficiencies supplied in a most satisfactory personage.”80 Although Bellows could not breastfeed her own daughter, she was in all other respects a doting mother whose diary focused almost exclusively on the activities and welfare of her children. A few months after the birth of her daughter, Anna, Bellows noted that she “went to town with Anna & her nurse, on account of the illness of nurse’s child. Found the little creature very low. Remained in town until nearly morning, the poor little child having been released from suffering during the preceding night.”81 It is impossible to know why the nurse’s child died, but its access to its mother’s milk had been curtailed by her employment as a wet nurse, and this most likely lessened the infant’s chances of survival due to imperfect nutrition and a potentially weakened immune system. Although Bellows expressed pity for the deceased infant, she wrote nothing of the bereaved mother. The death of an infant was hardly uncommon in the mid-nineteenth century, yet if one of her own children had died Bellows would have been distraught.
Tellingly, she did not consider the emotions of the bereaved wet nurse to be worthy of note.

An exchange between Mary Lee of Massachusetts and her daughter in 1834 revealed a similar inability to consider the emotional aspects of motherhood for working-class women. Lee’s daughter employed a wet nurse for her infant, and when the woman’s own child fell seriously ill Lee wrote to her daughter: “I feel extremely sorry that you should be called to so great a trial in this your first experiment with a wet nurse. If the child should recover, you will have a continuance of it I fear, for after such an alarm Mary will feel it almost wrong I suppose to pass a day without seeing her child, & it is . . . difficult to oppose a feeling so natural & proper in itself, though situated as she is poor soul, there is an opposing duty.”

Although the life of the nurse’s child was at stake, Lee framed her commentary in terms of the inconvenience for her daughter. She did at least recognize that the wet nurse, Mary, would be moved by anxiety to pay special attention to her child, and she noted that such maternal affections were natural and proper. Yet she presented the woman’s maternal devotion as a distraction from her duty as a wet nurse. A few days later she wrote, “By this time I presume the fate of the poor little child is decided, & if its pilgrimage is closed, you may perhaps be more comfortable, for Mary’s sorrow tho at first I doubt not sincere will be transient, & I shall consider you better off than you have been before.” Here Lee was even more dismissive of the emotions of the wet nurse, suggesting that the woman’s sorrow at the loss of her infant would be sincere but of short duration, implying that such a woman could not feel deeply about her child. Moreover, she felt certain that her daughter and new grandchild would be better off if the wet nurse’s infant died.

Three days later Lee responded to the news that the wet nurse’s child was expected to survive its illness by commenting that “nurses are certainly troublesome creatures.” As it turned out, however, the infant died shortly thereafter, and Lee suggested that the loss would ultimately prove a blessing for its mother.

Lee’s disregard for the affections and distress of the wet nurse was callous and reflected prevailing attitudes at the time. Women such as Lee understood the emotional experience of motherhood to be different depending on women’s class identities.

Although many women who procured wet nurses, especially those living in the urban North, hired white women from the lower classes and from immigrant populations, race could often be a compounding factor in the ways they differentiated true mothers from (re)productive bodies. In 1805 Rosalie Calvert of Maryland wrote to her sister that she “had planned so
much pleasure this summer breast-feeding my little Louise,” but she discovered that she was pregnant again and felt that she should stop nursing lest it take strength away from the growing fetus. “It is hard to get a wet nurse whom you really know,” she lamented, and insisted, “I never want to have a black one again—they are not capable of attachment to a child.”86 By labeling black women (most likely enslaved) as incapable of emotional attachment, Calvert created an impassable divide between women who could fulfill the affective role of a true mother and those who purportedly possessed only the physical capacity to feed a child. Other women’s remarks were less explicit but equally dismissive of nonwhite women. Mary Walker procured a Native American woman to nurse her first child when it became apparent that she would be unable to breastfeed the baby. She remarked in her diary in 1839, “Am glad my babe can be supplied with milk tho it comes from a black breast.”87 Although appreciative of the service the woman provided, she essentialized the nurse both in terms of her race and in terms of the physical attribute that was most significant to Walker—the breast. Such a description left no room for the personhood of the Native American woman, for she was simply a useful body. Emily Judson, wife of an American missionary to Burma, similarly wrote of her wet nurse as if she were less than human, defined entirely by her physical nature and with no capacity for intellect or emotion. “I am all alone,” wrote Judson in 1848. “All alone? Bless me, how indifferent we can be brought to feel to the presence of humans! There is Granny Grunter (alias wet-nurse, alias Mah Bya), who does nothing but eat and sleep alternately (she is eating now) during the twenty-four hours, and who would invent a machine to lift the child and carry it to her breast if she were a Yankee.”88 In spite of the presence of the wet nurse, Judson saw herself as alone, negating any possible sense of companionship between the two women. She further othered the wet nurse by defining her only in terms of three bodily functions: eating, sleeping, and suckling. Moreover, she implied that the woman had so little maternal feeling that she would have happily mechanized the labor of breastfeeding. In Judson’s view, the wet nurse lacked the traits of a sentimental mother—even her personhood seemed questionable—and Judson joined other middle-class and elite women such as Fisher and Bellows in representing her wet nurse as defined exclusively by her physicality.

Although women rejoiced when they hired a wet nurse whom they found wholesome and agreeable, by the nineteenth century they generally echoed prescriptive literature in seeing wet nurses as a necessary evil. For example, Ellen Coolidge wrote after the birth of her twins in 1830: “The arrival
of the young gentlemen has compelled me to add a domestic to my estab-
ishment, in the person too of a wet-nurse, the most troublesome of all in-
mates. I am tolerably supplied, having a country girl, strong healthy &
good-humoured, whose fall from virtue is a less grievous offence in my eyes
than the airs & insolence of an honest woman.” In Coolidge’s view, the wet
nurse was not a mother, but a mere “country girl” whose principal virtue
was her robust health and, perhaps, the robust sexuality that had put her
in a position to take work as a wet nurse. Viewing wet nurses as “the most
troublesome of all inmates,” Coolidge echoed the attitudes of prescriptive
authors and her peers who, by the nineteenth century, consistently viewed
wet nurses as immoral, diseased, and lacking in the virtues of sentimental
motherhood.

Maternal advice authors writing in the eighteenth and nineteenth centu-
ries were consistently suspicious of wet nurses, though earlier writers tem-
pered their suspicions by acknowledging the benefits a good wet nurse could
bring to an infant and its family. By the nineteenth century, however, grow-
ing urbanization, immigration, and geographic and economic separation
between the middle and upper classes and the poor contributed to a shift
in perceptions of the wet nurse. She came to be seen as a contaminant,
threatening the sanctity of the genteel home with her immorality and her
diseased body. As sentimental motherhood became increasingly important
to notions of ideal womanhood, the wet nurse no longer had any place as a
wholesome partner in the work of mothering. Women’s own reactions to
their hired wet nurses roughly followed this trend in the prescriptive liter-
ature. Middle-class and elite women writing in the eighteenth century were
matter-of-fact about the use of wet nurses and saw them as part of the
community. In fact, they often seemed less suspicious of nurses than did
advice manual authors, most likely because the women they hired were
often acquaintances and even friends. By the nineteenth century, however,
women were more likely to hire wet nurses from very different social cir-
cles and even from different parts of town, and women’s remarks about
their wet nurses became even more blatant than prescriptive texts in de-
fining wet nurses as useful bodies rather than as mothers.

Women’s personal writings revealed the full extent to which the iden-
tity of the mother became fractured around the issue of corporeality in the
early nineteenth century. A woman who bore a child did not necessarily
qualify as a mother under the tenets of sentimental motherhood; she had
to exhibit emotional and moral virtues as well as physical dedication to 
claim that status. The physical act of breastfeeding provided a focal point 
around which women defined and judged one another as mothers. Middle-
class and elite mothers drew a line between women who were mothers in 
the fullest sense—physically and emotionally present for their children and 
revered for their tender maternal love—and those women whom they 
deemed nothing but reproductive bodies. Breastfeeding could be both a 
physical and an affective act for women who fulfilled the ideals of senti-
mental motherhood, but for other women it was a bodily function that could 
be bought and sold. Breastfeeding thus became more than a practical ne-
cessity and the focal point of sentimental motherhood; it allowed women 
to fracture the community of mothers along lines of race and class.