

**PORTRAIT OF THE FALLEN: A LOOK INTO THE LIVES AND CHOICES OF SINGLE MOTHERS IN  
LATE VICTORIAN LONDON, 1870-1901**

by

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Portrait of the Fallen: A Look into the Lives and Choices of Single Mothers in Late Victoria

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### **STATEMENT OF THE PROBLEM OF ISSUE**

The Victorian Era was not an easy time in which to live, primarily as a woman. The cult of domesticity clung tightly to the ideals of separate spheres, which not only kept women isolated from the public realm but hindered their access to independence and knowledge. While the working-class woman may have needed to work for financial support, these ideals still plagued her. Her virtue and respectability provided her only means of advancement in the world, and often this was taken from her by male acquaintances, family members, employers, or strangers. This thesis investigates the relationship between unwed mothers and respectability, criminality, illegitimacy, and poverty. These gave rise to numerous charitable organizations that provided aid, on condition that besides her one indiscretion, she could prove herself to be respectable. Single women lived in this dichotomy of empathy and disgust. The passing of the 1832 New Poor Law seriously affected the rights and aid a single young woman would receive if she found herself in the family way. This law shifted all responsibility onto the mother in a means to deter the number of unmarried women with bastards that the parishes would have to care for. This action pushed these unwed mothers to take drastic steps to survive.

### **BRIEF SUMMARY OF LITERATURE**

An indication that social considerations for the well-being of mothers and children include a set of early Edwardian commentaries on the question of infanticide that began to appear at the turn of the century. George Newman published *Infant Mortality: A Social Problem* in which he presents a retrospective of infant mortality in Britain in 1906 and then proceeds to go back and look at the leading causes of infant mortality from diseases, to nutritional availability, to the economic and environmental condition of the mothers. Hugh T. Ashby's *Infant Mortality* expands upon the ideas put forth by Newman and suggests ways in which infant death could be lessened. On the topic of the welfare of women and children. J.S. Cockburn's *Crime in England 1550-1800* (1977), an edited collection, looks at the general topic of crime in England and highlights several new lines of inquiry surrounding criminality. It offers one chapter, by R.W. Malcolmsen, 'Infanticide in the Eighteenth Century,' discusses infanticide in the century before the Victorian Era, where he delves into the brutal reality unwed mothers found themselves in if they became pregnant. He further explores other issues surrounding infanticide: dropping, pervasive public depictions in print, and the social and economic consequences of being an unwed mother.

Maria W. Piers's monograph, *Infanticide*, suggests a new perspective and looks at the matter through a psychological lens delving into the reasons behind the motives for committing such crimes. She builds on the ideas put forth by Cockburn and Malcolmsen. George K. Behlmer's article, "Deadly Motherhood: Infanticide and Medical Opinion in Mid-Victorian England," is an examination of the core issues surrounding infanticide, and that is the education of the mother. Regarding her overall intellectual knowledge, but more importantly, knowledge of her own body. The underlying issue is that women were not given any real form of sexual education and therefore had no concept of birth control should she want to avoid pregnancy.

Then if the pregnancy were to occur, she had no idea what she needed to do to ensure it would be healthy before and after the birth. Historians Peter C. Hoffer, N.E.H. Hall, Rachel Ginnis Fuchs, and Lionel Rose focus on the social aspects of infanticide and female criminality. Peter C. Hoffer and N.E.H. Hall wrote *Murdering Mothers: Infanticide in England and New England, 1558-1803*, in 1981. This work provides essential background information relating to the establishment of infanticide laws centered on the New Poor Law of 1834 (the Bastardy laws), which deal with trying to regulate illegitimate births by regulating women, these laws sought to dissuade women from committing immoral acts by leveling harsh punishments should they result in pregnancy. Rachel Ginnis Fuchs's *Abandoned Children: Foundlings and Child Welfare in Nineteenth-Century France* (1984) examines the history of child welfare. Lionel Rose's *The Massacre of the Innocents: Infanticide in Britain, 1800-1939* (1986), focuses more on the social aspects of infanticide than the political and economic. Jill L. Matus's *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (1995) examines the themes of sex and gender through the literary works of prominent Victorian women. Jennifer Thron. In *Writing British Infanticide* (2003) writes on the effect of bastardy and illegitimacy regarding infanticide. In the monograph, *Women, Infanticide, and the Press*, author Nicolás Goc uses news text to argue that to truly understand a society, one must look at how the press addressed the pressing topics of the day.

## **THESIS STATEMENT**

Using patient books and annual reports from the Queen Charlotte's Lying-In Hospital stored at the London Metropolitan Archives as well as indictments from the Old Bailey Criminal Court, this thesis adds to the scholarly conversation by broadening the understanding of what it meant to be a single mother living in London during the latter part of the nineteenth century and the

choices that lay before her. First, understanding the history of legislation and how the passing of the New Poor Law in 1834 greatly affected her chances of aid. Next, by understanding the choices, she could make regarding her pregnancy and the consequences of those choices. Finally, looking at the institutions and people in place to help her.

### **STATEMENT OF THE RESEARCH METHODOLOGY**

This research contains both qualitative and quantitative records, which differentiates this work from scholarly accounts that solely rely on textual materials to build their narratives. The qualitative texts include records detailing and correlating to respectability, illegitimacy, criminology, and poverty. The quantitative records include information from lying-in hospital in-patient records from Queen Charlotte's Maternity Hospital and Old Bailey court cases. Thirty-years' worth of manuscript records accessed at the London Metropolitan Archives establish the framework for this study. In addition, records collected from the Old Bailey Proceedings Online examined information relating to defendants, their age, offence, verdict, and sentence in crimes directly relevant to single mothers. The data was then compiled and tabulated into a spreadsheet. Chiefly referenced are the archival documents from the Queen Charlotte's Lying-in Hospital and the British Lying-in Hospital, including annual reports, in-patient ledgers, and case books. The focus of this research was to compile statistical data to illustrate the conditions of women during the mid to late Victorian Era and their access to health care. This search led to documents relating to the London's lying-in hospitals (The British Lying-In Hospital for Married Women and Queen Charlotte's Maternity Hospital), The New Hospital for Women, and a general hospital (Guy's). Consulting the annual reports for each institution, a composite picture begins to form. This research relies on an approximately thirty-year run for each venue dating between

1870 and 1901. By doing this, the information could be analyzed for a change over time with the numbers they reported serving as the backbone for this research.

### **BRIEF SUMMARY OF FINDINGS**

The Old Bailey records reveal the number of people tried for the specific crimes of illegal abortion, concealment, and infanticide that occurred during this period. They provide information regarding the changing consciousness of society and the likelihood a person would be convicted. The data shows that sentencing became more lenient as the turn of the century approached, often respiting judgment or providing a lesser sentence for women convicted of crimes of the above offenses. The annual reports for the British Lying-in Hospital show there were 16,427 total births with 4,592 in-patient and 11,835 out-patient deliveries at the hospital between the years of 1879 and 1901. That is compared to 48,157 total births at the Queen Charlotte's with 21,990 in-patient and 26,165 out-patient deliveries. This comparison highlights the differences in each institution and those they provide aid to. The British Lying-in Hospital caters to a small area of London surrounding their facility and only accepts married women. In contrast, the Queen Charlotte assists a majority of west London and receives married, widowed, and single mothers at their establishment.

### **CONFIRMATION, MODIFICATION, OR DENIAL OF THESIS**

This thesis attempted to build on the already great historiographical work done by Rose, Thorn, Goc, and the rest. It hopes to add a note of statistical data into the mix, shining a light on the unwed mother as a woman and not merely the stereotype of a 'fallen woman.'

### **STATEMENT OF THE SIGNIFICANCE OF THE FINDINGS**

These findings are significant because they provide a more complete picture of lower-class single motherhood as it pertains to pregnancy, childbirth, and the institutions in place to provide aid. The statistical data provided by the Old Bailey Records and the Queen Charlotte's Lying-in Hospital create two pieces of the whole. The criminal court cases prove the prevalence of abuse young single women endured during this period, as exemplified in the number of rape cases where the victim was under the age of consent. Looking at the nearly thirty-year run of in-patient records from the Queen Charlotte, indicate that the majority of women seeking help from the institution were single women pregnant with their first child, between the ages of 14 and 20.

#### **SUGGESTIONS FOR FURTHER RESEARCH**

Further research on childbirth outside of lying-in institutions, as in workhouses, can provide a more complete picture of what childbirth in the lower classes looked like. While lying-in institutions had rigorous admission requirements when those requirements were not met, what choices did the woman face?



## ACKNOWLEDGEMENTS

Special thanks are extended to the London Metropolitan Archives and The British Library for providing me with the sources upon which this research is heavily dependent. I would like to extend my appreciation to the University of Central Oklahoma's STLR and RCSA programs for providing me with grants making travel to London possible. Special thanks are also given to the university's applied research in London program, without which this research would not have been possible. Thank you to Dr. Michael Springer and Dr. Justin Olmstead for taking the time to be on my committee.

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<sup>1</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 29.

## INTRODUCTION TO THE PLIGHT OF UNWED MOTHERS IN VICTORIAN LONDON, 1870-1901

She might have seen that what had bowed her head so profoundly – the thought of the world's concern at her situation – was founded on an illusion. She was not an existence, an experience, a passion, a structure of sensations, to anybody but herself.<sup>1</sup>

So wrote Thomas Hardy in his 1891 novel *Tess of the d'Urbervilles*. Tess, the protagonist, is the epitome of Victorian society's views on women. She exuded youth, beauty, and naïveté. The thing about Tess, however, is that although she outwardly portrays the Victorian ideals, she is a walking contradiction. She is a fallen woman. Tess had 'sinned' or, more importantly, had been sinned against, and Hardy writes on this prominent issue in a way that addresses the vilification of unwed mothers while at the same time elevating women for their naïve and childlike manner. This now-classic piece of literature is the crux of this research showing how Victorians dealt with these serious topics, mainly bastards, unwed mothers, respectability, infant mortality, and poverty. While Tess is a fictional character, her situation was commonplace, and the real-life women she is based on encountered a plethora of challenges in their social, legal, and economic lives.

The Victorian Era was not an easy time in which to live, primarily as a woman. The cult of domesticity clung tightly to the ideals of separate spheres, which not only kept women isolated from the public realm but hindered their access to independence and knowledge.<sup>2</sup> While

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<sup>1</sup> Thomas Hardy, *Tess of the D'Urbervilles*, ed. Scott Elledge (New York: W.W. Norton & Company, 1991), 71. “This novel being one wherein the great campaign of the heroine begins after the event in her experience which has usually been treated as fatal to her part of protagonist, or at least as the virtual ending of her enterprises and hopes, it was quite contrary to avowed conventions that the public should welcome the book, and agree with me [Elledge] in holding that there was something more to be said in fiction than had been said about the shaded side of a well-known catastrophe.” (ix)

<sup>2</sup> See Simona Catrinel Avarvarei, “The ‘Scratched’ Self – Or the Story of the Victorian Female Self,” *Linguistic and Philosophical Investigations* vol 13 (2014) for information relating to separate spheres. “The Victorian age gave women a central role in creating the social order and establishing the right kind of society, it placed limits on that

the working-class woman may have needed to work for financial support, these ideals still plagued her. Her virtue and respectability provided her only means of advancement in the world, and often this was taken from her by male acquaintances, family members, employers, or strangers.

Significant models of historical writing on the theme of separate spheres has been modeled by Lenore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*.<sup>3</sup> Their thesis states that during the Victorian age, middling class women moved out of the public and into the private sphere of the home. By contrast, the working woman, whether she was a domestic, an employee at a mill, or in a laundry, found herself in a more vulnerable place. She had to navigate both home life and public life. Frequently, like novels and pamphlet literature shows, she was exposed to illicit approaches from her masculine counterparts.<sup>4</sup> Her life demonstrates not only the constraints facing her, as she tries to preserve her virtue but also her agency or ability to act in her own best interests.<sup>5</sup>

Women were supposed to remain pure of body and mind before marriage, and this portrayal is evident in the literature of the day. As in Dickens' novels where "... the essential characteristics of figures are identified by the text as marriageable virgins and also as having no knowledge of their attractiveness and its possible consequences. For the blank page to remain

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role, and effectively put women in a position of almost unlimited subordination to men. Those limits were both psychological and spatial. Central to this conception of social order was the institution of the family, headed by men that also spelled husband, father, and representative of the patriarchal authority, upon whom wife and children alike depended." (546)

<sup>3</sup> Lenore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (Chicago: The University of Chicago Press, 1987).

<sup>4</sup> Literary examples by authors such as George Eliot, Charles Dickens, and Thomas Hardy.

<sup>5</sup> Mary Garrard and Norma Broude, eds., *Reclaiming Female Agency: Feminist Art History after Postmodernism* (Berkeley: University of California Press, 2005).

'unsullied,' they must avoid not only experience but knowledge."<sup>6</sup> To fully understand these women, one must look to the preceding centuries to see how the culture shifted. As stated by Lawrence Stone in *The Family, Sex, and Marriage*, "... the rising rates of pre-marital pregnancy and illegitimacy affected the peasantry, the artisans, and the poor in the late eighteenth century."<sup>7</sup> This seemingly innocuous fact shaped the next era in legislative orders and social mores.

### **PARISH RELIEF SYSTEM & POOR RATES**

The history of England's poor and how the government strove to address the issue of a growing population is paramount to understanding the vilification of single mothers. While an unwed mother could belong to any social group, the vast majority hailed from the lower working class, the poorest of the poor, and thus in many cases, needed some sort of assistance to live. This assistance came in the form of outdoor relief historically provided by churches, where caring for the poor was a calling put forth by God.<sup>8</sup> As Charles Dickens wrote, "No one is useless in this world who lightens the burdens of another," illustrating the need for charity, empathy, and understanding within society.<sup>9</sup>

Poor relief in England had been mostly delegated to the Catholic church up until the reign of Henry VIII. When Henry enacted the dissolution of the monasteries (1536-1541), poor relief

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<sup>6</sup> Patricia Ingham, *Dickens, Women & Language* (Toronto: University of Toronto Press, 1992), 18. "The woman, while still the victim of proprietary rights, also found herself by some compensation mechanism raised high, idealized and transformed into an ethereal being. Her dependence and physical inferiority to man were exalted. Worshipped as the 'priestess of the hearth', she was venerated as inspirer and counsellor, while being at the same time the personification of innocence and purity." Simona Catrinel Avarvarei, "The 'Scratched' Self – Or the Story of the Victorian Female Self," *Linguistic and Philosophical Investigations* vol 13 2014, 544.

<sup>7</sup> Lawrence Stone, *The Family, Sex and Marriage in England 1500-1800* (New York: Harper Torchbooks, 1979), 23.

<sup>8</sup> Outdoor relief was poor relief that did not require the person to enter an institution, instead it is much like our current welfare system with provided money, food, clothing or goods to people in need. *Poor Relief Act*, 1601. Indoor relief refers to aid given to people within almshouses or poorhouses, where the person needed to reside in order to receive the aid.

<sup>9</sup> Charles Dickens, *Our Mutual Friend Vol. III* (New York: Hurd and Houghton, 1866), 150.

all but stopped. With a growing need, the state under Elizabeth I passed the Poor Law Relief Act (43 Eliz 1 c 2) in 1601. This Act "consolidated all the previous legislation into one massive law and made provision for compulsory poor-rates to be levied on every parish, creation of Overseers, and collection of poor relief rates from property owners."<sup>10</sup> It also established the parish to which a person belonged and clarified which parish was responsible for him or her should they need poor relief.

### **BASTARDY & ILLEGITIMACY**

Over the long nineteenth century, from 1789 to 1914, the circumstances for women who encountered out of wedlock pregnancies changed in terms of legal statutes, but not in terms of social stigma. Extra-marital affairs saturate history from royals down to the dregs of society, most notably through the lives of the upper class, where lines of succession and inheritance come into play. Literature is filled with cliché tropes involving a man of noble birth falling in love with or taking advantage of a beautiful young servant or the double standard of men taking on several mistresses. At the same time, cultural mores prohibited wives from taking on a lover. So, it is no surprise with how often these affairs occurred that the number of out of wedlock children boomed. This problem did not solely reside in the upper class but permeated the whole of society. According to Lionel Rose, "between 1801 and 1851 the population of England and Wales doubled from nine to eighteen million, due mainly to a decline in the infant death rate. This increase also saw the number of illegitimate children surviving infancy rise dramatically, creating a burden on parish relief."<sup>11</sup>

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<sup>10</sup> Marjie Bloy, "The Poor Law Amendment Act: 14 August 1834," *The Victorian Web* (23 September 2002).

<sup>11</sup> Lionel Rose, *The Massacre of the Innocents: Infanticide in Britain, 1800-1939*, (London: Routledge & Kegan Paul, 1986), 1. He further states, "Although the rate was falling in England after 1845, the absolute number of illegitimate births each year held steady at 40,000 to 44,000 a year, owing to the rapid growth in population, and

### **BASTARD CHILDREN BILL (1810)**

The contested problem of women who became pregnant without the "protection" of a man vexed society to the point that debates appeared in the *Annual Register*. The discourse reveals a Malthusian pall that hung-over Victorian society and resulted in significant legal rulings, specifically the Bastard Children Bill of 1810 and the New Poor Laws of 1834 (4 & 5 Will. 4 c. 76). The Bastard Children Bill of 1810 stated that any woman who gave birth to a 'bastard child' would become chargeable to the parish in which the woman belonged. She then could charge the man who impregnated her before any Justice of the Peace, at which time he would be apprehended and jailed until such time that he could provide "security to indemnify" the parish.<sup>12</sup> This Bill provided women with the ability to hold the men accountable for their dalliances.' However, many saw the Bill as unjust and overly harsh toward men. Numerous sources alleged women could and would use the Bill to entrap men of high birth into supporting children that were not their own. As one man remonstrated to the Poor Law Commissioners in 1834, "I have considered it a great oversight in the law to allow the oath of any strumpet,

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only after 1890 did it fall below 40,000 until the First World War. If we accept the 30 per cent underestimate figure, it means that up to 65,000 unwanted children were being born each year in mid-Victorian England." (23)

<sup>12</sup> House of Lords, 'Bastard Children Bill,' *Sessional Papers*, 1810, vol. 41, p. 1-2. "That if any Single Woman shall be delivered of a Bastard Child in any Extra-parochial Place, which shall afterwards become chargeable to any Parish, Township, or Place, to which such Woman shall belong, or in which she shall be legally settled, then and in every such Case, on Examination to be taken in Writing upon Oath before One Justice, of the Peace for the County, City, or Town Corporate, in which such Parish, Township, or Place, shall lie or be situate, such Single Woman shall charge any Person of having gotten her with Child, it shall and may be lawful to and for such Justice of the Peace, upon Application made to him by any Overseer of the Poor, Churchwarden, or substantial Householder of such Parish, Township, or Place, to which such Bastard shall be chargeable or likely to become chargeable, to issue out his Warrant for the immediate apprehending of the Person so charged by such Woman of having gotten her with Child, and for bringing him before such Justice, or before any other of His Majesty's Justices of the Peace for the County, City, or Town Corporate, in which such Parish, Township, or Place, shall lie or be situate, and the Justices before whom such Person shall be brought, to commit him to the Common Gaol or House of Correction, unless he shall give Security to indemnify such Parish, Township, or Place, or shall enter into Recognizances with sufficient Security upon Condition to appear at the next General Quarter Sessions or General Sessions of the Peace."

however, abandoned, to affiliate a child upon a man, however respectable, whose oath in denial cannot be received, and who can but seldom obtain evidence to negative the charge."<sup>13</sup>

Again, the issue of illegitimacy cast a negative light on the women involved showing them as seductresses and sirens who lure men into economic and social ruin. The outcry against this Bill, coupled with Malthusian ideals on population control, became the backbone of the 1834 New Poor Law. "The law eventually pronounced that the mothers of illegitimate children were solely financially responsible for them. Though fornication was a crime, it was a higher crime for the mother than for the father."<sup>14</sup> This precedent remained in place until 1844 when the House of Lords put forth an amendment allowing women to again seek financial assistance from the "putative father."<sup>15</sup>

### **THE NEW POOR LAW (1834)**

As stated above, the increase in population had severe effects on the parishes. Scholar and reformer, Thomas Malthus, addressed this issue in his work *An Essay on the Principle of Population and Other Writings* (1798). He put forth a model showing the relation between food production and population. He explains that the population grows in a 'geometrical ratio' while

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<sup>13</sup> House of Lords, 'Report from his Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws,' *Session Papers*, 1834, vol. 4, p. 202A.

<sup>14</sup> Charles Dickens, *Oliver Twist*, ed. Frank Kaplan (New York: W.W. Norton & Company, 1993), xi.

<sup>15</sup> House of Commons, 'A Bill as Amended by the Committee to Make Certain Provisions for Proceedings in Bastardy,' *Sessional Papers*, 1844, vol. 1, p. 163. "The Bastardy Amendment Act of 1844 removed proceedings from quarter sessions courts to the local magistrates and lifted the responsibility for affiliation proceedings from the guardians. The new Act provided for a 'summary' method of procedures in which the mother brought evidence and at least two witnesses against the putative father. The magistrate, unconstrained by the tenets of common law, adjudicated based on his knowledge of community norms and the presentation of facts. The amendment still intended to hold the mother responsible. It stated: The mother of a bastard would be in the same condition as any other pauper, being bound to maintain her child to the best of her ability, and being entitled to relief if destitute; whilst she would have against the putative father a direct and summary remedy, independent of the [sic] chargeability of her bastard, and founded on a proceeding in which she found herself as the plaintiff."



subsistence increases in an 'arithmetical ratio.'<sup>16</sup> This theory, put plainly, quantified that a country's agriculture can only produce so much, and as the population may increase exponentially, the amount of food produced would remain relatively constant. This, in turn, would mean the population would quickly outgrow the available food grown by the country. The framers of the New Poor Law used Malthus's theory as the guiding principle in slashing aid to the poor, hoping this would encourage the decline in propagation. Poor relief under the Old Poor Law contributed to the belief that "the poor had come to regard parish relief as their 'birth-right.'"<sup>17</sup> As such, legislators needed to find a way to curtail the massive expense on the state.

To a modern ear, pauperism and poverty seem to be the same. A pauper is one who lives in poverty. However, at the time in which the New Poor Law (1834) passed, there was quite a distinction between the two.<sup>18</sup> A pauper was a person who, through legitimate reasons, was unable to work. A person in poverty chose not to work even though they were able. The reason this Act passed was as a way of deterring "voluntary paupers" through the establishment of workhouses.<sup>19</sup> These institutions believed that less-eligibility (or making the conditions within the workhouse worse than the terms available outside the workhouse) would persuade these idle people to become productive members of society.<sup>20</sup> "Three essential principles were explicit in the origins and creation of the New Poor Law. These were uniformity, the abolition of outdoor relief, and less-eligibility."<sup>21</sup> "It was commonly said that the whole of the New Poor Law was an

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<sup>16</sup> Thomas Malthus, *An Essay on the Principle of Population and Other Writings* (London: Penguin Books, 2015), 16.

<sup>17</sup> Jessica A. Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital* (London: Continuum, 2012), 19.

<sup>18</sup> Derek Fraser, (ed.), *The New Poor Law in the Nineteenth Century* (London: Macmillan, 1976), 1.

<sup>19</sup> Fraser, *The New Poor Law in the Nineteenth Century*, 1.

<sup>20</sup> Fraser, *The New Poor Law in the Nineteenth Century*, 1.

<sup>21</sup> Fraser, *The New Poor Law in the Nineteenth Century*, 17; "In effect, outdoor relief was to be a reward for past attempts at providence which had been thwarted by unavoidable social or economic circumstances. Simple relief of destitution was regarded in such unions as the function of the workhouse." Pat Thane, "Women and the Poor Law in Victorian and Edwardian England," *History Workshop* (Autumn 1978): 41.

inhuman machine geared to crushing the poor” or as social theorist Harriett Martineau called it, the ‘great political gangrene of England.’”<sup>22</sup> This law, more than any other, negatively impacted the lives of unwed mothers and legitimized a systemic creed alienating them.

Up until 1834, if an unmarried woman found herself pregnant, there were several things she could do. She could persuade the father through means of the legal system to marry her and provide for her and her child. She could try to abort the pregnancy, or if she decided there was no other way, she could simply kill the infant. This last option could consist of simple neglect, abandonment, or outright violence. In 1834 with the passing of the New Poor Law, a woman’s choices became severely limited. All the responsibility was placed squarely on the mother’s shoulders.<sup>23</sup> This Act cut off any financial help the mother might have received from the state, furthering her desperation. These significant pieces of legislation provide the framework for understanding unwed mothers and the choices laid before them in successfully navigating through society.

An indication that social considerations for the well-being of mothers and children include a set of early Edwardian commentaries on the question of infanticide that began to appear at the turn of the century. George Newman published *Infant Mortality: A Social Problem* in which he presents a retrospective of infant mortality in Britain in 1906 and then proceeds to go back and look at the leading causes of infant mortality from diseases, to nutritional availability,

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<sup>22</sup> Fraser, *The New Poor Law in the Nineteenth Century*, 19; Nicolás Goc, *Women, Infanticide, and the Press, 1822-1922: New Narratives in England and Australia* (Surrey: Ashgate, 2013), 52-3.

<sup>23</sup> “Unmarried mothers was the only group of women to which the 1834 Report explicitly referred. Its recommendations were embodied in the Regulations of the Central Commissioners. The Report recommended that ‘a bastard should be what providence appears to have ordained that it should be, a burden on its mother and where she cannot maintain it on her parents.’ Where, as all too often happened, neither the mother nor her parents could afford to maintain themselves, with or without dependents, the responsibility for their relief was left with the Poor Law, which had no authority to sue the putative father for maintenance. In the eyes of the commissioners this would have been ‘to extend the rights of matrimony to the unqualified and undeserving.’” Thane, “Women and the Poor Law in Victorian and Edwardian England,”: 32.

to the economic and environmental condition of the mothers. A prominent medical officer of health, Newman is barely removed from the actual time frame for this thesis but offers statistical analysis to bring the issues to light. “It is an attempt to state plainly the chief facts concerning a question which is not without national importance.”<sup>24</sup> But his underlying argument is that the condition of the mother profoundly influences the outcome of whether or not a child dies within the first year of life. “It becomes clear that the problem of infant mortality is not one of sanitation alone, or housing, or indeed of poverty as such, but is mainly a question of motherhood. No doubt external conditions as those named are influencing maternity, but they are, in the main, affecting the mother, and not the child.”<sup>25</sup>

Not until two decades later does Hugh T. Ashby’s *Infant Mortality* pick up where Newman left off, and much in the same way offers a general overview of the issue. Consequently, Ashby covers much of the same ground that Newman already wrote about but expands upon the ideas and suggests ways in which infant death could be lessened. He also discusses what happens to children should they survive their first year.

## **HISTORIOGRAPHY**

While the topic of infant mortality and infanticide has been acknowledged for centuries, the historiographical interest in modern times can be traced to the sixties and seventies with the rise of social histories. With the growing interest in social and cultural issues, it is no surprise that books over the welfare of women and children came out in droves. J.S. Cockburn’s *Crime in England 1550-1800* (1977) is an edited collection that looks at the general topic of crime in England. Cockburn introduces the ideas within the book as “the work of scholars still pioneering

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<sup>24</sup> George Newman, *Infant Mortality: A Social Problem* (London: Methuen and Co., 1906), v.

<sup>25</sup> George Newman, *Infant Mortality*, 257.

in something like a wilderness.”<sup>26</sup> With the burgeoning new disciplines in historical analysis, this book highlights several new lines of inquiry surrounding criminality. It offers one chapter, by R.W. Malcolmson, over the topic of infanticide. Malcolmson’s chapter ‘Infanticide in the Eighteenth Century’ discusses infanticide in the century before the Victorian Era. In it, he delves into the brutal reality unwed mothers found themselves in if they became pregnant. “Usually, a mother in early-modern Europe who was determined not to keep an unwanted baby opted for one of two courses of action: either she abandoned her baby in a public place, or she killed her baby – or ‘allowed’ it to die.”<sup>27</sup> Malcolmson further explores other issues surrounding infanticide: dropping, pervasive public depictions in print, and the social and economic consequences of being an unwed mother. “If a girl was a servant, knowledge of her pregnancy would result in immediate dismissal; she would probably receive no character reference, and there would be little chance of her being taken into service again.”<sup>28</sup> This work touches on the theme of respectability, a subject woven throughout all of the modern works and an issue that held great importance in the lives of unwed mothers.

Prior to the 1980s, few modern historians who have sought to tackle this huge issue. Maria W. Piers’s monograph, *Infanticide*, suggests a new perspective and looks at the matter through a psychological lens delving into the reasons behind the motives for committing such crimes. She builds on the ideas put forth by Cockburn and Malcolmson and looks at infanticide as “an economic necessity; at other times, it is decked out with rationalization or ritualization, hiding other than economic need. The fantasy of infanticide is very likely part of every human

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<sup>26</sup> J.S. Cockburn, *Crime in England, 1550-1800* (Princeton: Princeton University Press, 1977), 1-2.

<sup>27</sup> J.S. Cockburn, *Crime in England, 1550-1800*, 187-8.

<sup>28</sup> J.S. Cockburn, *Crime in England, 1550-1800*, 192.

beings' unconscious."<sup>29</sup> Her book "is a contribution to preventing the step from the unconscious fantasy to the massive realization."<sup>30</sup>

In 1979, George K. Behlmer's article, "Deadly Motherhood: Infanticide and Medical Opinion in Mid-Victorian England," asked, "Why did the young die with such alarming frequency?"<sup>31</sup> Behlmer's article is an examination of the core issues surrounding infanticide, and that is the education of the mother. Regarding her overall intellectual knowledge, but more importantly, knowledge of her own body. The underlying issue is that women were not given any real form of sex education and therefore had no concept of birth control should she want to avoid pregnancy. Then if the pregnancy were to occur, she had no idea what she needed to do to ensure the baby would be healthy before and after the birth.

With the shift in historiographical writing moving away from political and economic histories in the eighties, there emerged historical writers dedicated to researching the abundance of new cultural and social topics. Historians Peter C. Hoffer, N.E.H. Hull, Rachel Ginnis Fuchs, and Lionel Rose focus on the social aspects of infanticide and female criminality. Social history started to branch into other subcategories like "socio-legal history." It is through this lens that Peter C. Hoffer and N.E.H. Hull wrote *Murdering Mothers: Infanticide in England and New England, 1558-1803*, in 1981. Their work concerns the "emergence of the modern law on infanticide in England and New England between 1558 and 1803."<sup>32</sup> This work provides essential background information relating to the establishment of infanticide laws. Centered on

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<sup>29</sup> Maria W. Piers, *Infanticide* (New York: W.W. Norton & Company Inc., 1978).

<sup>30</sup> Maria W. Piers, *Infanticide* (New York: W.W. Norton & Company Inc., 1978).

<sup>31</sup> George K. Behlmer, "Deadly Motherhood: Infanticide and Medical Opinion in Mid-Victorian England," *Journal of the History of Medicine and Allied Sciences* 34, no.4 (October 1979), 403.

<sup>32</sup> Peter C. Hoffer and N.E.H. Hull, *Murdering Mothers: Infanticide in England and New England, 1558-1803* (New York: New York University Press, 1981), ix.

the New Poor Law of 1834, which dealt with trying to regulate illegitimate births by regulating women, these laws sought to dissuade women from committing immoral acts by leveling harsh punishments should they become pregnant.

While Hoffer and Hull examine the history of criminology, Rachel Ginnis Fuchs's *Abandoned Children: Foundlings and Child Welfare in Nineteenth-Century France* (1984) examines the history of child welfare. While her focus is in France, this is still crucial in the canon of literature discussing nineteenth-century childcare. Fuchs builds upon the work of Hoffer and Hull, regarding the overall treatment of infants and children during the nineteenth century. She looks at the institutions available to providing help to mothers and children, the economic opportunities for mothers, employment, and availability of wet-nurses, to again discussing the reality of what kind of life awaited those children who survived infancy. Her work is referenced in the scholarship of several other authors in this thesis.

In Jessica A. Sheetz-Nguyen's book *Victorian Women, Unwed Mothers and the London Foundling Hospital*, she explores the issues of illegitimacy, poverty, and respectability as they applied to the petitioners of the Foundling Hospital.<sup>33</sup> But where other historians have focused on the experience of the children, Sheetz-Nguyen diverges on a new course of inquiry and views the institution through the eyes of the female petitioners. Her research uses the accepted and rejected petitions of applicants to the Foundling as the basis for her study. The women's desperate

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<sup>33</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*; "One way to explore the complexities of social life is by addressing the question of feminine historical agency and by testing a hypothesis forwarded by feminist sociologists Carol Diem and Debra Friedman. Diem and Friedman developed the 'Rational Choice Theory.' Their theory explains 'the emergence of social outcomes by the action of purposive agents who are subject to a host of constraints, both external (derived from institutional constraints and opportunity costs) and internal (derived from preferences).' Constraints imply social control, but 'agency' introduces the option to choose and the ability to act on choices. This thesis turns Diem and Friedman's hypothesis into a historical question. Can we determine the degree to which historical actors were either free or constrained agents?" Jessica A. Sheetz, *"Just Deserts": Public and Private Institutional Responses to Poverty in Victorian London: Space, Gender and Agency* (Milwaukee: Marquette University, 1999), 12-13.

situation comes into clear focus under her scholarship. She also utilizes Rational Choice Theory to expand upon the choices women could make regarding their lives and pregnancies. Remarking on how often these choices were made due to external circumstances outside of the woman's control.

Joan Scott's 1986 article, "Gender: A Useful Category of Historical Analysis," analyzes gender in relation to how historians have viewed the topic until the 1980s, stating that it has remained "within traditional social scientific frameworks, using longstanding formulations that provide universal causal explanations."<sup>34</sup> By reviewing these longheld theories, Scott argues it exposes "their limits and makes it possible to propose an alternative approach."<sup>35</sup> She investigates "why these relationships are constructed as they are, how they work, or how they change."<sup>36</sup>

Jill L. Matus's *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (1995) expounds on Scott's work by examining the themes of sex and gender through the literary works of prominent Victorian women. Matus uses literary works such as George Eliot's *Adam Bede*, Lady Emma Caroline Wood's *Sorrow on the Sea*, Charlotte Bronte's *Villette*, and Anne Bronte's *Agnes Grey* to "explore the alertness in biomedical texts to the malleability of sexed being and to suggest the social and political implications of sexual difference conceived as responsive to physical and environment and moral conditions."<sup>37</sup> Matus explains, "One reason, therefore, for exploring the emphasis on sexual approximation and similarity in biomedical texts

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<sup>34</sup> Joan Scott, "Gender: A Useful Category of Historical Analysis," *The American Historical Review* 91. No. 5 (Dec. 1986): 1055-6.

<sup>35</sup> Scott, "Gender: A Useful Category of Historical Analysis," 1055-6.

<sup>36</sup> Scott, "Gender: A Useful Category of Historical Analysis," 1057.

<sup>37</sup> Jill L. Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (Manchester: Manchester University Press, 1995), 17.

is that it may help us to understand how such writing produced accounts of differences among women even as it insisted on what was essential to all women.”<sup>38</sup>

Another modern scholar writing about the effect of bastardy and illegitimacy regarding infanticide is Jennifer Thorn. In *Writing British Infanticide* (2003), Thorn explains, “In the eighteenth century, the legislature’s sole expressed concern was the financial burden of bastards on the parish.”<sup>39</sup> For her research, she examined parish registers to gather data relating to illegitimacy and marriage during the seventeenth and eighteenth centuries.<sup>40</sup> Through her research, she found that “most illegitimate pregnancies ended in marriage, either before the baby’s birth or shortly thereafter.”<sup>41</sup> Those who chose not to marry would sometimes enter into maintenance agreements.<sup>42</sup> These agreements required the father to provide the mother and child with assistance. Thorn asserts that these agreements, both “official and unofficial” were commonplace.<sup>43</sup> Over time, society did not hold such a strict view on extra-marital affairs, and out-of-wedlock children “became quite routine.”<sup>44</sup> This relieved the pressure of men to marry those they impregnated and lifted the guilt of supporting an untethered mother and child. The parish relief system was thus inundated with more people in need of financial assistance.<sup>45</sup> The strain on the system led the Government to conduct an inquiry into the issue.<sup>46</sup>

While there are many great scholarly works on this topic before and after Lionel Rose’s *The Massacre of the Innocents: Infanticide in Britain, 1800-1939* (1986), none have surpassed it

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<sup>38</sup> Jill L. Matus, *Unstable Bodies*, 17.

<sup>39</sup> Jennifer Thorn, *Writing British Infanticide: Child-murder, Gender, and Print, 1722-1859* (Newark: University of Delaware Press, 2003), 40n.

<sup>40</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>41</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>42</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>43</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>44</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>45</sup> Thorn, *Writing British Infanticide*, 46-7.

<sup>46</sup> Thorn, *Writing British Infanticide*, 46-7.



in importance. Rose diligently writes with the emerging cultural and social historians of the eighties, focusing more on the social aspects of infanticide than the political and economic. In this seminal work, Rose covers the topic from infant mortality to infanticide during the Victorian Era. He starts with the bold claim that “babies under one-year-old today are four times as likely as other age groups to be victims of homicide (murder, manslaughter, infanticide).<sup>47</sup>

In the following chapters he expands upon the subjects of ‘baby dropping,’ the establishment of the Foundling Hospital, the infant mortality rate, living conditions of the mother before conception, legal ramifications of negligence, contamination of supplemental food sources, the passing of The Prevention of Cruelty to Children Acts of 1889 (52 & 53 Vict. c.44) and 1894 (57 & 58 Vict.), women’s place in society and the work available to her, and finally to the issue of bastardy. He states, “for a working-class girl an illegitimate child was less of a social stigma than an economic liability and provided it was cast out of sight and out of the mind of society she might hope to recover her station.”<sup>48</sup> This statement excludes the probability that both declarations can be simultaneously valid. Social stigma from the unwanted pregnancy affected the economic situations a woman might procure. This thesis takes both topics into account.

In the monograph, *Women, Infanticide, and the Press*, author Nicolás Goc uses news text to examine how “societies in England and Australia, at different moments in time from 1822 to 1922, made sense through news discourse of the act of infanticide and of the woman who killed her newborn baby.”<sup>49</sup> She reviews newsprint, broadsides, and pamphlet literature to find the truth written by those who lived it. Goc argues that to truly understand a society, one must look at how

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<sup>47</sup> Lionel Rose, *The Massacre of the Innocents*, 1.

<sup>48</sup> Lionel Rose, *The Massacre of the Innocents*, 21.

<sup>49</sup> Nicolás Goc, *Women, Infanticide, and the Press, 1822-1922*, 1.

the press addressed the pressing topics of the day. Goc builds off of Foucault's perspective "that the production of knowledge, of 'facts' and truth claims, and the exercise of power, are inextricably connected."<sup>50</sup>

## **METHODOLOGY**

The Victorian era gave rise to numerous charitable organizations that provided aid, on condition that besides her one indiscretion, she could prove herself to be respectable. Single women lived in this dichotomy of empathy and disgust. This thesis investigates the relationship between unwed mothers and respectability, criminality, illegitimacy, and poverty. These different themes are all interconnected and merge into one topic, that of the single mother. Historiographical literature looks at each subject separately, but unwed mothers are whole human beings, and their full shared experience is valid.

This research contains both qualitative and quantitative records, which differentiates this work from scholarly accounts that solely rely on textual materials to build their narratives. The qualitative texts include records detailing and correlating to unwed mothers, infanticide, and poverty. The quantitative records include information from lying-in hospital in-patient records from Queen Charlotte's Maternity Hospital (QCH) and Old Bailey Criminal Court (OB) cases. Research for this thesis was made possible through several grant-funded projects, including RCSA and STLR grants. Thirty-years' worth of manuscript records accessed at the London Metropolitan Archives establish the framework for this study. In addition, records collected from the Old Bailey Proceedings Online examined information relating to defendants, their age, offense, verdict, and sentence in crimes directly relevant to single mothers. The data was then

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<sup>50</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 1.

compiled and tabulated into a spreadsheet. This research utilized the statistical data to illustrate the prevalence of each offense and compare the data with that of other primary documents. Chiefly referenced are the archival documents from the Queen Charlotte's Lying-in Hospital and the British Lying-in Hospital (BHL), including annual reports, in-patient ledgers, and case books. The object of this research was to compile statistical data to illustrate the living conditions of women during the mid to late Victorian Era and their access to health care as it relates to pregnancy and childbirth. This search led to documents relating to the London's lying-in hospitals (The British Lying-In Hospital for Married Women and Queen Charlotte's Maternity Hospital), The New Hospital for Women, and a general hospital (Guy's). The London Metropolitan Archives and the British Library hold these institutional records. By consulting the annual reports for each institution, a composite picture begins to form. This research relies on an approximately thirty-year run for each venue dating between 1872 and 1901. By doing this, the information could be analyzed for a change over time with the numbers they reported serving as the backbone for this research.

Patient case books and in-patient ledgers consulted for this project provided additional information regarding the name, age, and address of the mother as well as when she delivered. It provided further information regarding if the baby was born alive or stillborn, the health of both individuals, and if the mother or child died before leaving the hospital. These are invaluable resources that provide personal information about the women who frequented these institutions. It provided addresses that help to anchor them to a specific time and place, allowing for a more accurate view of what areas of the city were being served by the institution and whether they resided in the East or West end of London.

This thesis builds on the already great historiographical work done by Rose, Thorn, Goc, and the rest. It hopes to add a note of statistical data into the mix, shining a light on the unwed mother as a person and not merely a stereotype. Moving away from the unwed mother as a group and looking at her as an individual, it examines “herstory.” With the legislative history putting the systems in place to burden the single mother with all the responsibility for her child, chapter one explores the choices a woman could make if she became pregnant.<sup>51</sup> It touches on the age of consent and rape and how those two factors possibly contributed to many unwanted births. It further looks at each choice, abortion, infanticide, and concealment and uses statistical data from the Old Bailey Criminal Court Cases to provide context.

Chapter 2 examines the institutions available to help women before and after the birth of their child. First, a look at where women deliver babies, the lying-in hospitals. Data collected from the British Lying-in Hospital for Married Women and Queen Charlotte’s Maternity Hospital aid in providing essential information into how the facility worked and how the admissions process determined a woman’s respectability. This chapter also looks at institutions available to aid unwed mothers once they leave the hospital. The Foundling Hospital provided women the opportunity to give up their child under the strictest regulations, and baby farms acted as a ‘daycare’ in the strictest sense of the word. Still, it all too often became a place to commit indirect infanticide.

Chapter 3 delves into the women who assisted mothers before and after their deliveries. This chapter discusses the role of the midwife, illustrating the many hoops a woman had to jump through to practice midwifery. It also looks at wet nurses and how the unwed mothers

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<sup>51</sup> See Sheetz, “*Just Deserts*”.

themselves were best suited to occupy that position, providing them employment and an income to support themselves and their infants. However, the specter of infanticide remains tied to both positions.

## CHAPTER 1: SINGLE, FEMALE, AND PREGNANT: THE CHOICES BEFORE HER

The passing of the 1834 New Poor Law affected the rights and aid a single young woman would receive if she became pregnant. This law shifted all responsibility onto the mother in a means to deter the number of unmarried women with bastards that the parishes would have to care for. This action pushed these unwed mothers to take drastic steps to survive. The subject of whether to give aid to the poor, especially single women with children, is still a relevant topic today. The stigma associated with being a single mother is nothing new, and this research seeks to explain how lack of support and access to the bare necessities often had dire consequences. Many questions arise around the topic of sexual knowledge. What did women know about the process of conception? Did they know at the time that the acts could produce a child? Did they give consent? What legislation was in place to protect young women from the advances of others? And finally, what choices did single mothers make regarding their pregnancies leading up to and after the birth of their child?<sup>1</sup>

### LACK OF SEXUAL EDUCATION

The first topic addressed is the lack of knowledge women had about their reproductive systems and lack of sexual awareness. Most single mothers existed under the age of twenty-five.<sup>2</sup> With this being the case, many remained “ignorant of physical facts. Many girls were led astray without the faintest previous knowledge that the result of their weakness would probably be to make them mothers.”<sup>3</sup> Thomas Hardy illustrates this lack of knowledge in his book, *Tess of the*

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<sup>1</sup> See Sheetz, “*Just Deserts*”, 12-13.

<sup>2</sup> From data relating to the Queen Charlotte’s Lying-in Hospital Patient records, 1870-1901.

<sup>3</sup> *Infant Mortality: Its Causes and Its Remedies* (Manchester: A. Ireland & Co., 1871), 10-11.

*D'Urbervilles*, when Tess returns home and confronts her mother regarding her attack and pregnancy.<sup>4</sup>

**Joan:** You ought to have been more careful if you didn't mean to get him to make you his wife!

**Tess:** O mother, my mother! How could I be expected to know? I was a child when I left this house four months ago. Why didn't you tell me there was danger in men-folk? Why didn't you warn me? Ladies know what to fend hands against because they read novels that tell them of these tricks, but I never had the chance o' learning in that way, and you did not help me.<sup>5</sup>

Tess came from an impoverished family and did not have access to knowledge of any sort outside of her tiny village. She was reliant on family to educate her on the workings of her own body and what to look out for in the advances of men, especially those within her own family and acquaintance group. Unfortunately, she was caught unaware by her “cousin” and, as a result, ended up pregnant. Hardy understood that Tess's story, while taking place in the rural English countryside, could pertain to a girl of any socioeconomic background or social position and that the act of “seduction” by a known person was all too common.<sup>6</sup> To fully unpack these implications, we must look at the age of consent and rape.

#### **AGE OF CONSENT AND RAPE**

In other countries, female chastity is protected by law up to the age of 21. No such protection existed in England to girls above the age of 13.<sup>7</sup> The age of consent up until 1875 had been ten with misdemeanors at twelve.<sup>8</sup> In 1875 it was raised to twelve and thirteen, respectively,

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<sup>4</sup> Hardy address the topics of rape, bastardy, and reputation in *Tess of the D'Urbervilles*.

<sup>5</sup> Hardy, *Tess of the D'Urbervilles*, 64.

<sup>6</sup> Hardy, *Tess of the D'Urbervilles*, 354.

<sup>7</sup> House of Commons, ‘Select Committee of House of Lords to inquire into State of Law relating to Protection of Young Girls from Artifices to induce them to lead Corrupt Life: Report, Proceedings, Minutes of Evidence, Appendix, Index,’ *Session Papers*, 1882, vol. 13, p. 4.

<sup>8</sup> Victoria Bates, “The Legacy of 1885: Girls and the Age of Sexual Consent,” *History & Policy* (8 September 2015).

and finally raised again to sixteen in 1885.<sup>9</sup> The 1878 House of Commons Criminal Code Bill (42 Vict.), has three sections dedicated to the defiling, rape, and carnal knowledge of young girls. Section 105, sentences a perpetrator up to two years imprisonment with hard labor “who by false pretenses, or false representations, or other fraudulent means procures any woman or girl, under the age of twenty-one years, to have illicit carnal connexion with any man.”<sup>10</sup> Section 166, pertains to the carnal knowledge of girls under the age of twelve. Anyone found guilty would “be liable upon conviction to penal servitude for life... even if she consents, whether he knows her age or believes her upon good grounds to be above that age or not.”<sup>11</sup> Finally, Section 167 deals with girls between the ages of twelve and thirteen. Anyone found guilty of “carnally knowing” any girl between those ages will be sentenced to “two years imprisonment with hard labour.”<sup>12</sup>

These sections only consider victims who are female and do not delve into male victims. Further research could be done regarding this discrepancy. However, one might speculate that the Bills and Acts put into place to protect girls is merely a reflection of the prevalent issue associated with young females. Although it is not always the case, many men took advantage of this knowledge to get away with their evil deeds and escape prosecution. Hardy articulates this point with Tess’s lament:

I should not be so loathe and hate myself for my weakness as I do now! My eyes were dazed by you for a little, and that was all. I didn’t understand your meaning till it was too late.<sup>13</sup>

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<sup>9</sup> Bates, “The Legacy of 1885: Girls and the Age of Sexual Consent.”

<sup>10</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ 1878, vol. 2, p. 43.

<sup>11</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 65-6 and House of Commons, ‘Bill, intituled, Act to amend Statutes relating to Protection of Female Children Age of Consent,’ *Session Papers*, 1857-58, vol. 4.

<sup>12</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 66.

<sup>13</sup> Hardy, *Tess of the D’Urbervilles*, 60.



How did the law define rape? Section 165 of the 1878 Criminal Code, defines rape as “the act of having carnal knowledge of a woman without her conscious permission, or with her conscious permission if such permission is either extorted by force or fear of bodily harm or obtained by personating her husband or by falsely pretending that the act is necessary or will be advantageous to her for any medical or surgical purpose.”<sup>14</sup> Rape did not apply to husbands with their wives and did not provide an age when “a boy becomes capable of committing rape.”<sup>15</sup>

Cases	Defendants	Guilty	Not Guilty	Male Defendants	Female Defendants	Male Victims	Female Victims
831	904	519	370	895	9	8	806

As Table 2.1 indicates, the Old Bailey tried eight hundred and thirty-one cases dealing with the criminal offense of rape. Of those tried, only five hundred and nineteen received guilty verdicts. Court cases at the Old Bailey provide a good representation of how frequently this offense occurred. Several of these cases involved more than one defendant, which is where the discrepancy above lies. For example, on August 19, 1872, Morris Welch aged eighteen and

<sup>14</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 65.

<sup>15</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 65.

<sup>16</sup> *Old Bailey Proceedings Online*, Tabulating total only where offence category is rape, between 1870 and 1901. Counting by offence; Tabulating total only where offence category is rape, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is rape and verdict category is guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is rape and verdict category is not guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is rape and defendant gender is male, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is rape and defendant gender is female, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is rape and victim gender is male, between 1870 and 1901. Counting by victim; Tabulating total only where offence category is rape and victim gender is female, between 1870 and 1901. Counting by victim.

Alfred Finnis aged twenty stood accused of the rape of Bridget Regan. They had allegedly raped her while she was “in an unconscious state from intoxication.”<sup>17</sup> The judge told the jury:

That if they were of the opinion that the prisoners, seeing the woman intoxicated, thought that, from that circumstance, she would be more likely to be a consenting party, and did not use, or intend to use, force, that would not be a rape, but if she was so helplessly drunk as to be incapable of thought or feeling when the offence was committed, the prisoners would be guilty.<sup>18</sup>

They came back with a verdict of “not guilty.”<sup>19</sup> It is interesting that this case happened 148 ago but could very well take place today with the same reasoning and result.

Another interesting or infuriating case was that of William Foster, aged fifty-three, who stood accused of raping Fanny Blackwell. Although Mr. Foster “frequently repeated the acts,” he was found “not guilty” because the accuser was “of rather weak intellect, and the prisoner’s acts could not be traced to the time when she was under twelve years of age.”<sup>20</sup> The fact that this case came down to the age of consent and not the repeated abuse of a person is startling but not uncommon. This case also highlights the violence against mentally compromised individuals. Lunacy is another topic that deserves more research. What is the data behind the abuse of this nature in mental institutions?

In some cases, you can track repeat offenders, like in the trials of Aaron George Jackson, aged thirty-five. Although he was tried July 22, 1901, he had four counts against him. Three for girls under the age of thirteen: Mary Alder, Sarah Crockford, and Sarah Elizabeth Turrell and one for Elizabeth Binghamton, who was between thirteen and sixteen. He stated he was guilty in

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<sup>17</sup> *Old Bailey Proceedings Online, August 1872, Trial of Morris Welch and Alfred Finnis.*

<sup>18</sup> *Old Bailey Proceedings Online, August 1872, Trial of Morris Welch and Alfred Finnis.*

<sup>19</sup> *Old Bailey Proceedings Online, August 1872, Trial of Morris Welch and Alfred Finnis.*

<sup>20</sup> *Old Bailey Proceedings Online, October 1873, Trial of William Foster. The court directed the verdict which indicated that “one of the parties had failed to prove the case involved a manner in law.” Old Bailey Proceedings Online. ‘Not Guilty’ verdicts included ‘fault in the indictment,’ ‘self-defense,’ and ‘directed by judge.’ ‘Guilty’ verdicts included ‘guilty with recommendation,’ and ‘plead guilty.’*

each case and received only two years of hard labour. It is staggering to see how many underaged girls possibly became victims.<sup>21</sup>

Analyzing these records helps to illustrate the challenges single women and girls had to navigate, keeping an eye out for potential seducers “the majority of them to be men, not boys.” Hardy demonstrates in *Tess* “the gross injustice of a social system which thrust upon the woman the burden of sexual responsibility and guilt” and asks “which of the two sinners, through whose sin an innocent and helpless human creature is brought into the world, the mature man or the immature girls, (children would often be the more appropriate term since motherhood at fifteen is no unusual occurrence) does the chief moral responsibility for its life and welfare rest.”<sup>22</sup>

Most of the entries in the Old Bailey records are precise and to the point. They offer information regarding who was tried, what they stood accused of doing, who represented them or the plaintiff, the verdict, and the sentence. Entries with more detail than this do occur, it is just a matter of what offense is researched and whether the court deemed it appropriate to include it. For this offense, most trial details do not offer any witness testimony or information other than the bare minimum, which brings into question details in court cases for other crimes, such as infanticide or concealment, where some had witness testimony that was quite detailed. The reasons may stem from the Victorian’s view of innocence and the indecent nature of these cases.

One thing these cases do not provide is the number of pregnancies that resulted from the alleged attacks. With numbers being that high for prosecuted cases, it can be assumed that several of them did result in pregnancy. How many respectable women now felt the brunt of a legal and societal system stacked against them? The whole of Victorian guilt now lay upon their shoulders, so what choice did they have?

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<sup>21</sup> *Old Bailey Proceedings Online*, July 1901, Trial of Aaron George Jackson.

<sup>22</sup> Hardy, *Tess of the D’Urbervilles*, 354.

## ABORTION

The first part of this chapter was dedicated to the circumstances leading up to the conception of a child. The next section will look at the choices a woman could make regarding her pregnancy.<sup>23</sup> All the decisions in this chapter have legal consequences. Each option varies in degree and can be attributed to how desperate the woman felt. As stated before, the most significant thing a lower-class woman possessed was a good reputation or character. To have a good reputation opened doors to better opportunities, mainly with employment. To try and keep her reputation intact, she could try to induce a miscarriage or abortion, commit infanticide, or conceal her pregnancy (which goes hand in hand with infanticide but is a different indictable offense.)

While the first option would naturally be to keep the child, that may not have been feasible. If the woman kept the child, would she be able to support it and herself? Would she be able to keep her job or find other employment? If she was lucky enough to keep a job, who would care for the child while she was at work? Would she be able to provide enough sustenance for them both? Many of these questions will be addressed in chapters three and four. The second option available to her would be to try and induce a miscarriage or abortion. This issue, like many others addressed in this paper, could and do have volumes dedicated to them. This thesis seeks to use court documents to shine a light on the issue as it pertains to the last quarter of nineteenth-century London and the men and women who tried to procure an abortion. Yes, men and women.

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<sup>23</sup> See Sheetz, "*Just Deserts*," 12-13.

Interestingly, a relatively large number of people tried at the Old Bailey for the indictment of “Illegal Abortion” happened to be men. This may seem somewhat surprising until the data is analyzed. Men acted mainly in the capacity of obtaining abortifacients and trying to persuade the woman to take them. In Richard Barret’s work from 1699, abortion is synonymous with miscarriage.<sup>24</sup> While Barret’s definition held for generations, indicating the expulsion of a fetus from the womb without help, abortion as we know it today and as was viewed during the late Victorian era, suggests there is some sort of outside interference with the pregnancy. The 1878 Criminal Code defined “procuring abortion” as being a woman or person with the intent to

unlawfully administer or causes to be taken by her any noxious thing, or unlawfully uses any instrument or other means whatsoever with like intent, to procure a miscarriage, or cause the death of any living child which has not proceeded in a living state from the body of its mother by any act of omission which would have amounted to murder if such a child had been fully born.<sup>25</sup>

The most significant part of this code is the sentence: “Anyone found guilty would be liable to penal servitude for life.”<sup>26</sup>

For generations, women used “abortifacients (such as herbs like ergot of rye, pennyroyal, and savin)” as a way of controlling their fertility.<sup>27</sup> Frances Dolan argues that “Historians of

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<sup>24</sup> Robert Barret, *A Companion for Midwives, Child-Bearing Women, and Nurses Directing them How to Perform their Respective Offices. Together with an Essay, endeavouring to shew the Influence of Moral Abuses upon Health of Children* (London: Blue Ball in Duck-Lane, 1699), 65-66. He defines it as “... when a Woman brings forth an Untimely Birth; which may proceed from diverse Causes, as from a sudden Fright, or Fall; from Running, Leaping, or using immoderate exercise; from unreasonable Watchings, great Wrath, over much Fear, Grief, or Sorrow; from longing for that which is not to be had, unsatiable Copulation and Lust, unusual Fatness against Nature, &c. Syncope’s, or Swoonings, Blows, or such like External Accidents, are common Causes, as also Flux of the Womb, which is a very dangerous Symptom, and signifies that the Vessels and Membranes of the Womb are broken, and Abortion just at hand.”

<sup>25</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 66.

<sup>26</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 66.

<sup>27</sup> Frances E. Dolan, *Dangerous Familiars: Representations of Domestic Crime in England 1550-1700* (Ithaca: Cornell University Press, 1994), 136-7. The Dictionary defines Ergot of Rye as a plant disease that is caused by the fungus *Claviceps purpurea*. The so-called ergot that replaces the grain of the rye is a dark, purplish sclerotium; savin as a Eurasian juniper with dark berrylike cones and foliage. And pennyroyal as an aromatic Old-World plant of the

contraception and women's bodies thus conclude that abortion was one form of family limitation available to early modern women. Women bravely took control of their fertility in consultation with other women and by depending on traditional knowledge of the herbs in their gardens."<sup>28</sup>

Other, less-natural abortifacients are described in the cases at the Old Bailey. Noxious drugs such as "sulphate of potassium," "tincture of perchloride of iron," or "acetate of lead."<sup>29</sup>

Table 2.2 illustrates the number of court cases at the Old Bailey for the offense of 'Illegal Abortion.' Of those, two people stood trial twice for the same crime. One man stood accused of the same crime ten years apart, in which he was sentenced five years' penal servitude for the first offense and ten years' penal servitude for the second. The other was a man who was tried twice on the same day with a verdict of 'not guilty' due to lack of evidence. For this offense, there is again very little detail outside of the essential information provided. Most of the court records simply state "\_\_\_ feloniously using a certain instrument upon \_\_\_, with the intent to procure her miscarriage."<sup>30</sup> Or "unlawfully conspiring to procure the miscarriage of \_\_\_" or "\_\_\_ feloniously administering to \_\_\_ certain noxious drugs, with the intent to procure her miscarriage."<sup>31</sup> Some simply stated, "the details of this case were quite unfit for publication."<sup>32</sup> This minimal use of detail begs the question of how unfit the circumstances could have been. There are grizzly accounts of acts of murder on broadsides and in other court proceedings and to decide that they should be inappropriate for court publication raises some questions.

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mint family, having clusters of small purple flowers and yielding a pungent essential oil used medicinally and as an insect repellent.

<sup>28</sup> Dolan, *Dangerous Familiars*, 136-7.

<sup>29</sup> This information comes from illegal abortion cases from the Old Bailey between 1870 and 1901.

<sup>30</sup> During this period, only a catheter is mentioned in the cases at the Old Bailey as a specific instrument.

<sup>31</sup> This information comes from illegal abortion cases from the Old Bailey between 1870 and 1901.

<sup>32</sup> This information comes from illegal abortion cases from the Old Bailey between 1870 and 1901.

<b>Cases</b>	<b>Defendants</b>	<b>Guilty</b>	<b>Not Guilty</b>	<b>Male</b>	<b>Female</b>
63	80	46	33	52	28

In earlier cases, like that of William Childs from May 15, 1834, a transcript of witness testimony was also included. In this, we find that upon impregnating Mary Jane Wolfe, his employer's daughter, he sought to help her have a miscarriage. In her testimony, she states, "he told me I must take some medicine to cause miscarriage."<sup>34</sup> She further illustrates how she was to take it and what it physically looked like. "He gave me a powder and desired me to mix it with water as I would salts. It was rather a dirty white color. I took some of it but finding it a bitter and disagreeable taste; I was afraid to take the whole. I took it in water, and it sunk in lumps to the bottom."<sup>35</sup> This account provides us with a little more information as to why so many men stood accused. It is interesting to note that in his 1855 trial, witness testimony quoted William Longman of exclaiming, "I can't help it now, what is done can't be undone; for Christ's sake, don't expose me, or I am a ruined man'."<sup>36</sup> Depending on the marital circumstances surrounding the man, one can see their desperation and insistence on relieving themselves of the responsibility of a child.

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<sup>33</sup> *Old Bailey Proceedings Online*, Tabulating total only where offence category is illegal abortion, between 1870 and 1901. Counting by offence; Tabulating total only where offence category is illegal abortion, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is illegal abortion and verdict category is guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is illegal abortion and verdict category is not guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is illegal abortion and defendant gender is male, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is illegal abortion and defendant gender is female, between 1870 and 1901. Counting by defendant.

<sup>34</sup> *Old Bailey Proceedings Online*, May 1834, Trial of William Childs.

<sup>35</sup> *Old Bailey Proceedings Online*, May 1834, Trial of William Childs.

<sup>36</sup> *Old Bailey Proceedings Online*, April 1855, Trial of William Longman.

Another aspect of abortion that distinguishes it from infanticide is how one would define personhood or when a fetus becomes a human. Personhood is an extremely contentious subject today and is divided between those who believe life starts at conception and those who think life begins at birth. As the 1878 Code defined it, “a child becomes a human being within the meaning of this definition when it has completely proceeded in a living state from the body of its mother, whether it has or has not breathed, and whether the navel string has or has not been divided, and the killing of such a child is homicide, whether it is killed by injuries inflicted before, during, or after birth.”<sup>37</sup> Under the law, as long as a part of the body of the infant is still within the body of the mother, it is not considered its own being. Therefore, any act of violence done to the infant during the birthing process would not be considered an act of murder.<sup>38</sup> “As reformer George Graves noted in 1862, ‘it is in the eye of the law of England, no crime to strangle a child with a cord, to smash its skull with a hammer, or to cut its throat from ear to ear... [if] its lower extremities are at the time within the body of the mother.’”<sup>39</sup> As appalling as it might seem, this definition stood “until the Infant Life Preservation Act of 1929 (19 & 20 Geo.5 c.34).”<sup>40</sup>

## INFANTICIDE

The next options, infanticide, and concealment happened after birth. “In 1803 Lord Ellenborough’s Act (Malicious Shooting or Stabbing Act 1803, 43 Geo 3 c 58) decreed that infanticide was to be proceeded with like any other form of murder; the mother was innocent until proven guilty, therefore reversing the 1624 Act.”<sup>41</sup> Infanticide is a difficult topic to discuss. The only certainty in life is death, and therefore, it is hard to grasp how a mother would willingly

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<sup>37</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 54.

<sup>38</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 54.

<sup>39</sup> Thorn, *Writing British Infanticide*, 25.

<sup>40</sup> Dolan, *Dangerous Familiars*, 135-6.

<sup>41</sup> Dolan, *Dangerous Familiars*, 131-2.



murder her child. This behavior, however, is viewed from a modern perspective, as it is not something that is perceived as a regular occurrence and is therefore highly disturbing. During the late Victorian era, this issue was prevalent, so much so, that much was written, discussed, and debated within the political and private spheres such as the Houses of Parliament, in pamphlets and on broadsides. Mothers stood as nurturers and caregivers, and to find evidence that hundreds if not thousands of women sought to destroy the life that they had carried, appalled the reading public. But one must not forget the reasons a woman might be drawn to this final answer.<sup>42</sup> “The crime of bastardy plays an important part in the study of infanticide.”<sup>43</sup> Unwed mothers occupied a no-win position. Society and the government fought against them, and as such, with no support, desperate people do desperate things.

The pressures on women who found themselves pregnant outside the confines of marriage resorted to drastic measures. This problem of infanticide in English society was first recognized in a 1624 statute. As Frances Dolan explains, the history of infanticide legislation “culminated in a particularly harsh statute of 1624... expressly criminaliz[ing] only one: unmarried women’s murder of their illegitimate newborns.”<sup>44</sup> Dolan further argues that “this statute definitively associated the crime with women, bastardy, and poverty.”<sup>45</sup> “The statute quadrupled prosecutions by fostering ‘increased vigilance on the part of magistrates.’ Under newly authorized surveillance, concealment of a stillbirth and purposeful murder became indistinguishable for legal purposes.”<sup>46</sup> It was nearly impossible to determine whether or not an infant was born alive, stillborn, or was killed in the process and that once the body of an infant

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<sup>42</sup> Dolan states that women were often victims of violent crime and not the perpetrators. “Those women who did commit infanticide were so reluctant to use force that suffocation and exposure were the most popular methods of killing infants and small children. *Dolan, Dangerous Familiars*, 124.

<sup>43</sup> Hoffer and Hull, *Murdering Mothers*, xv.

<sup>44</sup> Dolan, *Dangerous Familiars*, 123-4.

<sup>45</sup> Dolan, *Dangerous Familiars*, 123-4.

<sup>46</sup> Dolan, *Dangerous Familiars*, 123-4.

was found, proving malicious intent was difficult.<sup>47</sup> “Broadsides about infanticides, are generally consistent with what social historians tell us, not about who committed infanticide, necessarily, but rather about who was caught and tried: young female servants, away from home, unprotected, and living communally under constant scrutiny.”<sup>48</sup> While some women intentionally planned and thought out the killing, others did not have full control of all of their faculties. If the body of an infant was discovered, the mother would most likely be found nearby. “A mother who had just given birth under traumatic circumstances, working alone and in secret, usually could not get very far away from her residence; often she buried the infant’s body at night, hid it in a cupboard or laundry hamper, or discarded it in a ditch or privy.”<sup>49</sup> The 1878 Criminal Code defines infanticide as:

if a woman causes the death of her child in the act of or immediately after its birth, under such circumstances that she would otherwise be guilty of murder, she shall be deemed to be not guilty of murder, but guilty of manslaughter if she was at the time when she caused its death deprived by reason of bodily or mental suffering of the power of self-control.<sup>50</sup>

This is the distinction made between abortion and infanticide. “At the point that mother’s and infant’s bodies separated, infanticide legislation intervened, attempting to distinguish mother and child and hold the mother, especially the socially dislocated mother, accountable for her infant’s life.”<sup>51</sup> While the subject of infanticide permeated the news and was a highly debated topic, it is interesting that the Old Bailey has only

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<sup>47</sup> Dolan, *Dangerous Familiars*, 123-4.

<sup>48</sup> Thorn, *Writing British Infanticide*, 12.

<sup>49</sup> Dolan, *Dangerous Familiars*, 129-30.

<sup>50</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 57.

<sup>51</sup> Dolan, *Dangerous Familiars*, 137. From the eighteenth century forward as Hoffer, Hull and Thorn show, this is an ongoing concern. The 1870s begins to reflect changes in medical research and science as it relates to maternity as explained by Ruth Richardson’s *The Making of Mr. Gray’s Anatomy: Bodies, Books, Fortune, Fame* (2008) and Anne R. Hanley’s *Medicine, Knowledge and Venereal Diseases in England, 1886-1916* (2016).

seventy-six cases with seventy-seven people total tried in the thirty-one-year span of 1870-1901 as can be seen in Table 2.3. The issue was written about extensively as a problem that ravished society, and yet, that is not reflected in the court cases.<sup>52</sup> This may be in part due to the number of infants dying when being put out to nurse. Infants sent away from the parent to a wet-nurse was often speculated as being an indirect form of infanticide. This will be addressed further in chapter 3, but for the purposes of the court data, it might be said that they documented the violent forms of infanticide.

Cases	Defendants	Guilty	Not Guilty	Male	Female
76	77	31	40	4	67

On October 23, 1871, twenty-two-year-old Eliza Knott stood trial for killing and slaying of her female infant.<sup>54</sup> The circumstances of this alleged crime are described through witness testimony. Family, acquaintances, doctors, and midwives all described the scene for the benefit of the court. Emma Steventon, an acquaintance of Ms. Knott, noticed Eliza looking unwell and speculated she might be in labor. Eliza dismissed the accusation by stating her stomach was

<sup>52</sup> Hoffer and Hull's, *Murdering Mothers*, shows the ratio of calculating the number of infanticides and stillbirth rates but speculate they are not entirely accurate because death during childbirth is high. "Using the London bills and the OBSP one can compare the number of infanticide indictments with the number of children reported deaths at birth or within a short time of it. A stillborn rate is prepared by dividing the stillborn by the number of successful births (from baptisms) plus the number of stillbirths. Comparison of the stillbirth rate and infanticide cases for the period between 1707 and 1727 showed a covariance of only 16 percent ( $R^2 = .161$ ), and for the period from 1764 to 1784, a common variation of 8 percent ( $R^2 = .080$ ). (Three-year averages of stillbirth rates were regressed upon three-year totals of infanticide.) These results are very weak, in part perhaps because deaths during and immediately after delivery often occurred despite the mother's intentions, whatever they may have been."

<sup>53</sup> *Old Bailey Proceedings Online*, Tabulating total only where offence category is infanticide, between 1870 and 1901. Counting by offence; Tabulating total only where offence category is infanticide, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is infanticide and verdict category is guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is infanticide and verdict category is not guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is infanticide and defendant gender is male, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is infanticide and defendant gender is female, between 1870 and 1901. Counting by defendant. \*Although more laws were in place to punish women who committed crimes, juries were less likely to convict as seen in the Old Bailey Records.

<sup>54</sup> *Old Bailey Proceedings Online*, October 1871, Trial of Eliza Knott.

upset and that she was taking castor oil for it. The following day, Ms. Steventon checked upon the defendant and found her clothes covered in blood with evidence of birth. A chemist and a midwife, both called to examine the defendant, determined she had recently given birth. With their confirmation, Ms. Steventon searched the house for the child's location. She found it "in a small coal cellar under the stairs, rolled in a piece of sacking with the after birth firmly pressed into the mouth."

When another witness, Mrs. Mumford, asked Eliza why she had done it, she replied, "If I had told my mother I should have gone and jumped into the river directly, my intention was to take the baby and go and jump into the water with it." It had started to cry loudly, and as not to wake her family, she "put the after-birth on the baby's face." These two testimonies provide valuable information regarding the character of the defendant as well as providing a glimpse into another sad reality of being an unwed mother, lack of support, or understanding from the family. Many young girls believed that they would be thrown out or disowned by their family should their situation be found out.

The most critical and telling part of these cases is the testimony given by physicians who started to perform autopsies. "A medical man is seldom or never in a position to give proof. He has only to collect facts and circumstances; to sift, to weigh, and to depose to them."<sup>55</sup> They look at each case with a professional eye and search for evidence that can reasonably determine the cause of death and to verify if the child was alive or stillborn. Dr. Henry Paul Reay's detailed account of his findings adds essential information regarding the circumstances in which he found the body. "From my examination, I should say that the child had certainly been born alive."<sup>56</sup> A

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<sup>55</sup> William Burke Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History* (London: J. Churchill, 1862), 11.

<sup>56</sup> *Old Bailey Proceedings Online*, October 1871, Trial of Eliza Knott.

lung test had been conducted to see if the child had ever taken a breath. This test is administered by placing the lungs of the victim in water. If the lungs float, this supposedly indicated the presence of air and that the child had taken a breath, therefore, was alive at the time of its birth. If the lungs sank, this indicated the lack of air, and as such signified, the child was stillborn. This case is evidence of infanticide and concealment. While Eliza was tried for the act of murdering her child, she very likely could also have been indicted for concealing a birth. Her reluctance to admit that she was giving birth indicates she did not wish for anyone to know, as to give herself a chance to get rid of it.<sup>57</sup>

In another trial on May 23, 1887, twenty-one-year-old Annie Cherry was indicted for the murder of her female child.<sup>58</sup> Annie's situation is different than the ones portrayed in literature. Annie had spent her confinement at her sister, Elizabeth Pether's home, where Elizabeth and her husband accepted Annie's situation and even cared deeply for the child once it was born. She also had employment lined up for after her confinement, which, knowing her status as an unwed mother, shows just how different her situation truly was. Elizabeth described her sister as "a girl of a very cheerful disposition" before her confinement.<sup>59</sup> However, "something went wrong during her labor," and they needed a doctor.<sup>60</sup> Her entire labor was more than forty hours. Since the delivery, Annie's demeanor changed. She had trouble sleeping and became very quiet and withdrawn and would "sit for hours without speaking" until spoken to.<sup>61</sup>

One day Elizabeth came home to discover Annie drinking tea, with no baby in sight. She stated that she had given it to a gypsy. Elizabeth, having loved and cared for the little girl,

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<sup>57</sup> *Old Bailey Proceedings Online*, October 1871, Trial of Eliza Knott.

<sup>58</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

<sup>59</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

<sup>60</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

<sup>61</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

became extremely upset. After further inquiries into the whereabouts of the child, Annie finally admitted that she had drowned it and buried it in the garden. What is unusual is that she made sure the water was warm so as not to harm or cause the baby pain. This case is an excellent example of melancholia or postpartum depression. At the time of the incident, she showed no remorse for her actions. But as time went on, she became extremely remorseful. When Dr. Henry Charles Bastian examined Annie, she stated that she could not help herself, “it came over me to do it.”<sup>62</sup> He deemed her “of unsound mind when the act was committed.”<sup>63</sup> Queen Charlotte’s Lying-in Hospital noted how traumatic deliveries affected many of their patients. In the 1875 Annual Report, the Hospital informed their subscribers that, “unfortunately, ... many of them are so broken down by continued mental sufferings, from a keen sense of their shame, coupled in many instances with absolute want, that they never recover from the effects of their confinement.”<sup>64</sup> Whether they are referring to mental, physical, or social effects, it is very telling that they mention it at all. The jury found Annie “guilty of the act, being of unsound mind at the time of its commission.”<sup>65</sup> Annie tried to “conceal” the drowning and burial of her infant in the garden. She was fortunate because although going to trial, the law had shifted, and she was merely imprisoned due to insanity.

## CONCEALMENT

Finally, we come to concealment. This differs from infanticide, for it is not the act of infanticide but in concealing the fact that she had ever been pregnant, which was indictable. In 1878, the Criminal Code defined concealment as “any woman delivered of a child, disposes of

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<sup>62</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

<sup>63</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

<sup>64</sup> Queen Charlotte’s Lying-In Hospital, *Annual Report for 1875* (London: W. Brenttall, 1875), 9.

<sup>65</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

its dead body in any manner with the intent to conceal the fact that its mother was delivered of it.”<sup>66</sup> Table 2.4 shows the Old Bailey records for concealing a birth between 1870 and 1901. This table illustrates a surprising thing about this indictable offense. The punishment in the latter part of the 1800s was relatively light compared with other crimes. Seventy-six people had their judgment respited, and many more found themselves released on their own recognizance. In earlier periods, this was a capital offense.

Cases	Defendants	Guilty	Not Guilty	Male	Female	Judgement Respited
247	252	164	87	12	240	76

The court cases with testimony are still lacking; however, the following court case provides valuable information into the late Victorian legal system. It illustrates the growing empathy felt on behalf of single women caught in a hard situation. If taken in connection with the earlier information regarding seducers and rape, it is not surprising that leniency is shown to these women. As will be seen in the following case, a young servant girl concealed her pregnancy, was forced to go through the experience alone, only to get back to work immediately. These situations were common, and the court seems to have taken that into account for many of the defendants.

<sup>66</sup> House of Commons, ‘Bill to Establish Code of Indictable Offences and Procedure,’ p. 58.

<sup>67</sup> *Old Bailey Proceedings Online*, Tabulating total only where offence category is concealing a birth, between 1870 and 1901. Counting by offence; Tabulating total only where offence category is concealing a birth, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is concealing a birth and verdict category is guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is concealing a birth and verdict category is not guilty, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is concealing a birth and defendant gender is male, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is concealing a birth and defendant gender is female, between 1870 and 1901. Counting by defendant; Tabulating total only where offence category is concealing a birth and sentence category is sentence respited, between 1870 and 1901. Counting by defendant.

On May 1, 1871, Mary Wright, aged twenty, was indicted for “unlawfully endeavouring to conceal the birth of her child.”<sup>68</sup> Wright was charged with having tried to hide the body of her child in a box under her bed. Another servant, whom she roomed with Eleanor Jane Turmeau, testified that they shared the same room but only after Wright’s confinement. She describes how she found the body, stating, “I moved the prisoner’s box to clean under it, on the floor, and found a stain of blood under it, which came from the bottom of the box. I cleaned the floor and put the box on the bed, and when I moved it from the bed, I saw two stains on the sheet [and] the smell continued.”<sup>69</sup> Wright had not disclosed that she had been pregnant and showed no outward signs. The surgeon who testified at her trial, Robert Jackson stated he was called to the police station “to examine the prisoner.”<sup>70</sup> He says that she had been ill a few weeks prior and had been delivered of the child “at 7 o’clock in the morning.”<sup>71</sup> The defendant stated, “she was not conscious of what was taking place, and found herself confined of a child; that she got up afterward and put the body of the child into a box, and tied herself up and went about her work, and put the after-birth in the fire.”<sup>72</sup> He inquired into whether she heard the child cry, to which she answered, “No.”<sup>73</sup> Jackson explained that during their interview, “she was crying, and in great distress. She told me at once that it was her child.”<sup>74</sup>

Another medical professional, Charles Patrice Kemp, was called in to examine the body of the child. He arrived at the scene and “found a child in a state of decomposition” within the box.<sup>75</sup> While it had been decomposing, he did not see any “marks of violence,” He verified the

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<sup>68</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>69</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>70</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>71</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>72</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>73</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>74</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>75</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.



child had not been alive when it was born and did not perform a lung test because “they had never been inflated, and therefore the child had never breathed; that is an infallible test.”<sup>76</sup> With this testimony, the jury found Mary guilty. Her sentence was respited and had a promise that “the father of the child would marry” her as soon as she was free.<sup>77</sup>

This chapter addressed the situations and circumstances surrounding the plight of the single mother and the choices she made regarding how she handled those situations. It illustrates administration of law changed over time from 1802 to 1878. As a result of the changes, we have a more detailed lens into the desperation of these afflicted women. The next section will discuss the institutions in place to provide aid to women for their confinement and after.

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<sup>76</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

<sup>77</sup> *Old Bailey Proceedings Online*, May 1871, Trial of Mary Wright.

## CHAPTER 2: FOR BETTER OR WORSE: INSTITUTIONS AND UNWED MOTHERS

In the previous sections, we have discussed unwed mothers regarding the circumstances that led to their pregnancies and the choices that lay before them. Once a woman found herself in the family way, what kind of institutions were in place to help her before, during, and after her pregnancy? Often her circumstances and position in life would determine where she might turn. It takes a village to raise a child, and usually, the institutions we turn to for aid are determined by our social standing. Upper-middle-class women sought wet nurses for their children while working women sought cost-conscious childcare while at work. From lying-in hospitals to baby-farms, these physical institutions, for better or worse, provided aid to these women should they choose to have the child.

When giving birth, many modern women have a plan. They have mapped out their birth plan down to the minute detail. A critical part of that plan is where they will give birth. Will they have a home birth, or will they travel to a hospital? Do concerns regarding the need for medical intervention, should there be an emergency, factor into that choice? These are the same types of questions women have been asking for centuries and prompt major concerns surrounding infant and maternal mortality stemming from the accessibility to proper medical care, especially during pregnancy and how these situations could, in turn, lead to the drastic choice of infanticide.

### LYING-IN HOSPITALS- IN GENERAL

There existed several general hospitals such as Guy's in London, but not until the middle part of the eighteenth century did any exist specifically for the care of expectant women.<sup>1</sup> In

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<sup>1</sup> Thomas Ryan, *The History of Queen Charlotte's Lying-In Hospital, From Its Foundation in 1752 to The Present Time With an Account of Its Objects and Present State* (London: Hutchings and Crowsley Limited, 1885), ix-x.

1745, Dr. Bartholomew Mosse established the first lying-in (maternity) hospital in Dublin after witnessing “the misery and suffering of the poor women of that city, during their lying-in; misery and suffering which would scarcely have been credited by one who had not been an eye-witness of it.”<sup>2</sup> Dr. Mosse’s hospital would become the example all other lying-in hospitals in the United Kingdom sought to emulate.<sup>3</sup> The Rotunda (Dublin Lying-in Hospital) came to be known as “the largest and most important Lying-in Hospital in the United Kingdom,” as well as having “the largest and oldest chartered school of Midwifery in the world.”<sup>4</sup>

### **THE BRITISH LYING-IN HOSPITAL FOR MARRIED WOMEN**

The first lying-in hospital in England was established in 1749 on Brownlow Street called the Lying-In Hospital for Married Women, later named the British Lying-In Hospital for Married Women.<sup>5</sup> The vital thing to note about this establishment is that to be admitted a woman had to be married. She must be respectable and poor, but not a pauper.<sup>6</sup> Society swept pauper women away to give birth in the workhouse where conditions looked like a nightmare. Nicolás Goc, researching lying-in wards within the workhouse, discovered articles relating to the issue in *The Times*. The author details the horrid conditions women could expect when giving birth in an institution actively trying to keep people out. This is primarily shown in the lack of even the simplest sanitary precautions, changing the bedsheets. The articles stated, “some beds had no

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<sup>2</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, ix.

<sup>3</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, ix-x.

<sup>4</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, xii.

<sup>5</sup> The British Lying-in Hospital and the Queen Charlotte’s Lying-in Hospital’s locations were relatively close to the Foundling Hospital. This is an important point to make when looking at the topics of maternity, unwed mothers, and foundlings. They were interconnected in many respects. See Sheetz-Nguyen’s *Victorian Women, Unwed Mothers and the London Foundling Hospital*.

<sup>6</sup> A pauper was a person who through legitimate reasons was unable to work. A person in poverty chose not to work even though they were able. The reason the 1834 New Poor Law was passed was as a way of deterring ‘voluntary paupers’ through the establishment of the workhouses. Fraser, *The New Poor Law in the Nineteenth Century*, 1.

change of linen for a week, others none for a fortnight.”<sup>7</sup> One woman detailed how “she left the house covered with vermin.”<sup>8</sup> The delivery rooms were small, containing two beds, each shared by two women. Often times with their other children. This aggravated the unsanitary conditions because the children suffered “from goiter and ‘the itch.’”<sup>9</sup> Most disturbing of all, the article depicted women giving birth in “shared beds died from puerperal fever.”<sup>10</sup> The New Poor Law of 1834, cemented the idea of “less-eligibility” which called for the conditions of the workhouse to be worse than the conditions available outside to keep people from gaining poor relief and hoping people would feel compelled to go out and find work.<sup>11</sup>

The only way a woman would be accepted to the British Lying-In Hospital is if they possessed a letter of recommendation from a subscriber to the institution and could also provide evidence regarding her marital status.<sup>12</sup> The subscriber was a man or woman of means and good standing within the community that paid money every month to the institution as a charitable donation. These subscribers would then be able to recommend worthy women in need. Admittance to the hospital was not allowed without such a letter.

Again, the subject of respectability and illegitimacy affects the ability of a woman to receive aid simply because her moral situation threatened society. By assisting single women, hospitals, and charities, held the belief that they would be openly supporting fornication and vice should they accept unwed mothers. Thus, by only accepting married women and widows, the

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<sup>7</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 66.

<sup>8</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 66.

<sup>9</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 66.

<sup>10</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 66.

<sup>11</sup> Fraser, *The New Poor Law in the Nineteenth Century*, 1. “These institutions believed that less-eligibility (or making the conditions within the Workhouse worse than the conditions available outside the Workhouse) would persuade these lay-abouts to become productive members of society.”

<sup>12</sup> “Directions to Persons Requiring Admission to the British Lying-In Hospital,” *British Lying-In Hospital for Poor Married Women Report of the Board of Management for the year ending 31<sup>st</sup> December 1880* (London: Steven Richardson Printers, 1881), 16.

hospital sought to help the less fortunate, just not those who truly needed it the most, single mothers. The hospital offered both in and out-patient services. Out-patient care was available to those living within a “reasonable distance” (of half a mile) where they would be provided with medical care and medicine as well as food in some cases, all in the comfort of their own homes.<sup>13</sup> Receiving patients from such a small area surrounding the hospital could be related to the amount of help they offered, the number of donations they received, or the lack of space needed to accommodate a large number of expectant women.

Every hospital published annual reports to illustrate what the institution achieved each year, how much money they brought in through subscriptions and donations, how much money was expended, and how many women the institution served. They also depict data relating to the number of deliveries for in and out-patients, how many required instrumental help, and how many women and infants died. For an institution that catered to such a small area of London, these numbers are staggering at an average of 747 deliveries a year. In addition to helping women during childbirth, several hospitals offered training for midwives and nurses. The next chapter will discuss this topic in more detail.

The following three tables contain statistical data tabulated from the Hospital’s annual reports calculated between 1879-1901. Other information gathered each year not only tallied the number of deliveries, but if the mother had delivered multiples (twins, triplets, etc.), which is a topic that deserves more research. In all the research done for this thesis, it was assumed there was only one child birthed in each situation. Table 3.1 contains data regarding an eleven-year span, 1879-1889. As can be seen, the combined total of deliveries each year is astounding

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<sup>13</sup> “Directions to Persons Requiring Admission to the British Lying-In Hospital,” *British Lying-In Hospital for Poor Married Women Report of the Board of Management for the year ending 31<sup>st</sup> December 1880* (London: Steven Richardson Printers, 1881), 16.

considering the small area they serviced and the fact that all those deliveries are by married women. This begs the question of how many single mothers would they have helped had they accepted them into their facility?

Year	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889
<b>Deliveries</b>	706	619	656	703	710	789	822	915	750	787	748
<b>In</b>	169	139	160	172	168	132	151	162	150	173	148
<b>Out</b>	537	480	496	531	542	657	671	753	600	614	600
<b>Twins (sets)</b>	-	-	-	-	2	-	-	-	-	-	-
<b>Triplets</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Maternal Deaths In</b>	1	3	1	1	1	2	1	1	1	0	1
<b>Maternal Deaths Out</b>	-	1	1	1	3	3	0	2	0	0	1
<b>First Delivery</b>	-	-	-	-	-	34	37	39	44	47	25
<b>Required Operation</b>	12	14	16	13	19	13	11	9	12	9	12
<b>Still-born In</b>	10	2	6	7	8	4	9	9	3	8	6
<b>Still-born Out</b>	14	16	14	16	17	20	-	-	-	-	-
<b>Child death</b>	4	-	-	-	-	-	-	-	-	4	1
<b>Midwifery Pupils</b>	8	4	9	11	12	7	10	14	12	12	13
<b>Nurses</b>	53	48	47	52	47	53	59	54	62	60	61

Table 3.2 contains data regarding a ten-year span, 1890-1899, of the Hospital's statistical information. Like Table 3.1, it further illustrates the sheer number of women being helped but offers more information regarding the threat of puerperal fever, a highly contagious disease prominent in lying-in wards. The data from 1894 shows a decrease in the number of deliveries at the Hospital. It is noted in the annual report that, "the results of the first three months of the year, to the end of March, indicated that some radical change of routine treatment was necessary, as three deaths had occurred in thirty-one cases admitted during that time, and five other cases were

<sup>14</sup> British Lying-In Hospital: Administration: Annual Reports, 1879-1901. H14/BLI/A/07.

seriously ill.”<sup>15</sup> “As a result, the hospital closed for fourteen days, a new labour ward opened, and strict rules for the carrying out of antiseptic precautions made.”<sup>16</sup> With these precautions, the hospital marked a “distinct improvement, 162 cases having been admitted with no maternal death, and what is more important, the hygienic condition of the hospital has not been so satisfactory since 1881.”<sup>17</sup> The reduction in births is in concert with the fall in general fertility rates as the nineteenth century drew to a close.<sup>18</sup>

Year	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899
<b>Deliveries</b>	797	678	588	609	483	559	535	577	680	750
<b>In</b>	166	170	153	189	193	187	202	187	269	331
<b>Out</b>	631	508	435	420	290	372	333	390	411	419
<b>Twins (Sets)</b>	-	-	-	-	-	3	2	-	7	6
<b>Triplets</b>	-	-	-	-	-	-	-	-	-	1
<b>Maternal Deaths In</b>	1	2	0	1	3	0	1	1	0	0
<b>Maternal Deaths Out</b>	5	1	0	4	-	-	0	0	-	2
<b>First Delivery</b>	42	43	42	47	57	57	62	55	76	101
<b>Required Operation</b>	7	11	5	13	7	9	12	7	22	26
<b>Still-born In</b>	2	12	4*	3	4	6	5	5	10	17
<b>Still-born Out</b>	-	-	-	9	7**	9	13	8	13	10
<b>Child Death</b>	3	1	1	6	-	10	-	4	-	-
<b>Midwifery Pupils</b>	14	13	18	19	18	14	20	21	21	28
<b>Nurses</b>	53	56	58	59	80	86	86	72	115	136

The decrease in out-patient deliveries for this decade can "be explained by the great exodus of population from the immediate neighbourhood of the Hospital, owing to the

<sup>15</sup> British Lying-in Hospital *Annual Report* 1894 p. vi.

<sup>16</sup> British Lying-in Hospital *Annual Report* 1894 p. vi.

<sup>17</sup> British Lying-in Hospital *Annual Report* 1894 p. vi.

<sup>18</sup> See Sheetz, "Just Deserts," 413-415 and Simon Szreter's "Theories and Heuristics: How Best to Approach the Study of Historic Fertility Declines?"

<sup>19</sup> British Lying-In Hospital: Administration: Annual Reports, 1879-1901. H14/BLI/A/07. \*6 found to be dead before delivery; \*\* 3 died before labour commenced

demolition of the old crowded and unsanitary dwellings.”<sup>20</sup> Table 3.3 offers a complete look at the statistical data from 1879-1901, again indicating the large number of married women helped by this institution.

<b>Deliveries</b>	<b>Deliveries: In</b>	<b>Deliveries: Out</b>	<b>First Delivery</b>	<b>Required Operation</b>
16,427	4,592	11,835	1,066	318
<b>Maternal Deaths: In</b>	<b>Maternal Deaths: Out</b>	<b>Child Death</b>	<b>Stillborn: In</b>	<b>Stillborn: Out</b>
24	24	34	182	190

### QUEEN CHARLOTTES’ MATERNITY HOSPITAL

Unlike the British Lying-In Hospital, Queen Charlotte’s Maternity Hospital strove to aid all poor women, married and single. Established in 1752, the “objects of the Institution [stood for] the delivery of Married Women, both in the Hospital and at their own homes, the delivery of single women, in the Hospital, with their first child only, and the training of Medical Pupils, Midwives, and Monthly Nurses.”<sup>22</sup> As describes in Thomas Burke Ryan’s *The History of Queen Charlotte’s Lying-in Hospital*, “it was the first Lying-in Hospital in Great Britain which combined the advantages of affording relief both to in-patients and out-patients, and the first also to have compassion on unmarried women with their first child.”<sup>23</sup> The administrators recognizing the mounting problem of women “overwhelmed with shame and destitute of friends, had been tempted to destroy themselves or their infants,” opened the doors of their charity to

<sup>20</sup> British Lying-in Hospital *Annual Report* 1892 p. 7

<sup>21</sup> British Lying-In Hospital: Administration: Annual Reports, 1879-1901. H14/BLI/A/07.

<sup>22</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, Marylebone, London: The One Hundred and Forty-Eighth Annual Report and List of Governors and Subscribers For the Year Ending 31<sup>st</sup> December, 1899*, 1.

<sup>23</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, 13.



those who “were found to be deserving objects.”<sup>24</sup> Their willingness to accept single women into their facility showed great compassion to a section of society that, for decades, had been demonized for degrading its moral fabric. They did not believe that a single indiscretion should be shouldered singularly by the woman for the rest of her life as the Bastardy Clause in the 1834 New Poor Law stated, especially with the stigma associated with her, frequently being the result of someone taking advantage of her. While the Hospital offered aid to these women, “separate wards were set apart for these unmarried women.”<sup>25</sup> It is interesting that they still sought to separate these two groups. The question remains, did they do this because shame attached itself to unwed mothers, the Hospital felt shame on the woman’s behalf, or was it an attempt to preserve the woman’s reputation?

Regardless of marital status, strict rules and regulations needed to be met for a woman to be admitted as an in-patient. First, the woman must be married, widowed, or a single woman having her first child. Accepting single women with more than one offspring was tantamount to green lighting extra-marital affairs, even if that pregnancy resulted from a rape. The woman needed to obtain a letter of recommendation from a Governor or Subscriber. As will be seen with the Foundling, the mother must go through an interview process as described by Mary Ann Hayward in her book *Life of a Licensed Victualler’s Daughter*.<sup>26</sup> While the author is referring to the British Lying-In Hospital, this process was much the same at all of the lying-in institutions. While the book does not provide the specific questions asked, it does provide insight into the process of admittance and the stringent adherence to the smallest details. The author recounts her journey to the hospital on Brownlow Street on the appointed day for her interview, and her wait

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<sup>24</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, 13.

<sup>25</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, 13.

<sup>26</sup> Mary Ann Hayward, *Life of a Licensed Victualler’s Daughter. Written by Herself* (London: Saunders and Otley, 1844).

with a few other women to be called into the conference room.<sup>27</sup> “When it came to my turn, I went in, and at the head of the table, round which sat four or five gentlemen ... I was called forward, but all presence of mind and self-possession had forsaken me: I trembled, and was much confused.”<sup>28</sup> Due to circumstances outside of her control, the author did not have the signature of the subscriber, but another party had endorsed it on their behalf.<sup>29</sup> One man on the committee exclaimed, “We don’t care for the Duke of York, here, nor anybody else,’ said he; ‘the rules must be complied with.’”<sup>30</sup> Another gentleman inquired into when she expected her confinement to be, and upon finding that it was at the end of the month stated she had plenty of time to get the proper signature.<sup>31</sup> With her recommendation denied, she then had to watch “the other persons, whose letters had passed, [go], as is customary, to Bow Street to swear to their marriage certificates; and as they could not tell what passed in the committee room, or why I did not go with the rest, stared me quite out of countenance.”<sup>32</sup>

Once the institution accepted a patient, she must then be entered into the Register and receive an order of admission to which she would only be admitted when she was in labor. The mother must provide clothing for the child once the Hospital discharged them. In terms of nutrition, the woman must nurse the child, when capable, while still in the Hospital. Another progressive rule put forth by the Hospital required all children to be vaccinated before leaving (unless objected to by the parent/s). The Hospital strove to provide a safe and sanitary environment for its patients, and that included their health upon leaving. To that end, it was not permissible for a woman with an infectious disease to be admitted to the facility for fear that it

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<sup>27</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 65.

<sup>28</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 65.

<sup>29</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 65.

<sup>30</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 65-66.

<sup>31</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 65-66.

<sup>32</sup> Hayward, *Life of a Licensed Victualler’s Daughter*, 66-67.

might spread. Most often, this referred to sexually transmitted diseases like syphilis and again demonstrated the fine line between respectability and vice. “The charity does not open its doors... to the habitués of vice, but only to those who have taken the ‘one false step,’ too frequently under the promise of marriage, and being deserted, are left to bear their shame and disgrace singlehanded and befriended.”<sup>33</sup> The Queen Charlotte Lying-in Hospital had many benefits, the most crucial being they did not require payment from patients, although patients could contribute anything they could afford. However, the QCH did rely on wealthy subscribers.

The Queen Charlotte’s hospital served the largest area of London poor from Holborn and Temple Bar in the East, to Hammersmith in the West, to Fulham in the South, and Hampstead in the north.<sup>34</sup> This large area probably accounts for why its numbers seem so much higher than the British Lying-In Hospital. The following four tables contain statistical data tabulated from the Hospital’s annual reports spanning from 1872-1899. Table 3.5 includes data regarding an eight-year span, 1872-1899. As can be seen, most of the deliveries are those of single women giving birth for the first time. Studies of the Foundling Hospital indicate a sophisticated network of charitable assistance for the single mothers with petitions to the institution looked on more favorably if the woman had delivered at the Queen Charlotte’s.<sup>35</sup> The Queen Charlotte had already thoroughly vetted the women and saved the Foundling administrators some time in that respect. The data from the 1870s also indicates women giving birth due to “seduction,” which is not seen in the data in the following two decades. This raises questions regarding what external events took place in 1877 might account for this data?

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<sup>33</sup> Queen Charlotte’s Lying-In Hospital, *Annual Report for 1875* (London: W. Brenttall, 1875), 8.

<sup>34</sup> Ryan, *The History of Queen Charlotte’s Lying-In Hospital*, 13.

<sup>35</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 135; 155-8.

Years	1872	1873	1874	1875	1876	1877	1878	1879	Total
<b>Deliveries</b>	1119	1019	1103	990	1014	1104	1175	1068	8592
<b>In-Patient</b>	433	416	443	394	423	468	587	334	3498
<b>Out- Patient</b>	686	603	660	589	598	638	583	735	5092
<b>Married</b>	-	-	-	139	164	157	231	126	817
<b>Widowed</b>	-	-	-	8	7	2	2	1	20
<b>Single</b>	-	-	-	247	252	309	354	207	1369
<b>Married Died</b>	-	-	-	3*	7	1	6	2	19
<b>Single Died</b>	-	-	-	6	10	5	3	14	38
<b>Widowed Died</b>	-	-	-	0	2	0	0	0	2
<b>Born Alive</b>	-	-	-	-	401	443	580	324	1748
<b>Stillborn</b>	-	-	-	-	20	26	18	12	76
<b>Married Stillborn</b>	-	-	-	5	-	-	-	-	5
<b>Single Stillborn</b>	-	-	-	6	-	-	-	-	6
<b>Death</b>	-	-	-	-	33	8	14	31	86
<b>Married Child Died</b>	-	-	-	6	-	-	-	-	6
<b>Single Child Died</b>	-	-	-	12	-	-	-	-	12
<b>Confined under 17</b>	-	-	-	-	-	20	-	-	20
<b>Seduction</b>	-	-	-	-	-	**60	-	-	60

Table 3.6 tabulates the information for the Queen Charlotte for the years 1880-1889. It is interesting that in the 1880s, single mother deaths were nearly double that of married mothers, but in the next decade, married deaths outpaced single mothers. It would be interesting to know what outside influences affected the change.

<sup>36</sup> \*1 case of desertion; \*\*10 died from mental distress

Year	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	Total
<b>Deliveries</b>	1314	1332	1472	1490	1659	1855	1991	2158	2016	2174	17461
<b>In-Patient</b>	602	669	692	663	775	857	885	962	865	995	7965
<b>Out- Patient</b>	712	663	780	827	884	998	1106	1196	1151	1179	9496
<b>Married</b>	-	264	-	-	-	310	331	-	372	438	1715
<b>Widowed</b>	-	6	-	-	-	6	3	-	5	4	24
<b>Single</b>	-	505	-	-	-	541	551	-	488	553	2638
<b>Married Died</b>	-	2	-	-	-	2	2	-	0	1	7
<b>Single Died</b>	-	3	-	-	-	4	6	-	2	0	15
<b>Widowed Died</b>	-	0	-	-	-	0	0	-	0	0	-
<b>Born Alive</b>	-	745	-	-	-	827	857	-	840	955	4,224
<b>Stillborn</b>	-	38	-	-	-	35	39	-	37	44	193
<b>Married Stillborn</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Single Stillborn</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Death</b>	-	23	-	-	-	65	57	-	26	26	197

Table 3.7 tabulates the information for the Queen Charlotte for the years 1890-1899. Both tables indicate that in and outpatient deliveries were very close regarding the number of women helped.

<sup>37</sup> Examples of the data provided by the Queen Charlotte Lying-in Hospital Annual Reports. All subcategories numbers indicate in-patient numbers.

Year	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	Total
<b>Deliveries</b>	1962	2090	2105	2215	2397	2494	2273	2225	2182	2161	22104
<b>In- Patient</b>	892	942	972	1009	1079	1124	1151	1101	1112	1150	10532
<b>Out- Patient</b>	1070	1148	1138	1206	1318	1370	1122	1124	1070	1011	11577
<b>Married</b>	354	413	462	439	486	530	502	472	525	547	4730
<b>Widowed</b>	5	7	6	5	4	6	5	6	9	2	55
<b>Single</b>	533	522	504	565	589	588	644	623	578	601	5747
<b>Married Died</b>	3	2	3	2	3	5	6	0	3	3	30
<b>Single Died</b>	1	2	4	3	5	1	4	0	0	2	22
<b>Widowed Died</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Born Alive</b>	854	913	942	971	1029	1067	1112	1066	1057	1113	10124
<b>Sillborn</b>	50	40	33	45	59	58	45	42	58	43	473
<b>Married Stillborn</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Single Stillborn</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Death</b>	23	25	15	15	27	49	32	30	30	20	266

As can be seen in the table below, Queen Charlotte's accounts for 48,157 deliveries between 1872 and 1899. It would be interesting to see how these numbers correlate with those of other lying-in facilities not addressed in the paper, especially the East End Mother's Home, which opened in 1884 and admitted only married women.<sup>39</sup>

<sup>38</sup> Examples of the data provided by the Queen Charlotte Lying-in Hospital Annual Reports. All subcategories numbers indicate in-patient numbers. Total deliveries is 5 off.

<sup>39</sup> See Chapter 12 "Lying in Like Cats at the Expense of Their Mistresses": Maternity Charities in Victorian London in Jessica Sheetz-Nguyen's dissertation "Just Deserts": Public and Private Institutional Responses to Poverty in Victorian London: Space, Gender, and Agency: 310-41.

<b>Total Deliveries</b>	<b>In-Patient</b>	<b>Out-Patient</b>	<b>Married Women*</b>	<b>Single Women*</b>	<b>Widows*</b>
48,157	21,990	26,1655	7,262	9,754	99
<b>Viable Births*</b>	<b>Stillborn*</b>	<b>Infant Deaths*</b>	<b>Married Women Deaths*</b>	<b>Single Women Deaths*</b>	<b>Widow Deaths*</b>
16,096	742	549	53	75	2

\*Data minus the years:1872, 1873, 1874, 1882, 1883, 1884, and 1887

The Annual Reports from Queen Charlotte's Hospital provide a plethora of information. The London Metropolitan Archives did not have reports for the years 1872, 1873, 1874, 1882, 1883, 1884, and 1887. While the other reports kept tally of the deliveries annually, the more illuminating information relating to numbers of stillborn and maternal deaths are lacking.

The main goal of the institution, to provide aid to the most vulnerable women, is summed up in the 1875 Annual Report illustrating the great need for institutions like this. "Except for this Hospital, many women who are now obtaining a respectable livelihood would have fallen through want into a hopeless state of degradation and immorality."<sup>41</sup> The report further suggested that "the mortality among single women, as far as it can be ascertained, is with their first child, in London, under favourable circumstances, nearly five times as great as with married women, viz. 1 in 50 against 1 in 250 in married women."<sup>42</sup>

## **PUERPERAL FEVER**

One cannot discuss lying-in hospitals without discussing puerperal fever, also known as milk fever. "It is a disease, which, when met within Lying-in Hospitals, is singularly alarming, proving fatal to a vast majority of those attacked under every mode of treatment as yet

<sup>40</sup> H27/QC/A/ Queen Charlotte's Maternity Hospital: Administration: Annual Reports, 1872-1899.

<sup>41</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1875*, 8-9.

<sup>42</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1875*, 8-9.

recommended.”<sup>43</sup> What is puerperal fever, and how is it defined? Agreeing on the definition proved to be an arduous task. Dr. Arthur Farre, “who has defined puerperal fever to be ‘a continued fever, communicable by contagion, occurring in women after childbirth, and often associated with extensive local lesions, especially of the uterine system,’” seems to be the most widely accepted definition of the disease.<sup>44</sup> He further states that “this definition is only for the purpose of identification, and does not pretend to explain the phenomena of the disease, or to indicate its nature.”<sup>45</sup> Strictly speaking, understanding the disease, its causes, and transmission, his definition “would include all the forms of infective continued fevers, which may attack the lying-in woman.”<sup>46</sup> In his article, “An Address on Puerperal Fever: Its Causes, Characters, and Relations,” William O. Priestley advances the idea that puerperal fever is a form “of blood-poisoning or septicemia.”<sup>47</sup>

Precautions needed to be taken to ensure those most vulnerable were kept safe from this highly contagious disease. In times when the disease struck within the institution, they shut down entirely to thoroughly clean the inside of the wards to be safe for future patients. The 1876 Annual Report from the Queen Charlotte addresses this concern. “An epidemic occurred in the Hospital of so severe and fatal a nature, that it became necessary to close the Wards for many weeks in order that they might be thoroughly disinfected.”<sup>48</sup> With a new ventilation system and

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<sup>43</sup> Robert Collins, *A Practical treatise on Midwifery, Containing the Result of Sixteen Thousand Six Hundred and Fifty-four Births, Occurring In the Dublin Lying-In Hospital, During the Period of Seven Years Commencing November 1826* (London: Longman, Rees, Orme, Browne, Green and Longman, 1835), 380.

<sup>44</sup> William O. Priestley, “An Address on Puerperal Fever: Its Causes, Characters, and Relations,” *The British Medical Journal* vol 1 no 784 (Jan. 8, 1876): 33.

<sup>45</sup> Priestley, “An Address on Puerperal Fever: Its Causes, Characters, and Relations,” 33.

<sup>46</sup> Priestley, “An Address on Puerperal Fever: Its Causes, Characters, and Relations,” 33.

<sup>47</sup> Priestley, “An Address on Puerperal Fever: Its Causes, Characters, and Relations,” 33.

<sup>48</sup> Queen Charlotte’s Lying-In Hospital, *Annual Report for 1876* (London: W. Brenttall, 1876), 7.



stricter precautions “thoroughly disinfecting their beds, bedding, and clothes by the apparatus erected in the Hospital,” they hoped to prevent any future outbreaks and fatalities.<sup>49</sup>

Because lying-in hospitals carried a stigma associated with unmarried mothers and disease-causing death in childbirth (apparently even with the rigorous process to be admitted, they all carried disease according to public opinion), many believed the institutions should be shut down. The 1876 Annual Report from the Queen Charlotte describes a lecture at the Royal Institution on “unhealthy atmosphere” presented by Professor Tyndal.<sup>50</sup> Tyndal likened the disease outbreak at the lying-in hospital to one in any surgical ward, “where gangrene and putrefaction have attained such a predominance that the Surgeon had in despair to shut up his ward and abandon it to disinfection.”<sup>51</sup> He also commented on how “mere ordinary precautions as to cleanliness, are useless to prevent the recurrence of infectious disease in Hospitals.”<sup>52</sup> This correlation hoped to explain the need for keeping such institutions running. Their importance to the community far outweighed the possible adverse effects.<sup>53</sup>

To combat the onslaught of puerperal fever, Dr. W.C. Grigg writes regarding the results of his hospital's use of an antiseptic system that was initiated in 1879.<sup>54</sup> The system is as follows:

1. All diapers for mothers are dispensed with; carbolic tow [sic] pads, retained in position by means of an ordinary calico bandage, are used instead, and burnt on removal.
2. All patients are washed with tow [sic], which is burnt directly afterwards.
3. The labour ward linen is kept apart from the lying-in ward linen, and both are placed into tanks of running water; that into which the labour ward linen is placed has a large block of rock-salt in it, which prevents putrefaction.

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<sup>49</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1876*, 7.

<sup>50</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1876*, 7.

<sup>51</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1876*, 7.

<sup>52</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1876*, 7.

<sup>53</sup> Queen Charlotte's Lying-In Hospital, *Annual Report for 1876*, 7.

<sup>54</sup> W.C. Grigg, “Lying-In Hospitals,” *The British Medical Journal* vol 2 no.1021 (Jul. 24, 1880): 151-152.

4. All the linen is baked at a temperature of 250 degrees on its return from the laundry and before it is served out for use.
5. Every ward is fumigated with Sulphur on being emptied.
6. As soon as the third stage of labour is completed, the patient is syringed with a solution of carbolic acid, 1 in 80, and carefully sponged over with 1 in 20.
7. The midwives are non-resident, so as to prevent them from becoming accidentally contaminated, either by mixing with the nurses, or by thoughtlessly taking on themselves the duties of a nurse.”<sup>55</sup>

These precautions helped stem the maternal mortality rate, and deliveries at the hospitals saw a dramatic increase. Again, as medical science advanced lying-in institutions learned that maternal mortality originated with puerperal fever, clearly by the 1890s, this infection was in retreat.

### THE FOUNDLING HOSPITAL

Once a woman left the lying-in institutions, the choices addressed in chapter two came into play. Since the mother had not chosen abortion, she had three choices, keep the child, abandon the child, or kill the child.<sup>56</sup> Fortunately, there was an institution willing to accept her infant should she be unable to support it. The London Foundling Hospital was a charity founded in 1741 by sea captain Thomas Coram.<sup>57</sup> “Coram’s sympathies for neglected children inspired him to provide a better chance at life by bringing them under one roof as infants. His aims included nurturing, training, and preparing future British colonists.”<sup>58</sup> This institution stood as an orphanage for the children of impoverished unwed mothers who were in desperate need.

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<sup>55</sup> Grigg, “Lying-In Hospitals,” 151-152.

<sup>56</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 9-10; 42.

<sup>57</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 50; “The London Foundling Hospital, opened in 1741 to care for infants abandoned by the poor in the city, along with its parliamentary-sponsored cousins in the provinces after 1756, became places of death for the infants of the very poor. Whether these establishments reduced the numbers of infanticides by providing an alternative to the crime, or effectually increased it, by making it easier for a destitute mother to avoid rearing her own child, cannot be determined. Nevertheless, the creation of government institutions for the care of poor infants, instead of increased prosecution of those suspected of doing away with their offspring, may be regarded as a sign of growing official sympathy to the plight of the poor mother and her infant.” Hoffer and Hull, *Murdering Mothers*, 140.

<sup>58</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 50-1.

The Foundling, first allowed anyone to leave their child, but this quickly became untenable as the number of women in need exceeded their capacity.<sup>59</sup> “The Foundling had to set intake limits because admitting an overwhelming number of infants strained the financial resources.”<sup>60</sup> The intake system evolved into a strict petition-based form of entry. Along with the more stringent petition policy, a woman had to submit herself to an interview, much like Mary Ann Hayward. These interviews were in place to ascertain a woman’s respectability and moral aptitude. They needed to verify this was her only child, and if accepted, her behavior would continue to be respectable.

The Foundling, as with the lying-in hospitals, came under the scrutiny of the public for offering services to fallen women. Society’s main objections to such organizations stemmed from three different reasons. First, that abuse of the system would run rampant with married parents too lazy to support their children deserting them.<sup>61</sup> Secondly, and the most discussed is that they “lead to immorality as to sexual intercourse.”<sup>62</sup> “John Delane argued in a *Times* editorial that foundling hospitals furnished a ‘most dangerous argument against female virtue’ by ‘providing a means of disposing of children without the guilt of actual murder and without the expense of supporting them.’”<sup>63</sup> And, “finally, that the mortality is undeniably great.”<sup>64</sup> While

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<sup>59</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 51.

<sup>60</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 51.

<sup>61</sup> Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History*, 31

<sup>62</sup> Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History*, 31

<sup>63</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 85.

<sup>64</sup> Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History*, 31. “It could also be that the principle of anonymity adopted by the Foundling Hospital (i.e., the mothers could just disappear without a trace after depositing their children at the Hospital, whereas at the Magdalen, the physical retention of women ‘having been once drawn in, and betrayed by the perfidy of men’ somehow implied their greater accountability) appeared to substantiate the continuous harping that the Foundling Hospital made it possible for a certain type of female opportunist to carry on unchecked her ‘depredations upon mankind,’ making this charity thus appear particularly antagonistic to the interests of well-to-do married women.” Thorn, *Writing British Infanticide*, 156-7. “Some supported the establishment of foundling hospitals as institutions that might put a stop to infanticide by ‘throwing the mantle of charity and secrecy over the fallen woman,’ but such institutions were also seen to be encouraging vice by helping to care for its progeny.”<sup>64</sup> Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History*, 36.

the death rate was high, it was argued that a child had more of a chance surviving in the hospital than outside of it. “It is probably better the child should be lost in the attempt to secure its life, than that a large number of women should be living with the consciousness of having sacrificed their offspring.”<sup>65</sup>

Nonetheless, the purpose of the hospital was to save the lives of the innocent, but it, in turn, saved the lives of the mothers as well. William Burke Ryan argues that “after much study of the matter, and comparing the opinions and statistics of many different authorities, I am inclined to think that foundling hospitals conduce much to the prevention of the crime infanticide.”<sup>66</sup> It saved her from committing a crime she could never take back.

### **BABY FARMS**

Not only did single women have to deal with being vilified for having children, they then became targets because they were leaving the care of their offspring to others. In 1869, Dr. John Brendon Curgenvin defined this occupation.<sup>67</sup> “Baby-farming is a phrase new to us until within the last twelve months. It has been coined to indicate the occupation of those who receive infants to nurse or rear by hand, for a payment in money, either made periodically (as weekly or monthly) or in one sum.”<sup>68</sup> On the surface, these institutions provided a service for working mothers offering to watch their child for a small fee. What outwardly looked like a viable answer to working mother’s needs “was soon exposed as a corrupt scheme, which encumbered poorly paid servant women with an unviable financial burden while their children were dying at rates as

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<sup>65</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 85.

<sup>66</sup> Ryan, *Infanticide: Its Law, Prevalence, Prevention, and History*, 31.

<sup>67</sup> “Curgenvin told the 1871 Select Committee on Infant Life Protection that 90 per cent of the infants born in St. Giles workhouse and subsequently removed by their mothers did not see the year out, and generally 60-90 percent of illegitimates (two-thirds of whom, Curgenvin believed, were put into the care of dry-burses) died under those nurses’ care.” Rose, *The Massacre of the Innocents*, 23.

<sup>68</sup> J. Brendon Curgenvin, *On Baby-Farming and the Registration of Nurses* (London: W. Wilfred Head Victoria Press, 1869), 3.

high and higher than the infant death rate in the workhouse.”<sup>69</sup> “Baby farming, or placing an infant with a wet-nurse while the mother worked, triggered an investigation of these practices, along with infanticide and concealment in 1872.”<sup>70</sup>

Curgenven thoroughly researched the topic of infant mortality and infanticide. He determined that “the excessive mortality that prevailed amongst hand-fed children in the care of nurses (baby-farmers) was from 75 to 90 percent. [He] pointed out the causes which conduced to this great mortality, - the unrestricted traffic with infants, and their shameful treatment and neglect.”<sup>71</sup> He laments the “extensive traffic in infant life in this country, especially when we bear in mind that upwards of 50,000 illegitimate children are born annually, and fully two-thirds of them are ‘put out to nurse.’”<sup>72</sup>

The prevalence of these institutions is shown through the newsprint of the time. Curgenven provides several examples as to how baby-farmers advertised their services to obliging people. “When an illegitimate infant is about three or four weeks old, the midwife or mother places it out to nurse. A home is soon found on reference to the advertising columns of some of the low-class London papers.”<sup>73</sup> Advertisements like the ones below, indicated “a family looking for a nurse to take their child.”<sup>74</sup>

CHILD to Nurse wanted, by a respectable Person, every care and attention. A.B., 2, Luton Street, Portman Market.<sup>75</sup>

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<sup>69</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 71.

<sup>70</sup> Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*, 38

<sup>71</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 3.

<sup>72</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 6-7.

<sup>73</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 4.

<sup>74</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 4.

<sup>75</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 4.

CHILD (Nurse) wanted, to dry nurse or from birth; terms moderate; accustomed to children. Mrs. Williams, 192, Seymour Street, Euston.<sup>76</sup>

Baby-farmers posted the following ads looking for infants and children to “adopt.”

ADOPTION (Entirely). – Respectable Couple wish for an infant as own; age not particular; 7*l.* premium is all required. Address by letter only, A.Z., *Clerkenwell News* Branch Office, 214, Shoreditch, N.E.<sup>77</sup>

ADOPTION. – A Couple, having no children, wish to adopt a male infant; 40*l.* premium required. Apply F.F., 7, Tonbridge Street, Euston Road; top bell.<sup>78</sup>

Curgenven’s research further states how much was charged for a family to send their child out to nurse. “The terms of this woman were 5*s.* a week for nurse children, and 10*l.* or 15*l.* for adoption. Adoption by baby-farmers is a very different thing from adoption by those who are not in indigent circumstances, and who adopt the child for the child’s sake, and not for a money

## LEGISLATION

During the Session of 1871, Mr. Charley, MP for Salford, introduced ‘A Bill for the Better Protection of Infant Life (35 Vict.).’<sup>79</sup> The Bill was met with so much disapproval that it moved to Committee to be investigated.<sup>80</sup> The investigation “engaged in collecting evidence bearing, directly and indirectly, upon the system popularly known as Baby Farming.”<sup>81</sup> It was passed in 1872 and “was introduced to protect the lives of bastard children and called for the registration and supervision of nurses who cared for children on a daily basis and led not only to

<sup>76</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 4.

<sup>77</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 5.

<sup>78</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 5. “The ‘top bell’ indicates that the advertiser occupies the top floor or attics in the house.” Curgenven, *On Baby-Farming and the Registration of Nurses*, 5-6.

<sup>79</sup> *Infant Mortality: Its Causes and Remedies*, 3.

<sup>80</sup> *Infant Mortality: Its Causes and Remedies*, 3.

<sup>81</sup> *Infant Mortality: Its Causes and Remedies*, 3.

a decrease in the deaths of children in care, but also to a sharp decline in reported infanticides.”<sup>82</sup> It took into account “that very great mortality exists among illegitimate children in the care of hired nurses, a fact which shows the existence of much ignorance, carelessness, and culpable neglect on the part of these nurses.”<sup>83</sup>

The Act defined nurse “to be understood to include dry and foster nurses, who receive children into their homes for the purpose of rearing them apart from their parents. Persons adopting children for a money consideration, and not for the child’s sake, or their own pleasure and affection, should be included under the Act.”<sup>84</sup> It took effect throughout Britain. “The union medical officers should be charged with the duties of registration and supervision of the nurses, and inspection of the children. Their remuneration should be the registration or license fees of the nurses, which should be not less than 5s. and payable annually.”<sup>85</sup> These representatives were charged with checking up on the registered nurses in order to maintain the health and wellness of the children in their care.

With the passing of the bill, “The medical officer should keep a register of nurses, and enter therein the following particulars of every person in his district who is acting, or desirous to act, as a nurse, as described in this Act, viz.: - name, age, married or single, residence, occupation, dry or foster nurse.”<sup>86</sup> The potential nurse needed to provide “a certificate of character from a minister of religion, or two householders and keep a safe and habitable home.”<sup>87</sup>

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<sup>82</sup> Goc, *Women, Infanticide, and the Press, 1822-1922*, 93.

<sup>83</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 3-4.

<sup>84</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10.

<sup>85</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10.

<sup>86</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10.

<sup>87</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10.

The medical officer should also ascertain if the wet nurse has a “sufficient supply of natural nourishment, and health and strength for the rearing of two infants.”<sup>88</sup>

Not only did the medical officer of health keep a register in typical Victorian fashion, but the new law required that all nurses that would obtain a child to care for, would need to keep a register as well. This register required the:

name of nurse, name and address of mother, or father, or name of union whence it came, name of child, age when received, sex, legitimate or illegitimate, district of registration of birth and vaccination\*; nurse paid by mother, father, or union; diseases it suffers from; cause of death. If it lives, the age (or date) it leaves the nurse, whence it goes, or occupation it goes to.<sup>89</sup>

While the act specified that a wet nurse could only have two children at once, a “registered dry-nurse” could not take on “more than two children under one year of age, and no foster-nurse should take charge of more than one under that age.”<sup>90</sup> Interestingly, “no single or married woman should take the situation of wet-nurse, forsaking her own child, unless her child be placed in the charge of a registered nurse. All registered nurses shall admit the union medical officer to inspect the children and their food, at any time that he shall deem necessary.”<sup>91</sup> This law took into account earlier instances where the mother practiced a type of infanticide by neglecting it in the course of her duty. In addition to the registers kept by the nurse and the medical officers, “books kept at the central office should include a register of all medical officers making returns, indexed with reference to the returns, or copies of their registers, that they may

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<sup>88</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10.

<sup>89</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 10-11. \*It is important to obtain this information, as about 30 per cent. of illegitimate births are not registered, and consequently may, and do, in a great majority of instances, escape vaccination.”

<sup>90</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 11

<sup>91</sup> Curgenven, *On Baby-Farming and the Registration of Nurses*, 11.



be readily found; a register of foster-nurses, and any books that may be necessary for compiling statistics of nurse and foster children.”<sup>92</sup>

While the Infant Life Protection Bill sought to protect the most vulnerable, there still existed opposition. The Committee for Amending the Law in Points Wherein it is Injurious to Women (CALPIW), “objected to the [Bill] because it proposed state interference in women’s lives, gave medical men great power over women, and penalized women alone for infant death, paying no attention to male seduction and betrayal.”<sup>93</sup> “Regulating baby-farming, as the bill proposed to do, did not address the true causes of infant mortality – women’s oppression – and it failed to recognize factors such as ignorance, poverty, seduction, and above all, the difficulties in the way of unmarried mothers supporting themselves and their children.”<sup>94</sup>

This chapter addressed the institutions in place that, for better or worse, were there to assist a mother in any way possible. The next section, Midwives and Wet-Nurses, will look to the helpers before and after the delivery.

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<sup>92</sup> Curgenvin, *On Baby-Farming and the Registration of Nurses*, 13.

<sup>93</sup> Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity*, 167.

<sup>94</sup> Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity*, 167.

**CHAPTER 3: “I CAN SCARCELY REMEMBER AN INSTANCE, IN THE COURSE OF TWENTY-FIVE YEARS, OF THE CHILD OF A WET-NURSE, WHO WAS A SINGLE WOMAN, LIVING BEYOND INFANCY.”<sup>1</sup> MIDWIVES AND WET-NURSES: WOMEN HELPERS BEFORE AND AFTER THE BIRTH OF A CHILD**

We have viewed unwed mothers through the lens of social and legislative reforms, criminal cases, and hospital records. Now we will address women who helped during the confinement period (midwives) and women employed as wet nurses, a role suited only for unwed mothers. Both employment positions have positive and negative aspects that scholars, doctors, and the court of public opinion have addressed. This chapter seeks to find how these women on either side of the birthing process worked, how their peers and society viewed them, and where and how they intersected with the themes addressed in this thesis.

**MIDWIVES**

Who delivered the babies? Or rather, who would be the most qualified to deliver a human being into the world? From time immemorial, women held this position. They, of course, being the most qualified because they carried and delivered offspring. Childbirth was the realm of the female. She had power, status, knowledge, and empathy. Labor was the one place men could not tread. What experience or knowledge could they bring to the battle that rages in the delivery room? Thus, the midwife solidified her position and remained there until science, technology, and the social hierarchy of patriarchy encroached on her world. As science and technology gained prominence, the world of the midwife began to change. Society began to demand everything she did be evaluated and critiqued. She could no longer intervene in extreme cases of labor and was forced to call upon male surgeons for irregular births when the baby did not

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<sup>1</sup> Joseph Edccil Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child* (New York: Trow’s Printing and Bookbinding Company, 1886), 29.

present normally. She was not allowed to learn the medical trade at an institution, thereby keeping her in a place of ignorance and putting the lives of patients in danger. If she tried to do things herself, people called her proud for not welcoming or inviting male assistance.<sup>2</sup>

Further perceptions saw her as a gossip and a witch. How did the attitude change so much, and how did she start to regain a place in society? The history of midwifery holds significant insights into the studies of women and children in England. From Biblical times in both the Jewish and Christian traditions, midwives held a special place in the world. “In western tradition, midwives have inspired fear, reverence, amusement, and disdain. They have been condemned for witchcraft, eulogized for Christian benevolence, and caricatured for bawdy humor and old wives’ tales.”<sup>3</sup> They alone possessed answers to the mysteries of childbirth.

## **HISTORY OF MIDWIFERY**

Many ancient writers sought to understand the complexity of human anatomy and, by extension, birth. Works by Hippocrates and Aristotle addressed midwifery in some of their works and “... the career of Soranus of Ephesus, an outstanding obstetrician and gynecologist who flourished in Rome in the early second century A.D. show that by this time some men were actually practicing it.”<sup>4</sup> While midwifery was a select field for women to join, they did not strictly adhere to just matters of childbirth, helping to treat other illnesses and practicing some

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<sup>2</sup> Barret, *A Companion for Midwives*, 3-4. Barret states “Women of no principle are generally bias’d by interest, or an imaginary reputation. They love to engross all the credit and honour of an operation to themselves; rather than any body should share with them in a creditable performance, they’ll endanger the life both of mother and child.”

<sup>3</sup> Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Alfred A. Knopf, 1992), 46.

<sup>4</sup> Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women’s Rights* (New York: Schocken Books, 1977), 1.

general medicine, but this gave more credence to those who equated women of healing with witchcraft.

During the reign of Henry VIII, “the first formal arrangements for the control of midwives were made under an Act of 1512.”<sup>5</sup> This Act required practitioners to procure a license to work in the field of medicine and to perform surgery, leaving anyone without a permit liable to punishment.<sup>6</sup> A further nail in the coffin of autonomous female midwifery was the creation of “barber-surgeons guilds,” further regulating who could practice and where they could practice. These guilds held a lot of power. They determined the “conditions for an apprenticeship, admission to membership, and undertook the oversight of practice among its members.”<sup>7</sup> Anyone practicing within the guild’s territory without a license or membership were prosecuted.<sup>8</sup> Again, women were excluded from this club. “From the 1720s onwards, more and more men were coming into the field.”<sup>9</sup> Previously, midwives and families called upon male practitioners only when something went amiss with the birth, and the midwife needed a more robust pair of hands.<sup>10</sup> But this began to change, and they “were beginning to be engaged for routine cases.”<sup>11</sup> This led to a competition between the sexes for supremacy in the delivery room. “Thus, work which had been the preserve of women, ... was gradually being lost to men.”<sup>12</sup> Nonetheless, based on the Foundling hospital survey of passible confinement venues, most districts in London between 1842 and 1892 had an identifiable midwife.<sup>13</sup>

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<sup>5</sup> Donnison, *Midwives and Medical Men*, 5.

<sup>6</sup> Donnison, *Midwives and Medical Men*, 5.

<sup>7</sup> Donnison, *Midwives and Medical Men*, 2.

<sup>8</sup> Donnison, *Midwives and Medical Men*, 2.

<sup>9</sup> Donnison, *Midwives and Medical Men*, 21.

<sup>10</sup> Donnison, *Midwives and Medical Men*, 21.

<sup>11</sup> Donnison, *Midwives and Medical Men*, 21.

<sup>12</sup> Donnison, *Midwives and Medical Men*, 21.

<sup>13</sup> See Sheetz-Nguyen, *Victorian Women*, Appendix 10: Foundling Hospital Confinement Venues, 1842-1892: 198.

## CHARACTERISTICS AND GUIDES

For as long as women have given birth, midwives and other female members of the family assisted mothers through the labor process.<sup>14</sup> This social network provided the woman in childbirth a sense of community and security, knowing that the women around her commiserated with her current situation. Midwifery, historically, was one of the only avenues open to economic and financial freedom for women and allowed them to attain a high place in society. They possessed knowledge that had been passed down generation after generation via word of mouth and in-person experience. Traditional training and educational opportunities for women and girls in England did not exist until the later part of the nineteenth century. With the idea of making knowledge more accessible to every woman at home, several authors wrote guides. These books provided topical information regarding every aspect of a midwife's duty and detailed what characteristics a good midwife possessed.

An early example of this is Robert Barret's *A Companion for Midwives, Child-Bearing Women, and Nurses Directing them How to Perform their Respective Offices. Together with an Essay, endeavouring to shew the Influence of Moral Abuses upon the Health of Children* written in 1699.<sup>15</sup> Barret illustrates a long list of qualifications every good midwife should possess. First, "a good midwife 'ought to be faithful and silent; always on her guard to conceal those things which ought not to be spoken of."<sup>16</sup> A classic trope hails midwives as gossips, and Barret warns against playing into that stereotype. "She ought to be neither too young nor too old, of a good

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<sup>14</sup> "The term 'midwife' means a woman who undertakes for gain to attend women in childbirth." House of Commons, 'A Bill, To Promote the Better Training of Women as Midwives and to regulate their Practice,' *Sessional Papers*, 10 February 1899, vol. 6, p. 1.

<sup>15</sup> Also see Dr. William Sermon's *Ladies Companion, or, The English Midwife*, 1671.

<sup>16</sup> Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812*, 46-7. Another example relating to the loose lips of midwives. "She ought to be wise and silent, not apt to talk foolishly of what she sees in the houses where she hath to do; to observe the humour of her patient, and endeavor to divert her with what she finds most agreeable."<sup>16</sup> Barret, *A Companion for Midwives*, 3-4.

habit of body, her hands small and gentle, with her nails pared close, and without rings.”<sup>17</sup> A younger woman would not have the experience in the event of an emergency, and an older woman may not possess the strength required to help restrain the mother if the need arose. A midwife “ought to be courteous, sober, chaste, of an even temper, not apt to repine or quarrel.”<sup>18</sup>

While possessing physical strength and mental fortitude, “she ought to be a woman of understanding, capable to counsel, advise and comfort the person in labour.”<sup>19</sup> Childbirth is the most dangerous thing most women will ever experience. Every day her charges are close to death and require her “to be a religious, pious woman, as the fittest person to be about people in that extremity of danger.”<sup>20</sup> Above all else, it emphasized that she should not succumb to pride. “If the assistance of a Man-Surgeon be necessary to accomplish the work, they’ll give ‘em timely notice to send for him. One would think that it would justify a midwife’s knowledge and honesty to send for an assistant in case of danger, more than if she confided too much in her own capacity.”<sup>21</sup>

Although this guide was written over three centuries ago, the list of characteristics held steady through the ages. In an article for *The Examiner* (1873), Charles R. Drysdale laments the high standards women were expected to obtain and keep when men barely made the grade. He states the gentlemen of his time define a midwife as “‘healthy,’ ‘sensible,’ and ‘respectable.’”<sup>22</sup> He argues, “As if, indeed, all-male practitioners of medicine were healthy. Many alas! Of the greatest practitioners on record (E.G. Laennee) have died of consumption, and how many of

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<sup>17</sup> Barret, *A Companion for Midwives*, 2-3.

<sup>18</sup> Barret, *A Companion for Midwives*, 3-4.

<sup>19</sup> Barret, *A Companion for Midwives*, 3-4.

<sup>20</sup> Barret, *A Companion for Midwives*, 3-4.

<sup>21</sup> Barret, *A Companion for Midwives*, 3-4.

<sup>22</sup> Charles R. Drysdale, “Correspondence,” *The Examiner*, London Iss. 3435 (Nov 29, 1873): 1188.

them have, in common with other men and women, the seeds of some fatal malady inherited from their parents? But who thinks of defining a physician or a surgeon as a ‘healthy’ man?”<sup>23</sup>

### THE ARGUMENT FOR MIDWIFERY TRAINING

In an article for *Once A Week* (1860), Ingleby Scott writes a scathing review of the current medical situation in England. He questions why society is so opposed to allowing women into the halls of training institutions, the profession, and the medical field, especially within midwifery.<sup>24</sup> He believed women’s natural biology and bedside manner did a lot to elevate the care of patients within a country.<sup>25</sup> Besides, regarding lying-in patients, “there are always women who choose to be attended by women,” harkening back to a time when women were the only ones allowed in the delivery room.<sup>26</sup> This gave rise to “surgeons who will sell a certain amount of instruction while protesting against delivering over their art into female hands.”<sup>27</sup> And while in more urban areas, “some surgeon or another has a class of women of the lower ranks for a guinea course of lectures; and now and then a woman of higher education attends a lying-in hospital for practice.”<sup>28</sup> The opposition still widely held the belief that women should not be employed in that type of work, even if it is in their natural propensity to do so.<sup>29</sup> It is interesting to see this stark contrast in societal norms centuries apart.

Scott gave credence to the argument in instances where large numbers of women and children congregate, producing some “quackery” concerning medical treatment and

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<sup>23</sup> Drysdale, “Correspondence,” 1188.

<sup>24</sup> Ingleby Scott, “Representative Women,” *Once A Week* vol 2 no 51 (Jun 16, 1860): 577.

<sup>25</sup> Scott, “Representative Women,” 577.

<sup>26</sup> Scott, “Representative Women,” 577.

<sup>27</sup> Scott, “Representative Women,” 577.

<sup>28</sup> Scott, “Representative Women,” 577.

<sup>29</sup> Scott, “Representative Women,” 577.

knowledge.<sup>30</sup> But he argues that “it will always be so till we have able women educated for the medical profession,” urging “the wisest physicians in all countries plainly [to] admit the truth.”<sup>31</sup> He lavishes praise upon woman’s “natural gift” and states that by adding this with science, “the health of half the human race will be under such guardianship as it has never enjoyed before.”<sup>32</sup>

He further evaluates the potential consequences of allowing women to be formally trained. He believed women would be less likely to recommend a wet nurse and instead restore “the natural practice of mothers nursing their own infants.”<sup>33</sup> “At present, our medical men, especially in London, are easily won upon to recommend a wet-nurse; and, in far too many cases, it is they who suggest and urge the mother’s relinquishment of her first duty to her child.”<sup>34</sup> Scott postulates that should a female practitioner reside in the villages and towns, England would see a decline in “the practice of wet-nursing.”<sup>35</sup> He also holds that “they cannot be misled and coaxed as our doctors are by self-indulgent, or timid, and feeble women.”<sup>36</sup>

#### **MIDWIFERY SCHOOLS AT LYING-IN HOSPITALS**

“Before medical women can be said to have fairly surmounted the difficulties of their position, three things are wanted; they must be taught, examined, and employed.”<sup>37</sup> Until “the

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<sup>30</sup> Scott, “Representative Women,” 578. This is further explained in Charles McCarthy’s *On the Excessive Mortality of Infants and its Causes: With Statistical Tables*, 5. “I shall take the liberty of calling your attention to one of the greatest causes of infant mortality: I mean the practice of ignorant women, mothers, grandmothers, going among their neighbors and giving advice, gratis and unasked, whenever they hear a child is sick.”

<sup>31</sup> Scott, “Representative Women,” 578.

<sup>32</sup> Scott, “Representative Women,” 578.

<sup>33</sup> Scott, “Representative Women,” 578.

<sup>34</sup> Scott, “Representative Women,” 578.

<sup>35</sup> Scott, “Representative Women,” 578.

<sup>36</sup> Scott, “Representative Women,” 578.

<sup>37</sup> *Fourth Annual Report of the New Hospital for Women* (London: Morton & Burt, 1876), 7.



autumn of 1874 the only way in which English women could study medicine was by spending several years in Zurich or Paris. But foreign degrees cannot be registered in England.”<sup>38</sup>

The British Lying-in Hospital and the Queen Charlotte’s Lying-in Hospital began to offer medical training to women seeking to be midwives, nurses, and male medical pupils. The annual reports for Queen Charlotte’s illustrate the requirements set out for each group. The Hospital would only accept “a limited number of women of good character, to be trained as Midwives,” again touching on the theme of respectability.<sup>39</sup> Women applying for the training as a midwife needed to jump through more hoops than their male counterparts in order to be accepted into the program. The Hospital required three months of training for midwives as compared with four weeks of training for male medical pupils.<sup>40</sup> New pupils started on the “first Monday of each month,” and the program required them to work both within the Hospital and with the Out-Patient Department.<sup>41</sup>

A woman from any background could apply. She could be “single, married, or widow[ed],” but “must not be under 23 [or] over 40 years of age.”<sup>42</sup> To apply, the “Form of Application,” attached to the back of the annual report, needed to be filled out and signed along with “a certificate of good moral character, a medical certificate of health, and a certificate of

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<sup>38</sup> *Fourth Annual Report of the New Hospital for Women*, 8.

<sup>39</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>40</sup> “As regards the Midwives who undergo, for three months, a special and more complete training, there does not appear to be a demand on the part of the public for such women, and some difficulty has been experienced in keeping up the required number usually under training.” *Queen Charlotte’s Lying-In Hospital, Annual Report for 1875* (London: W. Brenttall, 1875), 6.

<sup>41</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>42</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

having been vaccinated within five years, or they must be re-vaccinated before entry.”<sup>43</sup> A fee of £1. 1s. must be sent with the application to cover the registration fee.<sup>44</sup> This fee would be “deducted from the fee for the course on entry or be returned” should the application be refused.”<sup>45</sup> The one crucial difference between students wanting to enter the Hospital for midwifery and those entering as medical pupils was the requirement of an interview. Women seeking instruction as a midwife were required to have an interview, whereas again, medical pupils did not. Before her acceptance, “she must have had an interview with the Matron, who must certify that, to the best of her knowledge, the applicant is a suitable person to be trained.”<sup>46</sup> This requirement would be “waived only under exceptional circumstances, which must be stated by the candidate when making her application.”<sup>47</sup>

Once accepted, each trainee would “be trained for a period of not less than three weeks in Monthly Nursing before commencing her course of instruction as a Midwife.”<sup>48</sup> This training allowed her to gain a general knowledge of hospital work and better equip her for the uncertainties of the delivery room. The Matron of the Hospital oversaw the “Pupil Midwives” training and held them to the “Rules of the Hospital.” They served “under the Hospital Midwives, and received instruction from the medical officers, midwives, and the Superintendent

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<sup>43</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>44</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>45</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>46</sup> “Report of the Midwifery Training School for the Year Ending 31<sup>st</sup> December, 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6. The male Midwifery Training School for the Year Ending 31<sup>st</sup> December, 1899,” *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 2.

<sup>47</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 6.

<sup>48</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

of the Out-Patient Department.”<sup>49</sup> If there was any “misconduct or neglect of duty,” they could be suspended or discharged “without notice and forfeit their fees.”<sup>50</sup> Strict adherence to the dress code is apparent in the rules and regulations. The Hospital required the women to “provide themselves with washing dresses, caps, and aprons, and pay for their own washing.”<sup>51</sup> These items must be in the “Hospital uniform pattern” and must be worn when on duty.<sup>52</sup> No one could enter “the Wards except in a washing dress.”<sup>53</sup>

The fees, £26. 5s., for the full three months, were due prior to the start of instruction and included room and board.<sup>54</sup> “The Superintendent of the Out-Patient Department and the Midwife of the district” oversaw the training for outpatient care while the Matron observed on Hospital grounds.”<sup>55</sup> At the end of each term, an examination took place. If the student proved “herself competent to discharge the duties of a Midwife,” she would be awarded a certificate.<sup>56</sup> This did not “entitle her to undertake the medical treatment of cases, nor the management of complications in labour.”<sup>57</sup> Women would “not receive this Certificate if found unfitted for the duties of a Midwife at the end of their training.”<sup>58</sup> Should a woman fail “to obtain the Certificate

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<sup>49</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

<sup>50</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

<sup>51</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

<sup>52</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

<sup>53</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7.

<sup>54</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 7. £26 in 1899 is equivalent to around £3,362.99 today.

<sup>55</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 8.

<sup>56</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 8.

<sup>57</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 8.

<sup>58</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 8. Male Pupils Each Qualified Medical Practitioner, provided his duties have been satisfactorily

in Midwifery granted by the Hospital,” she could be reexamined at the “discretion of the Examining Physicians.”<sup>59</sup>

### **MIDWIFERY: A GENDERED PERSPECTIVE**

As has been addressed previously, there existed contention between midwives, man-midwives, and male physicians. This is best illustrated through witness testimony from the Old Bailey trial of Annie Cherry. At the trial, Dr. Lawrence Potts conveyed great annoyance at the midwife who had attended the birth. As discussed in Chapter 2, Ms. Cherry had been in labor thirty to forty hours with a midwife present. The midwife did not seem to do much in the way of helping ease the pain or process and only called on the doctor when something went wrong. Dr. Potts recounted, “The midwife had broken the umbilical cord quite short up to the after-birth. I had left word that I should be sent for, but the midwife had not sent for me.”<sup>60</sup> This situation caused Ms. Cherry a great deal of pain and suffering, both mentally and physically. This testimony illustrates the pervading belief of male medical practitioners that midwives, because of pride, would wait until it was almost too late to call for the assistance of a male doctor.

### **LEGISLATION**

At the turn of the twentieth century, legislation requiring female midwives to obtain a license, a full three hundred and eighty-five years after their male counterparts, passed. The House of Commons, ‘A Bill, To Promote the Better Training of Women as Midwives and to regulate their Practice,’ proclaimed that no woman “shall call herself, or habitually practice for

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performed, shall receive a Certificate, signed by the Physicians, stating the period of his attendance and the number of cases at which he was present at birth.

<sup>59</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, the One Hundred and Forty-Eighth Annual Report Annual*, 8.

<sup>60</sup> *Old Bailey Proceedings Online*, May 1887, Trial of Annie Cherry.

gain as a midwife unless she has obtained a license.”<sup>61</sup> She must provide evidence that she completed a training course, like the one at the Queen Charlotte, and passed the exam.<sup>62</sup> If a person without a license “rendered assistance to a lying-in woman in an emergency, they would be safe from prosecution or legal repercussions.”<sup>63</sup> Upon passing her examinations, she could be “registered in the midwives’ register of any county in which she is or is about to be ordinarily resident or acting as a midwife.”<sup>64</sup>

Table 4.1 tabulates the data pertaining to the number of midwifery pupils and nurses trained at the British Lying-in Hospital and the Queen Charlotte’s Lying-in Hospital for the years 1875-1901. As can be seen, the number of nurses outnumber the number of midwifery pupils at both institutions, but the number of midwifery trainees is higher at the Queen Charlotte.

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<sup>61</sup> House of Commons, ‘A Bill, To Promote the Better Training of Women as Midwives and to regulate their Practice,’ *Sessional Papers*, 10 February 1899, vol. 6, p. a.

<sup>62</sup> House of Commons, ‘A Bill, To Promote the Better Training of Women as Midwives and to regulate their Practice,’ p. a.

<sup>63</sup> House of Commons, ‘A Bill, To Promote the Better Training of Women as Midwives and to regulate their Practice,’ p. a.

<sup>64</sup> House of Commons, ‘A Bill, As Amended by the Select Committee, to Provide for the Registration of Midwives,’ *Sessional Papers*, 2.

Year	British Lying-In Hospital Midwifery Pupils	British Lying-In Hospital Nurses Trained	Queen Charlotte Midwives	Queen Charlotte Nurses
1875	-	-	5	52
1876	-	-	7	52
1877	-	-	6	70
1878	-	-	10	96
1879	8	53	8	64
1880	4	48	5	121
1881	9	47	20	120
1882	11	52	17	119
1883	12	47	19	126
1884	7	53	18	128
1885	10	59	19	140
1886	14	54	24	139
1887	12	62	26	152
1888	12	60	29	151
1889	13	61	41	149
1890	14	53	42	128
1891	13	56	38	115
1892	18	58	45	120
1893	19	59	49	123
1894	18	80	64	156
1895	14	86	63	140
1896	20	86	73	141
1897	21	72	72	131
1898	21	115	64	134
1899	28	136	75	153
1900	26	108	-	-
1901	25	102	-	-
Total	349	1,607	839	3,020

<sup>65</sup> Data collected from British Lying-in Hospital: Administration: Annual Reports H14/BLI/A/07, 1870-1901 and Queen Charlotte's Maternity Hospital: Administration: Annual Reports H27/QC/A/27, 1870-1901.

## WET-NURSES

Whether it is a lying-in hospital or the Foundling, they had a shared necessity for wet-nurses. Proper nutrition was another aspect of decreasing the rate of infant mortality, and these institutions sought to provide aid to their charges. However, wet-nurses were a highly contentious subject. Many believed, “unless prevented by illness or inability, a mother should nurse her child herself... no matter to what rank she belongs, with health, strength, and time to devote to her child.”<sup>66</sup> If she could not feed the child on her own, then an alternative should be sought before turning to the use of a wet nurse like an alternative such as goat or cow’s milk. Even with these alternatives, however, it was sometimes necessary to call upon the aid of a wet nurse, and to that, there were many publications dedicated to hiring the right sort of person.<sup>67</sup> Why was this subject of such great concern to the late Victorians? The many reasons include the social stratum wet-nurses hailed from, providing proper nutrition for the infant, and the connection between wet-nurses and the high numbers of infant mortality and infanticide.

First, wet-nurses came solely from the lower classes.<sup>68</sup> They were women driven to the occupation, mainly out of need. Once a woman had her child and decided to keep it, she needed a source of income because undoubtedly if she had been employed in a house of good standing prior to the birth, she most likely no longer held the position. In her current state, she was uniquely qualified to be a wet nurse. The London Metropolitan Archives holds a few remaining eighteenth-century Nurse Registries from the Foundling Hospital.<sup>69</sup> These books provide

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<sup>66</sup> Isabella Beeton, *The Book of Household Management: Comprising Information for the Mistress, Housekeeper, Cook, Kitchen-maid, Butler, Footman, Coachman, Valet, Parlour-Maid, Housemaid, Lady’s Maid, General Servant, Laundry-maid, Nurse and Nurse-maid, Monthly, Wet and Sick-Nurse, Governess: also, Sanitary, Medical and Legal Memoranda: With a History of the Origin, Properties, and Uses of all things Connected with Home-Life and Comfort* (London: Ward, Lock & Bowden Limited, 1895), 1546.

<sup>67</sup> Beeton, *The Book of Household Management*, 1546.

<sup>68</sup> Beeton, *The Book of Household Management*, 1546-7.

<sup>69</sup> Foundling Hospital: Nurse Index A/FH/D2/22/1.

information relating to the name of the nurse, the number of children she nursed, and the amount of money she was paid. While books of this nature are not available for the nineteenth-century timeframe of this thesis, it can reasonably be assumed the records contained much the same information. Women from the institutions could easily find a position, having just given birth and possibly in need of employment. By procuring a wet nurse from the Queen Charlotte, much of the vetting process had already occurred since the institution's acceptance criteria was so thorough the respectability of the woman would not be questioned. But the health of the nurse would not be verified by the institution; the family needed to do that themselves.

“We pass on now to those cases where it is imperative to employ a wet nurse.”<sup>70</sup> If a family must employ a wet nurse, author C.H.F. Routh explains it is normally a fallen woman and that there are two reasons to select a woman from this class.<sup>71</sup> “First, out of a benevolent motive towards a hired wet nurse.”<sup>72</sup> He laments, “a fallen woman, it is urged, is an outcast of society, shunned by the virtuous, and if sometimes courted by the vicious it is only to urge her more greedily into crime.”<sup>73</sup> He argues that “she is generally attractive” and that her attractiveness is her downfall, and if she falls once, she will easily fall again.<sup>74</sup> But if perhaps a “virtuous family, let benevolence be shown to her,” she may be saved from the downward spiral leading to the streets.<sup>75</sup> “You may preserve a useful member to society, and thus save her from ruin.”<sup>76</sup>

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<sup>70</sup> C.H.F. Routh, *Infant Feeding and Its Influence on Life: or, The Causes and Prevention of Infant Mortality* (London: John Churchill, 1860), 67-8.

<sup>71</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.

<sup>72</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.

<sup>73</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.

<sup>74</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.

<sup>75</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.

<sup>76</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-8.



The other reason is from a purely selfish place. Fallen women would not require the same amount of pay a married woman would procure.<sup>77</sup> A fallen woman has nothing to fall back on and, in many cases needs the employment in order to survive, this drives her worth down and allows families to take advantage of her situation and pay her less.

### **CHARACTERISTICS OF A WET NURSE**

As with the midwife, a great deal of commentary centered around the characteristics of the wet nurse. Based on the Foundling Hospital analysis of petitioners, it becomes clear that Queen Charlotte's Hospital offered employment to respectable women who delivered at the Queen Charlotte and had infants accepted. These young women became wet nurses for, it was suggested, wealthy West End London families.<sup>78</sup> Many upper-class families seeking the employ of a wet nurse had numerous publications geared toward selecting the right one. "The physical qualifications of a wet nurse may be summed up under the following heads":

- 1) She should have good milk.
- 2) Her hereditary predisposition should be good.
- 3) Her age should not exceed 30.
- 4) She should not have been confined many months before or after the child's mother.
- 5) She should be of the melancholic temperament.
- 6) She should have not only a good quality, but also a sufficient quantity of milk.
- 7) When a wet nurse cannot be given to a child exclusively, married woman suckling another child may be employed to assist the artificial feeding.<sup>79</sup>

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<sup>77</sup> Routh, *Infant Feeding and Its Influence on Life*, 67-68.

<sup>78</sup> See Sheetz-Nguyen, *Victorian Women, Unwed Mothers and the London Foundling Hospital*.

<sup>79</sup> Routh, *Infant Feeding and Its Influence on Life*, 95.

Joseph Edccil Winters, the author of *The Relative Influences of Maternal and Wet-nursing On Mother and Child* (1886), describes authorities' view that a woman's emotional state affected the milk she produced, especially "the influence of violent emotions in a woman giving milk upon a nursing child."<sup>80</sup> It was therefore believed, "a nursing woman should be of a contented and cheerful mind, as that which frets or excites her will morbidly affect her milk."<sup>81</sup>

#### INFANT FEEDING AND NUTRITION OR LACK THEREOF

Breastfeeding a child is discussed in many pieces of literature of the time. Families of the upper classes often sought the aid of a wet nurse to provide nutrients for their newborns. The Hospital provided "A Register of Monthly Nurses" for the use of their patients.<sup>82</sup> This allowed Ladies to find "thoroughly reliable Nurses at the shortest notice."<sup>83</sup> A nurse could be acquired for women of any class with equally suitable fees charged.<sup>84</sup> The Matron of the Hospital would also provide a wet nurse upon application, "either personally, by letter, or by telegram." A wet nurse cost "Half-a Guinea ... and every effort [would] be made to ensure that the women [selected were] suitable, but the Hospital authorities [would] not be responsible for the health of any Wet

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<sup>80</sup> Joseph Edccil Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child* (New York: Trow's Printing and Bookbinding Company, 1886), 19-20.

<sup>81</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 20.

<sup>82</sup> *Queen Charlotte's Lying-In Hospital and Midwifery Training School, Marylebone, London: The One Hundred and Forty-Eighth Annual Report and List of Governors and Subscribers For the Year Ending 31<sup>st</sup> December, 1899*, 35.

<sup>83</sup> *Queen Charlotte's Lying-In Hospital and Midwifery Training School, Marylebone, London: The One Hundred and Forty-Eighth Annual Report and List of Governors and Subscribers For the Year Ending 31<sup>st</sup> December, 1899*, 35.

<sup>84</sup> *Queen Charlotte's Lying-In Hospital and Midwifery Training School, Marylebone, London: The One Hundred and Forty-Eighth Annual Report and List of Governors and Subscribers For the Year Ending 31<sup>st</sup> December, 1899*, 35.

Nurse. The ascertaining the state of health of Wet Nurses [was] left to those who employ them, or their medical advisers.”<sup>85</sup>

Breast milk is most suited for the biological child a woman births. When procuring a wet nurse for one’s child, it may take many attempts before a compatible one is found. “While the milk of a wet-nurse may agree perfectly with her own offspring, it does not follow that another child will thrive upon it. He frequently suffers from indigestion, colic, and other disorders.”<sup>86</sup> An important question arises, “what becomes of the poor baby who is nursed by a dozen nurses in as many days, all of whose milk disagrees with him? ‘It is seldom that the first nurse suits. Often a large number have to be tried.’”<sup>87</sup> Winters tells of one “instance where a change had to be made thirteen times in two weeks.”<sup>88</sup>

#### **NEGATIVE ATTITUDES TOWARD WET NURSES**

To that end, there was a perception that women who were employed as wet nurses would do anything to keep their position. Isabella Beeton’s guide encourages mothers to look out for two things in their employed wet-nurses. “The first is, never to allow a nurse to give medicine to the infant on her own authority; many have such an infatuated idea of the healing excellence of castor-oil, that they would administer a dose of this disgusting grease twice a week, and think they had done a meritorious service to the child.”<sup>89</sup> The second point has to deal with the nighttime routine. A mother must be extra vigilant that “to ensure a night’s sleep for herself, [the

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<sup>85</sup> *Queen Charlotte’s Lying-In Hospital and Midwifery Training School, Marylebone, London: The One Hundred and Forty-Eighth Annual Report and List of Governors and Subscribers For the Year Ending 31<sup>st</sup> December, 1899*, 35.

<sup>86</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 18.

<sup>87</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 19.

<sup>88</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 19.

<sup>89</sup> Beeton, *The Book of Household Management*, 1548.

wet-nurse] does not dose the infant with syrup of poppies, or some narcotic potion, to insure tranquility to the one and give the opportunity of sleep to the other.”<sup>90</sup>

Another issue, mothers needed to watch out for related to wet nurses who would use stimulants as a way to keep their positions. Knowing that babies did not always take to a wet nurse, these vulnerable women (in precarious positions hoping to keep their job), might stoop to unbelievably low levels. The wet nurse “is generally the first to perceive that the child is not thriving.”<sup>91</sup> She is aware that she may not be providing enough milk or that it upsets the child’s stomach so “she is apt to give artificial food surreptitiously, or, it is more than probable that she will fall back upon another of the evils of wet-nursing – the artful use of stimulants.”<sup>92</sup> Winters knows of “a number of cases where laudanum was administered with so much cunning as to elude detection for a long time, even after suspicion had been excited.”<sup>93</sup>

#### **WET-NURSING AND INFANTICIDE**

The final topic dealing with the negative aspects of wet nursing is its connection to infanticide. The main issue brought up by many reformers during this period is that of the abandoned children. Not just the child belonging to the wet-nurse (that is oftentimes neglected), but the abandoned child of the mother who refused to breastfeed it themselves. Society begged the question of who shouldered more guilt in this situation? There is no “doubt that the wet-nurse, in her ignorance, finds reasons sufficient to her conscience for administering these [stimulants] to her foster-child. Is she more to blame than the woman who has robbed her child of its mother’s bosom and left it to die of neglect and starvation?”<sup>94</sup> It is essential to bring up the

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<sup>90</sup> Beeton, *The Book of Household Management*, 1548.

<sup>91</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 22.

<sup>92</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 22.

<sup>93</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 24.

<sup>94</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 25.

connection of wet-nurses and infanticide. Many scholars of the day saw putting a child out to nurse as an indirect form of infanticide. The wet nurse would feed her employer's infant while her own was sent out to be dry nursed by someone else (often to baby farms where the mortality rate was enormous).

Infant mortality during the first year of life is increased for both "the foster- and the wet-nurse's child."<sup>95</sup> "What becomes of the child that is thus deprived of its birthright? It is very difficult to obtain information regarding this question. The subject has not received the attention which it deserves, for the reason that those who are most and directly concerned will not, or dare not, consider it."<sup>96</sup> An obstetric physician, W. Tylor Smith, recalled his own experience "I can scarcely remember an instance, in the course of twenty-five years, of the child of a wet-nurse, who was a single woman, living beyond infancy."<sup>97</sup> The question raised is who holds more guilt in the death of the illegitimate child? The mother or the employer?

Winter's details an incident that illustrates the lack of empathy held by the upper classes. "The following incidents show the indifference to infant life which these circumstances create. My friend, Mrs. A\_\_\_, sees Mrs. W\_\_\_'s baby being nursed by a wet-nurse, she turns to Mrs. W\_\_\_ and asked her where the foster-mother's baby was? 'Oh, it died – fortunately,' was the

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<sup>95</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 16.

<sup>96</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 29.

<sup>97</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 29. "Dr. Bachhoffner, speaking before a meeting of the Vestry of St. Marylebone provides a report: - He said, that of the 1,109 illegitimate children born in the rectory district, 820 had been born in that house; and of that number there had been 516 deaths of illegitimate children registered during the same period, or 46 per cent. In St. Mary's district there had been registered 592. In this district Queen Charlotte's Hospital was situate. The number of deaths had been 109 children, or 18 per cent. In All Souls' district, out of 145 illegitimate children born there had been 87 deaths, or 53 per cent. Out of the 592 illegitimate children, nearly 400 had been born in Queen Charlotte's Hospital. In Christchurch the case was worse: of 223 births of illegitimate children, there had been in the same period 209 deaths, or 93.7 per cent., up to the age of 3 years, In St. John's, out of 140 births there had been 129 deaths, or 87 per cent. These last two were the 'dry-nursing districts;' and speaking from 16 years' experience as district registrar, it was a remarkable fact, that usually within three or four weeks of the registration of the birth they were called upon to register the death of the same children, the cause being mesenteric disease, diarrhea, inanition, and other diseases resulting from the mode of feeding and deficient attention to the children." Routh, *Infant Feeding and Its Influence on Life*, 77-78.

light reply.”<sup>98</sup> This further illustrates the fact that everyone knew what was going on and yet still proceeded to request the services of these poor women.

This chapter sought to look at the overarching themes of respectability, poverty, and criminality as they pertained to midwives and wet-nurses. As with the other chapters, the issues faced by unwed mothers are complex and interwoven.

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<sup>98</sup> Winters, *The Relative Influences of Maternal and Wet-nursing On Mother and Child*, 32-33.

## CONCLUSIONS

The research presented in this thesis aimed to identify the interconnected themes surrounding the lives of single mothers in late Victorian London, 1870-1901. The main themes addressed, poverty, criminality, illegitimacy, and respectability, are interwoven into every aspect of this paper. Based on quantitative and qualitative analysis of Old Bailey Court cases and lying-in hospital records, it can be concluded that outside factors held a lot of sway over whether a woman was positively or, more than likely, negatively affected by those themes.

### POVERTY

Poverty and, to a larger extent, public health, are underlining themes woven throughout the very heart of this issue. Unwed mothers primarily lived in a state of poverty, and this, in turn, affected how they maneuvered through the social and legal moors of nineteenth-century London. These women dealt with the social and legal ramifications put forth by the 1834 New Poor Law, placing the responsibility for a child, squarely on their shoulders. This burden often became too much to bear. Help came in the form of charities like the Queen Charlotte's Lying-in Hospital and the London Foundling Hospital. Still, stringent restrictions and financial strains often kept even these institutions from offering aid to many who sought it.

Unwed mothers came from the working class. Their employment meant the difference between life and death. If a woman lost her job due to her condition, she had the streets or the workhouse to look forward to, and both options held little hope for her. An employment opportunity open to her post-delivery came in the form of wet-nursing, but even this saving grace came with a ton of baggage associated with those who took up the position.

### CRIMINALITY

Criminality played a major role in the lives of unwed mothers. The questions asked related to the choices a single woman could make regarding her pregnancy and how the consequences of those actions affected how the legal system viewed her. Every choice she made had the potential of having dire moral and legal consequences. Data from the Old Bailey indicates the degree to which women were prosecuted for the crimes of abortion, infanticide, and concealment. Surprisingly, men accounted for around half of those indicted. Infanticide and concealment go hand in hand. If a court could not find a woman guilty of the act of infanticide, it often went with the lesser indictment of concealment. For both crimes, the data shows that although there may be a conviction, the sentencing became lighter as the turn of the century approached. Juries passed down lighter sentences or respited them all together.

The criminal act of infanticide occurred both directly and indirectly. Mothers directly killed their infants or indirectly sent them out to nurse with a wet nurse where they were either neglected and starved to death or put to an end in a violent manner. Infanticide also touches on the topic of midwives, where some focused on the theme of criminality within the scope of choice. Questions raised regarding a woman's choice with respect to her pregnancy are emphasized by data relating to the lack of educational and sexual knowledge on the part of the woman involved. Many unwed mothers were young, and using Old Bailey court cases illustrated how prevalent a problem it was. Young girls were preyed upon at alarming rates.

### **ILLEGITIMACY AND RESPECTABILITY**

Illegitimacy is the entire reason for this research. Without it, there would be no reason to investigate unwed mothers. Respectability goes hand in hand with Illegitimacy. Respectability is lost because of illegitimacy. As stated throughout the thesis, a woman was to remain pure and innocent, that gave her respectability. Once gone, her life was metaphorically and sometimes



literally over. Everything hinged on reputation. If a woman were respectable, she would have an easier time finding a job. If she lost that respectability, she would be unable to find gainful employment, which in turn meant she could not provide for herself and any dependents she might have. She would carry around the stigma associated with being a “fallen woman,” regardless of whether or not she had consented to the act.

### **FURTHER RESEARCH**

Further research can be done regarding the patient ledgers from the lying-in hospitals. Transcribing the rest of the in-patient ledgers and then mapping the residence of a sample from each year will help to situate these women within the city, to see where they lived and worked. Trying to get to a more individual level to see if any of these women can be tracked between the lying-in institutions, the foundling, and wet-nurse registers. Focusing on one district from each side of London and making a comparison. The research opportunities on this topic are endless.

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