

## THE WET NURSE IN NINETEENTH-CENTURY EDINBURGH

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Edinburgh at the time of James Young Simpson featured immense social change. Ideas were also changing relating to the role of the woman in the workplace, in the family and in the way that she should feed her newborn baby. Medical practitioners were also experiencing change. Simpson kept a list of wet nurses which is the focus of an ongoing study. This paper presents preliminary data which describe the document and some of the women's personal characteristics, which are related to others' research and to current issues.

In this paper I seek to introduce the issues which are raised by a small handwritten document which is held in the Library of the Royal College of Physicians of Edinburgh. This document informs of the lives of women in the middle of the nineteenth century by illustrating the practice of that most womanly of activities - the feeding of the newborn infant. This document was kept at a time of immense change in the lives of the people involved. These changes comprise the confluence of three important aspects. First, Edinburgh, the capital city of Scotland, was experiencing social changes which impacted on the lives of all strata of its population. Second, the role of the woman in the family was undergoing a re-evaluation. Third, the medical practitioner, especially the one whose practice involved maternity care or 'midwifery' as it was then known, was endeavouring to establish his professional status.

Against this dynamic background J. Y. Simpson was keeping a notebook (henceforth the 'Notebook').<sup>1</sup> I sought to identify how the Notebook was used and its significance. On the basis of my preliminary examination, I present data on some of the personal characteristics of the woman who was likely to offer her services as a wet nurse.

## BACKGROUND

*Edinburgh*

By the time Simpson was writing in his Notebook, the renaissance which the city had enjoyed from the late eighteenth century onwards meant that it was established in its reputation as 'The Athens of the North'.<sup>2</sup> The most obvious manifestation of this was the building of the New Town on the north side of the existing city, or Old Town, and the further development of the university. These architectural developments were physical signs of the emergence of a group of people who combined cultural, intellectual, social and commercial attributes and whose pivotal role in Edinburgh society continued well into the nineteenth century.

Although certain fiction writers have portrayed sharp contrasts between the Old Town and the New Town, the reality was less clear cut and becomes apparent in a survey of Edinburgh's population in the latter part of the nineteenth century.<sup>3</sup> Unlike other Scottish cities, particularly Glasgow and Dundee, Edinburgh was less affected by the Industrial Revolution, and was not suffering dreadful social and architectural ravages as the price of

industrialisation. Its population did not grow as fast because Edinburgh was less attractive to the newly arrived Irish and Highland immigrant as compared with Glasgow. Thus, the need for new housing was less extreme and a mix of population became established in even the most refined areas, such as the New Town, due in part to earlier overbuilding.<sup>3</sup> The 'working class' population, however, lived mainly in the Old Town, the Canongate and the Southside of the city. With increasing industrialisation and immigration the more crowded housing areas spread to form a central belt through the city which served to divide the New Town from the southern suburbs. There was also a spread of overcrowded houses along the newly built railway lines, which were near to the factories and also in the vicinity of the Union Canal. A useful definition of overcrowding in this traditionally tenemented city centre is '1.5 or more persons per room'<sup>4</sup> although Daiches' '646 people to the acre around the Tron in 1865'<sup>5</sup> is more graphic.

In his explicitly Marxist analysis of these developments, Gray also examines the occupations of the new 'wage earners', who are his major concern. Interestingly, the occupational data which he presents refer almost without exception to males. The only female occupation mentioned is that of domestic servant. Mortimer observed that: 'The working lives of nineteenth-century women are notoriously difficult to uncover'.<sup>6</sup> In spite of this she is able to analyse the business activities of one particularly ill-used occupational group, the domiciliary nurses, showing the high level of business acumen which they achieved. Although referring to the previous century, the commercial abilities of Edinburgh women become apparent in the work of Sanderson<sup>7</sup> and it is difficult to imagine that these abilities deteriorated in the nineteenth century. She shows that, as well as supporting herself before marrying, the woman contributed to the family income after her marriage, mostly through the retail trade, although other enterprises feature. The importance of the woman's ability to hold her own in business becomes evident in the uncertainty of fundamental aspects of existence, such as accommodation, health and even life itself.

The infant feeding arrangements in nineteenth-century Scotland remain relatively under-researched. In spite of it having been practised on a fairly large scale, wet nursing has long been condemned by the various authorities who have involved themselves, such as churchmen,<sup>8</sup> medical practitioners,<sup>9</sup> and lawyers.<sup>10</sup> The concerted onslaught on wet nursing in the middle of the nineteenth century originated from two sources, which at first glance appear to be in opposition, but on closer inspection may lead on, one from the other.

The first and earlier of these developments is the one that has been attributed to Cadogan, a medical practitioner who blamed the high infant mortality rates on the widespread practice of wet nursing.<sup>11</sup> Cadogan's concerns led him to publish a pamphlet in the form of a letter in

which he recommended many changes in infant feeding practices. His recommendations were based on his belief that:

this business [infant feeding] has been too long fatally left to the management of women, who cannot be supposed to have proper knowledge to fit them for such a task, notwithstanding they look upon it to be their own province.<sup>12</sup>

Although Cadogan may be regarded by some as an innovator in the care of babies, Fildes suggests that his role was merely that of a mouthpiece for ideas which were being widely articulated: 'the fact that he put these new and old ideas into book form, in a fresh, positive and refreshing way, makes him appear to have been the originator of them'.<sup>13</sup> Thus, the writing of Cadogan reflected the 'back to nature' orientation of some of John Locke's ideas and was associated, at least in ideological terms, with the thoughts of Rousseau. His publication *Émile* presented thoughts on childrearing from infant feeding through to education.

In a study of middle-class women in Victorian England, Branca reports that the benefits of maternal breastfeeding were being strongly argued from the middle of the century. Unsurprisingly, one of the advantages which was being promoted was the role of breastfeeding in 'family spacing'. She recounts the pressure on women to breast feed their children *themselves* and the arguments that were advanced to persuade them to do so.<sup>14</sup> These ideas clearly related to the ideas of Rousseau, though it is less clear whether they were being accepted in Scotland at the time. Nevertheless, Marshall<sup>15</sup> shows that these ideas were certainly reflected in Scotland to the extent of encouraging the woman to adopt a more complete maternal role.

It is perhaps inevitable, in view of his background, that the work of Cadogan should stimulate an increased medical interest in infant feeding, which became the other major influence on wet nursing. Although the 'moral' view of motherhood and infant feeding had been gaining ground since the mid-eighteenth century, it was both supported and modified by medical practitioners. The almost evangelical treatises, which exhorted the woman to take responsibility for child care, related not only to domestic matters, but also to health; the latter featured a pronounced medical input.<sup>9,15</sup>

Medical progress of infant feeding in the nineteenth century related to the general concern about infant survival. Physicians, through their claims to 'scientific' practice, presented themselves as holding the answer to these concerns.<sup>2</sup> In France, where the science of child care became known as 'puériculture', Alfred Donn  made such practice into an art form.<sup>3</sup> By his use of microscopic analysis, he sought to establish the properties of milk from different sources. Physicians such as Donn  were able to first create an awareness of their scientific approach, then persuade the mother of its benefits to her baby and finally make the mother dependent on their advice. Examples of the extent of this advice is the need for the mother to seek her physician's permission before beginning to breast feed and then following his instruction about the timing and duration of each feed.<sup>16</sup>

The expertise of the physician was combined (initially in the US) with that of the dairy farmer to resolve the problems facing both groups. The increasingly 'scientific'

approach to infant feeding was applied to deal with the surpluses resulting from the newly efficient American dairy industry.<sup>7</sup> From the middle of the nineteenth century medical practitioners and cow's milk producers cooperated to develop a formula that would satisfy the needs of, first, the individual and, later, babies in general. In this way an alternative to the mother's breast milk which could be widely promoted as safe was made available, which removed the inconvenience and potential hazards of employing a wet nurse.<sup>11</sup>

### *Simpson*

The dynamic metropolis which was Edinburgh in the early nineteenth century and the maelstrom of new significant ideas offered the perfect milieu for Simpson to exercise his wide variety of skills. A new and important feature of Victorian life was 'upward social mobility'. In Simpson's case this was exemplified by his progress in two spheres. The first was the move in 1845 from the small house in Albany Street, where he had lived and worked since 1840, to the larger, more central and more fashionable house at 52 Queen Street. Simpson's second example of upward social mobility comprised his progression from being the child of a Bathgate baker to Professor of Midwifery at Edinburgh University.

The close link between the institution where Simpson held his Chair and the city fathers has long been an important feature of Edinburgh University's constitution; this is summarised by the description of the University as the 'tounis college',<sup>8</sup> indicating the control over the University by the city council until 1858. This link was crucial to Simpson's being awarded the Chair of Midwifery. This appointment provided Simpson with opportunities to bring about much needed changes in the social and professional status of obstetricians, which until then compared dismally with those of their surgeon and physician colleagues.<sup>17,18</sup> A factor which assisted Simpson in bringing about these changes was his remarkable enthusiasm and ability to publicise his views and activities through both the spoken and the written word.<sup>2,19</sup>

A further factor, which may prove significant in the present study, was Simpson's precarious financial situation. According to Duns,<sup>20</sup> the family's financial difficulties were largely due to the costs of Simpson's endeavours to secure the Chair of Midwifery in February 1840. The crucial role of the '33 toon councillors'<sup>5</sup> in University appointments meant that Simpson felt it necessary to ensure that they were all well aware of his suitability for the Chair by circulating testimonials to them. While obviously successful, this strategy cost him five hundred pounds.<sup>21</sup> Following this serious outlay, Simpson's financial embarrassment was further aggravated by the fact that 'patients and publishers were not prompt in their payments'.<sup>22</sup> These difficulties were compounded by failed investments in speculative ventures, including sugar estates in Tobago, the Grindlay shipping business and various mineral and mining enterprises. The result was Simpson's heart rending observation that 'I can't afford to be ill'.<sup>23</sup>

Attempts to resolve his financial problems included monetary help from his father-in-law.<sup>20</sup> Additionally, the Simpson family needed to resort to taking in lodgers, although this strategy was neither welcome nor easy: 'No word of boarders ... I do wish that I might get through my difficulties without them'.<sup>24</sup> In the light of his financial

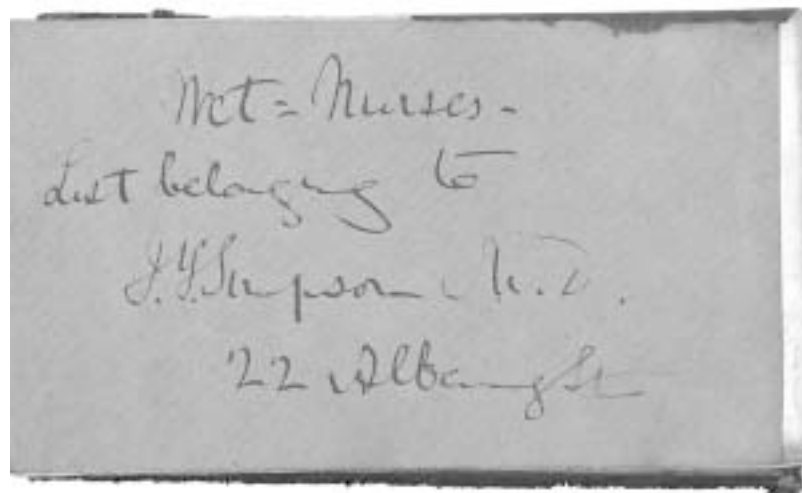


FIGURE 1  
Fascimile of the front cover of the Notebook.

problems it is not surprising that Simpson embraced the entrepreneurial ethos of nineteenth-century Edinburgh in order to pay off his debts.<sup>18</sup>

#### METHODS

It was against this background of societal, health care and personal change that Simpson began to keep his Notebook. The document which is the primary source might be described as 'unself-conscious' or an 'objective residue';<sup>25</sup> thus, it is a record which is compiled at the time, for use at the time and with no concern as to the impression which might be created at a later time. The Notebook appears to have been essentially for Simpson's personal use. On the other hand, 'self-conscious documents' include memoirs and diaries, which may have been prepared with the possibility of their being read eventually by others. The unselfconsciousness of Simpson's Notebook indicates that it was not produced for public use and thus contains no explanations of the terms used and the writing was not undertaken with any thought as to its durability or legibility.

Simpson seemed to feel no need to provide year dates for his entries into his Notebook. The lack of a date may cast doubt on the provenance of this document,<sup>26</sup> but this seems unlikely in view of its being handwritten. The dating of the Notebook initially appeared easy in view of the entry facing the inside front cover (see Figure 1):

*Wet=Nurses - list belonging to JY Simpson MD 22 Albany St*

Simpson only lived at this address for five years (1840-45). That the address was not altered suggests that the Notebook was not just begun during those five years, but that its use did not last beyond the move to the Queen Street house. Unfortunately, the usual sources are unable to support this date. These sources include the Post Office Directories for the City of Edinburgh (1834-71),<sup>27</sup> the Enumerators' books of the 1851 census<sup>28</sup> and the casebook of the Royal Maternity Hospital (1851). Other sources have been accessed in an attempt to date the Notebook which include: the International Genealogical Index; the Old Parish Records (kept in New Register House); the Edinburgh Maternity Hospital Pregnancy book out-cases

(the Out door pregnancy book) and the Royal Maternity Hospital Birth register book (1841-1864 vol. 1). It is unfortunate that tracing the details of each individual woman is largely date dependent.<sup>25</sup>

Unlike Mortimer's sample of domiciliary nurses,<sup>6</sup> it does not seem that the wet nurses were business women who sought to increase their trade by publicising their activities in professional and occupational directories. Thus the task of dating the Notebook is continuing in order to identify the personal characteristics of the women, but in the meantime group characteristics provide valuable insights into wet nursing in nineteenth-century Edinburgh.

The marginality of the women listed leads me to be concerned about the confidentiality of this material, as it is possible that their descendants may not welcome this activity by their foremothers being publicised. While this is still a concern for individuals' sakes, in policy terms it is not a problem as the limit of confidentiality was set at 75 years by the NHS Management Executive Letter 152 in 1993.<sup>9</sup>

#### THE NOTEBOOK

The Notebook was brought to my attention by Dr Rosalind Marshall. No references to this document have been located apart from a brief mention by Mortimer.<sup>6</sup>

It is essentially a pocketbook, measuring 166 mm x 100 mm x 15 mm with the spine along the short edge. The covers are made of solid board. They are covered with fabric, which might possibly be fine leather, and appear to be black, although they may have been dark green originally and have darkened with use. The open edge carries a broken fastening which is made of metal. Also on the open edge of the Notebook's front is a pleat of fabric, which was presumably to hold a pencil or other writing implement. The inside of the cover is lined with dark green paper. Inside the front cover the following words are handwritten:

*Mrs Snow Morison Street 21*

Also inside the front cover is attached a white label measuring 30 mm x 20 mm on which is printed in green ink:

*WE Watson Bookseller & stationer 36 Princes St Edinburgh*

Opposite this is the title, which has been given previously. Before the list of wet nurses begins there are two pages, one of which has been half torn out, which carry five names and addresses in Galloway, Lisburn, and West Richmond St (probably an Edinburgh address). Although these addresses seem to be in Simpson's handwriting they differ from the main list by being written parallel to the short edge of the Notebook. This may suggest that the Notebook had another, possibly more general purpose, before being used to list the names of wet nurses. This suggestion is supported by the material at the back of the Notebook, which includes some names and addresses, a diagram, a journal article reference and some other material in another's handwriting.

The data which are provided for each woman are similar, but the order of some of the information may vary, as may its legibility. The woman's name is given almost invariably including her second name, but with either 'Mrs' or a first name in front of it.

*Mrs Grant 2<sup>nd</sup> Decr 12 24 9 Saunders Street very good looking would take a child*  
*Charlotte Lumsden 2<sup>nd</sup> Jan'y 14<sup>th</sup> 25 38 India Place*  
*(Nelson's downstairs)<sup>29</sup>*

For a small number of the women a male name, presumably the husband's, is given after 'Mrs'. For an even smaller number of women 'Mrs' is followed by a female first name.

The next four columns may be transposed on different pages. For some of the women 'um' or 'unm', or less frequently, 'm' is in the next column. This is followed by a number, such as 1 or 4, which may have an indication that it is an ordinal numeral, possibly first or fourth. For the first woman listed 'child' is written after this number.

*Mrs Edmonstone m 3<sup>d</sup> child 30<sup>th</sup> of March 7 Cannon St Leith*  
*Dr Mackenzie goodish*

In the next column is a date which comprises an ordinal numeral and an abbreviated month, such as 24<sup>th</sup> Sep<sup>r</sup>, although not necessarily in that order. No year is ever given. After the first five names the age is inserted in the next column.

*Margt Robertson m 1 20<sup>th</sup> July 26 54 N Cumberland Lane*  
*Good looking woman*

The next column comprises an address. The level of detail varies. For most addresses there is a number and a street, but occasionally it will comprise only a town or village, such as 'Loanhead'. For some of the addresses considerably more detail is provided, such as:

*Mrs Houston 2<sup>nd</sup> 27<sup>th</sup> July 22 at Mrs Andersons Lady Stair's Cl. Cooper's Close Castle Hill*

This level of detail inevitably leads to the question of its purpose. While many of the addresses, such as the above example, have no town or city name, some do and, for example, Leith or Burdiehouse may be added after the number and street. The final column, which is less consistently completed, provides a range of other miscellaneous data, such as comments about the woman's personal attributes, the health or otherwise of her baby, or the name of the person who has recommended the woman. For some of the women details of the conditions under which she wishes to wet nurse are given, such as: 'Wants a child out.'

In total there are 749 entries which almost fill 140 pages of the Notebook. The information for each woman is written continuously across two facing pages. A few women's names are listed twice and one three times.

#### WHO WAS THE EDINBURGH WET NURSE?

Some of the characteristics which Simpson recorded in his Notebook help us to build up a picture of the woman who offered her services as a wet nurse; this picture is comparable with findings of other commentators.

#### Age

The age of the woman is one of the characteristics which has traditionally been used as a criterion by which parents select a wet nurse and used as an indicator of her ability to feed a child. More recently, Fildes observes that the preference for younger wet nurses increased. Younger women, she maintains, were considered stronger and healthier.<sup>30</sup> In Mrs Beeton's treatise on household management, which was published in London not long after Simpson prepared his list, a woman aged between 20 and 30 years was recommended.<sup>15</sup> These limits are extended slightly by Branca, whose work relates to the same country at the same time, to between 20 and 35 years of age.<sup>14</sup>

As shown in Figure 3, the wet nurses whose details were recorded by Simpson generally fitted the age parameters established by other researchers. It is necessary to remember, though, that not all of the wet nurses' ages



FIGURE 2  
Fascimile of the Notebook.

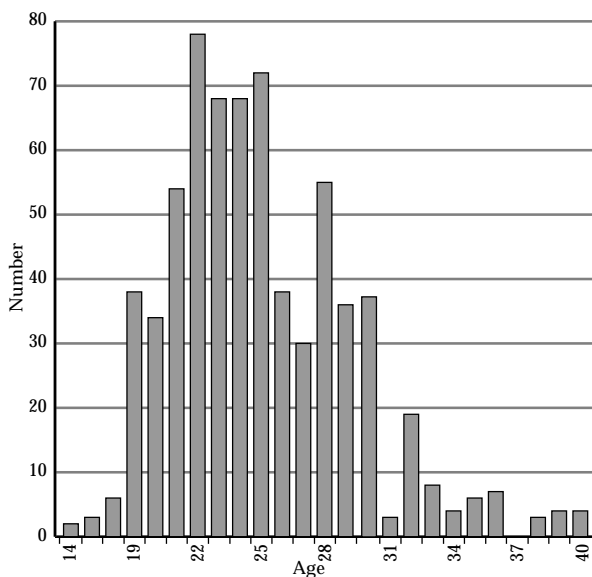


FIGURE 3  
The age of wet nurses in the Notebook.

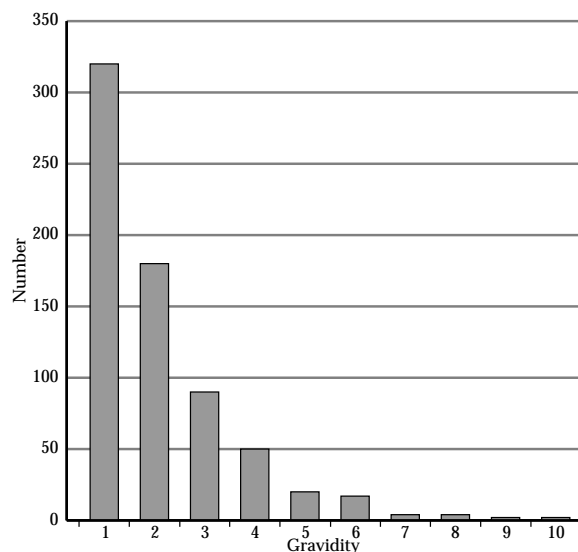


FIGURE 4  
Gravidity of the wet nurses in the Notebook.

are available. In only 655 (87.4%) of the women in the Notebook was the age both recorded and legible. The mean age for this group is 24.6 years. While none of the women listed exceeded the upper age limit set by Fildes, an interesting group did not reach the generally accepted minimum age of 20 years. This applied to 46 women (7% of those whose ages are known), of whom one was only 14 years of age. This finding resonates with that of Golden who reports an institution in Massachusetts in which almost one third of the wet nurses were under 21 years and almost two-thirds were aged between 21 and 29.<sup>9</sup>

*Gravidity*

Although the more experienced mother is more likely to breast feed successfully,<sup>31</sup> the views about the number of children that the wet nurse should have borne are less clear. This aspect is unmentioned by Mrs Beeton's rather medicalised treatise.<sup>15</sup> Fildes<sup>10</sup> and Palmer<sup>32</sup> both mention, albeit briefly, that it was preferable for the wet nurse to have borne two or three children, but they emphasise that it is the health and the gender of the children which is more significant. Obviously, a healthy child was thought to reflect well on the quality of the woman's milk; additionally, milk produced for a male child was preferred as this was thought to strengthen the child.

In the list prepared by Simpson the large majority of women were first-time mothers, as shown in Figure 4. While the data were missing for 67 women, the total number of experienced mothers (358) did not greatly exceed the number of women in their first pregnancy (321).

*Marital status*

The marital status of the wet nurse has been of interest to researchers. Fildes presents a picture of the sixteenth- and seventeenth-century wet nurse as being a married woman who lived with her husband and their own children in their own dwelling, into which another child was accepted.<sup>30</sup> Only the smaller number of wet nurses who lived in the family home might have been either unmarried or

widowed. In her later book, Fildes notes that as time moved on through the nineteenth century there was an increasing likelihood that the wet nurse might be a 'fallen woman'.<sup>33</sup> In her study of the wet nurse in America in the late nineteenth century, Golden found that a 'startlingly high' proportion (96%) lacked the support of a spouse;<sup>9</sup> the effects of that country's civil war and the policies of the institutions involved are, however, difficult to disentangle in her account. In describing women working in eighteenth-century Edinburgh, Sanderson seeks to differentiate the situation in England from that in Scotland. She reports the words of a Manchester physician that he was unaware of 'a married woman being employed as a wet nurse'<sup>34</sup> on the basis of which Sanderson suggests that Scottish attitudes, in the form of the Kirk, to illegitimacy would prevent the widespread involvement of unmarried women in wet nursing. The data presented in the Notebook cast doubt on such a limiting effect of local attitudes, although the data are not entirely clear. As shown in Table 1, the recording of the woman's marital status was not completed conscientiously. In spite of this it appears that a far larger proportion of those women whose marital status was recorded were not married.

TABLE 1  
Marital status of wet nurses in the Notebook.

Notebook data	Number	%
UM	113	15.10%
M/Mar	25	3.33%
Widow	14	1.80%
Missing data	597	79.7%
Total	749	100%

It may be that the names and titles used are a better reflection of each woman's marital status. One may assume that an entry giving 'Mrs' with a second name indicates a married woman and that a first name and a second name with no title indicates a single woman. That this may be a

Names/Titles in Notebook	Number	%
Mrs & 2nd name	432	57.76%
1st & 2nd name	291	38.85%
Mrs 1st & 2nd Name	3	0.40%
Mrs (Male) 1st & 2nd name	7	0.93%
Mrs (Initial) & 2nd Name	3	0.40%
Total	749	100%

safe assumption is shown in Table 2, where the number of women who do not fit this pattern is given.

These data suggest that although the majority of women whose names are listed in the Notebook were married, about two thirds of this number were not.

#### *One wet nurse*

One example which illustrates the possibility of identifying the individual women is the 19-year-old unmarried woman named by Simpson as Susan Clyde. She is listed on p.67 of the Notebook:

*Susan Clyde 1<sup>st</sup> um Middle of Feb 19 112 Fountain Bridge*

The Old Parish Records at New Register House state:

Clyde Susanna formerly residing at Fountain Bridge Edinb and Parish of Saint Cuthberts, did on the ninth day of March eighteen hundred and forty six give birth to a female illegitimate child thus of which child the reputed father is unknown. Named Elizabeth Roy.

*Baptised by the Rev Dr Pant, one of the ministers of the Parish of Saint Cuthberts, Edinburgh*<sup>35</sup>

The inclusion of 'formerly residing' may be an indication of the mobility of women such as Susan, as there was no record of anyone of that name at that address in the 1851 census records.

#### DISCUSSION

The picture which emerges from this preliminary analysis of the data provided by the Notebook is that the woman who was available to become a wet nurse in Edinburgh in the middle of the nineteenth century was young, a first-time mother and likely to be unmarried.

Whether the wet nurse was married or not mattered for a number of different reasons, most of them unrelated to moral judgements about her character. Her marital status mattered to the family who sought to employ her. As Palmer maintains, an unmarried wet nurse was preferable because she was expected to bring fewer problems with her.<sup>32</sup> This rationale was partly associated with the assumption that the married wet nurse would be offering her services because of 'family disturbances'.<sup>36</sup>

The unmarried woman was perceived as being more amenable through her gratitude for being rescued from social ostracism. Another element in the family's choice which encouraged them to choose a single woman was fashion, as reported by Fildes.<sup>30</sup>

Sex was also a factor in the choice of the unmarried wet nurse because of the widespread assumption<sup>7</sup> that sexual intercourse was dangerous in itself,<sup>9</sup> as there lingered a belief in Galen's assertion that 'carnal copulation troubleth the

blood, and so by consequence the milk'.<sup>37</sup> This carried the risk that the milk might become 'tainted'.<sup>38</sup> Sex was also thought to initiate physiological changes which might lead to either pregnancy or menstruation, both of which were contra-indications to breast feeding. Pregnancy was incompatible with breast feeding because it was thought to deplete the quality of the milk, whereas menstruation was thought to 'spoil' the breast milk.<sup>39</sup> For these reasons, the father of the baby might insist that his wife refrain from breast feeding in order to permit him his conjugal rights.<sup>8</sup> As an unmarried wet nurse had no husband this problem did not pertain; unfortunately Marshall's seventeenth-century example shows that this may not have been a safe assumption. Thus, the choice of wet nurse is summed up by Gathorne-Hardy: 'She should not desire the company of her own husband; as to her employer's husband if possible she should have an aversion to him.'<sup>40</sup>

A further and even less savoury consideration in the choice of the unmarried woman as a wet nurse is her personal motivation. Accusations were levelled at the wet nurse in the nineteenth century that, rather than her pregnancy being an accident which required her to salvage whatever she could from her situation, it was a deliberate ploy to ensure that she would be able to find employment as a wet nurse. This argument leads inevitably into the even murkier realm of the baby farming scandals of the 1860s,<sup>7,10</sup> with which, as yet, there is no evidence to link the Notebook. These nineteenth-century accusations are not dissimilar from current views which suggest that teenage mothers have embarked on motherhood deliberately in order to simply 'jump the queue for council housing'.<sup>41</sup>

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- <sup>31</sup> Flitton D. Parentcraft class attendance and subsequent infant feeding practice. Report prepared for the Scottish Home and Health Department, Edinburgh University of Edinburgh, Department of Nursing Studies, Nursing Research Unit; 1986.
- <sup>32</sup> Palmer G. *The politics of breastfeeding*. London: Pandora; 1993.
- <sup>33</sup> Fildes, op. cit. ref. 10, 192.
- <sup>34</sup> Sanderson, op. cit. ref. 7, 52.
- <sup>35</sup> Old Parish Records vol. 38; 428. (428 crossed out and 199 inserted.)
- <sup>36</sup> Palmer, op. cit. ref. 32, 168.
- <sup>37</sup> Fildes, op. cit. ref. 30, 4.
- <sup>38</sup> Rendle-Short M, Rendle-Short J. *The father of child care: life of William Cadogan (1711-1797)*. Bristol: Wright; 1966; 47.
- <sup>39</sup> Golgen, op. cit. ref. 9, 181.
- <sup>40</sup> Gathorne-Hardy, op. cit. ref. 8, 40.
- <sup>41</sup> MacKeith P, Phillipson R. Young Mothers. In: Kargar I, Hunt S, editors. *Challenges in Midwifery Care*. London: Macmillan; 1997; 99.

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