

**Children's and Infants' Sleep and Bed-Culture in England and
Scotland, c.1650-c.1830**

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Abstract

This thesis explores how children and infant sleep was understood, managed, and experienced by children and the adults around them during the long eighteenth century. While scholarly interest in adult sleep has flourished, children's sleep has been almost entirely overlooked. Examining child sleep and wakefulness offers ways to recover physical and emotional experiences of groups whose voices are often difficult to find.

The thesis begins by examining the furnishings provided for infant and child slumber in domestic and institutional contexts, to establish the physical setting of sleep. It then examines how medical authors advised parents to evaluate infant sleep, which offered insight into both infant health and the quality of nursing care. The importance of sleep as a measure of health becomes clearer in a close examination of records of smallpox inoculations in the 1780s. The thesis explores how interruptions to sleep caused by illness and medicine give glimpses of infants' and children's somatic experience, and how other causes of sleep disruption including misbehaviour and disturbances by bedfellows may offer a subtler insight into the subjective experience of childhood, something that is very difficult to access. Similarly, child sleep loss from illness also disrupted their carers' slumber, revealing insights both into how elite households organised care, and nursemaids' experience. It then examines deathbed narratives about four children who died between 1802 and 1826. After developing the question of what deathbed narratives reveal about the physical experience of occupying a bed, it explores end-of-life bed-culture and the ways that terminally ill children and their families spent their time. The thesis ends by examining the link between sleep and death in eighteenth-century culture, and the new eighteenth-century fashion for memorialising dead children as sleeping.

Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not been previously presented for an award at this, or any other, University. Parts of chapter four and five have been published online in *Women's Writing* in October 2022 as an open access pre-publication copy for vol. 29, issue 4 of the 2022 edition. All sources are acknowledged in references.

Bach's Wiegenlied

Wilhelm Müller, 1823

Gute Ruh, gute Ruh!
Tu die Augen zu!
Wandrer, du müder, du bist zu Haus.
Die Treu ist hier,
Sollst liegen bei mir,
Bis das Meer will trinken die Bächlein aus.

Will betten dich kühl,
Auf weichen Pfühl,
In dem blauen kristallinen Kämmerlein.
Heran, heran,
Was wiegen kann,
Woget und wieget den Knaben mir ein!

Wenn ein Jagdhorn schallt
Aus dem grünen Wald,
Will ich sausen und brausen wohl um dich her.
Blickt nicht hinein,
Blaue Blümelein!
Ihr macht meinem Schläfer die Träume so schwer.

Hinweg, hinweg
Von dem Mühlensteg,
Böses Mägdelein, dass ihn dein Schatten nicht weckt!
Wirf mir herein
Dein Tüchlein fein,
Dass ich die Augen ihm halte bedeckt!

Gute Nacht, gute Nacht!
Bis alles wacht,
Schlaf aus deine Freude, schlaf aus dein Leid!
Der Vollmond steigt,
Der Nebel weicht,
Under der Himmel da droben, wie ist er so weit!

*Lyrics from Franz Schubert, Lieder, Vol. 1, edited by Walther Dürr, Basel: Bärenreiter
Kassel, 2005, lxiv-lxv.*

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Introduction

On 20 March 1806, Dorothy Wordsworth wrote to Lady Beaumont, a patron of her famous brother, describing her nineteen-month-old niece (also named Dorothy):

The little Creature lies with a new Doll... in her arms, both heads upon the pillow. She has been all day busy with this Doll... she has made it go to sleep and kissed it a hundred times.¹

This rare description of a child sleeping with an object other than her bedding brings together many of the themes of this thesis. The pillow and the doll suggest the physical environment of little Dorothy's sleep, and are the only example I have found of a child sleeping with a toy or comforter. Making 'it go to sleep', Dorothy presumably re-enacted the bedtime routine she had learned from her mother and aunt, although sadly Dorothy senior did not elaborate on how her namesake sent the doll off.² Dorothy junior evidently tried to make her child-substitute feel safe and comfortable. Her experience of both ownership and sleep are also implicit: the kisses indicate her excitement and affection for the toy, and perhaps hint at kisses she received when she herself went to bed. The game seems to have focussed on the doll's slumber; she does not appear to have fed it, dressed it, walked it, taught it, disciplined it, or made it do other everyday activities. Despite this, the game prepared her for her anticipated future as a mother. The prevailing idealisation of childhood among the upper and middling sort as a time of innocent fun which adult observers could enjoy is also evident in the fact that the older Dorothy thought such trivial details of a child's game worth including in a letter to a noble patron.³

¹ Dorothy Wordsworth to Lady Beaumont, Grasmere, 20 March 1806, Ernest de Selincourt and Mary Moorman, eds., *The Letters of William and Dorothy Wordsworth: The Middle Years, Part I, 1806-1811*, vol. 2 (Oxford: Clarendon Press, 1969), 17.

² Dorothy Wordsworth to Lady Beaumont, Grasmere, 20 March 1806, de Selincourt and Moorman, *The Letters of William and Dorothy Wordsworth*, vol. 2, 17.

³ Hugh Cunningham, *Children and Childhood in Western Society Since 1500* (Harlow: Pearson Longman, 2005), 58–59, 62–65; Elizabeth Foyster and James Marten, 'Introduction', in *A Cultural History of Childhood and Family In The Age of Enlightenment (Vol 4)*, ed. Elizabeth Foyster and James Marten (Oxford: Berg, 2010), 3–5; Joanne Bailey, 'Family Relationships', in *A Cultural History of Childhood and Family in the Age of Enlightenment (Vol 4)*, ed. Elizabeth Foyster and James Marten (Oxford: Berg, 2010), 26–27; Anja Müller, 'Introduction', in *Fashioning Childhood in the Eighteenth Century*, ed. Anja Müller (Aldershot: Ashgate, 2006), 2; James Christen Steward, *The New Child: British Art and the Origins of Modern Childhood* (Berkeley: University Art Museum and Pacific Film Archive, 1996), 15–16, 20–21.

This thesis explores the history of children's sleep in the long eighteenth century. Sleep history has recently established itself as a distinct field and proposed a general framework in which sleep took place, but children's sleep has barely been investigated. It was recognised that children had distinct sleep needs and patterns, and thinkers had explained this. The eighteenth century is usually seen as a period of transition in the history of childhood and the family, and it is also becoming recognised that sleep history changed in this period as well.⁴ This thesis establishes the ways child and infant sleep was distinct from adult slumber, although as chapter one demonstrates, there were also some similarities. It argues that using children's sleep as a lens offers opportunities to explore other aspects of the histories of childhood and the family. Sleep as an embodied process is at the heart of the thesis, which focusses on the spaces sleeping infants and children occupied and how their bodies interacted with the world around them.

Sleeping through history

Sleep is the single activity which occupies the biggest proportion of any individual's lifetime: approximately a third of any human life. It is as necessary as breathing or eating, but sleepers are unconscious while doing it and remain passive and immobile (at least theoretically). Peter N. Stearns, Perrin Rowland, and Lori Giarnella call it 'a

⁴ See for example Cunningham, *Children and Childhood*; Steward, *New Child*; J.H. Plumb, 'The New World of Children in Eighteenth-Century England', *Past and Present* 67 (May 1975): 64–95; Philippe Ariès, *Centuries of Childhood*, ed. Robert Baldick (London: Pimlico, 1996); Lawrence Stone, *The Family, Sex and Marriage in England, 1500-1800* (London: Weidenfeld and Nicholson, 1977); Hugh Cunningham, *The Children of the Poor: Representations of Childhood Since the Seventeenth Century* (Oxford: Blackwell, 1991); Kate Retford, *The Art of Domestic Life: Family Portraiture in Eighteenth-Century England* (New Haven: Yale University Press, 2006); Ruth Perry, 'Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England', *Journal of the History of Sexuality* 2, no. 2: Special Issue, Part 1: The State, Society, and the Regulation of Sexuality in Modern Europe (October 1991): 204–34; Bailey, 'Family Relationships'; Joanne Bailey, *Parenting in England, 1760-1830: Emotion, Identity and Generation* (Oxford: Oxford University Press, 2012); Joanne Bailey, 'Paternal Power: The Pleasures and Perils of "Indulgent" Fathering in Britain in the Long Eighteenth Century', *History of the Family* 17, no. 3 (August 2012): 326–42; Foyster and Marten, 'Introduction'; Sasha Handley, *Sleep in Early Modern England* (New Haven: Yale University Press, 2016); Sasha Handley, 'Sleepwalking, Subjectivity and the Nervous Body in Eighteenth-Century Britain', *Journal for Eighteenth-Century Studies* 35, no. 3 (September 2012): 305–23; Sasha Handley, 'Sociable Sleeping in Early Modern England, 1660-1760', *History* 98, no. 329 (January 2013): 79–104; Elizabeth Hunter, "'That Venerable and Princely Custom of Long-Lying Abed": Sleep and Civility in Seventeenth- and Eighteenth-Century Urban Society', in *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth Century*, ed. James Kennaway and Rina Knoeff (London: Routledge, 2020), 163–81; A. Roger Ekirch, 'Sleep We Have Lost: Pre-Industrial Slumber in the British Isles', *American Historical Review* 106, no. 2 (April 2001): 343–86; A. Roger Ekirch, *At Day's Close: A History of Nighttime* (New York: W. W. Norton and Company, 2005); A. Roger Ekirch, 'The Modernization of Western Sleep: Or, Does Insomnia Have a History?', *Past and Present* 226, no. 1 (February 2015): 149–92.

silent and unrecorded activity... [but] also in the largest sense a human imperative: all people need sleep'.⁵ This combination of "passivity", unconsciousness, necessity, and universality make it appear a transhistorical biological phenomenon.⁶ Big historical events are undertaken by the waking, even if prophecies or ideas appear to sleepers in dreams, or are found to have developed on waking; bedtime seems empty of historical change.⁷

However unconscious sleepers were, slumber occupied waking people's thoughts during the premodern period: they wanted to understand what it was and how it worked, and they used this knowledge to provide themselves with spaces they could sleep in physical, psychological, and spiritual safety.⁸ Early modern and eighteenth-century sleep was one of the six non-naturals: the components of regimen used to maintain or restore health, which also included nutrition, evacuation, the climate, exercise, and the passions of the mind.⁹ Sleep quality and quantity affected health, but also how individuals felt physically and mentally, which made it the subject of interrogation and manipulation to understand or restore health.¹⁰ Sleepers also interrogated and altered their sleep for evidence of their spiritual status.¹¹ This made sleep a 'biocultural process': the cultural dimension of sleep, related to understandings of how it worked and attempts to manipulate both slumber itself and the material environment it occupied, intersected with the biological necessity for rest to create a historically contingent set of beliefs and experiences.¹²

⁵ Peter N. Stearns, Perrin Rowland, and Lori Giarnella, 'Children's Sleep: Sketching Historical Change', *Journal of Social History* 30, no. 2 (Winter 1996): 345.

⁶ Ekirch, 'Sleep We Have Lost', April 2001, 345.

⁷ On dreams, see for instance Patricia Crawford, 'Women's Dreams in Early Modern England', *History Workshop Journal* 49 (Spring 2008): 129–41; Janine Rivière, *Dreams in Early Modern England: Visions of the Night* (Abingdon: Routledge, 2007).

⁸ Handley, *Sleep in Early Modern England*, 2016, 1–3, 6–8.

⁹ Karl H. Dannenfeldt, 'Sleep: Theory and Practice in the Late Renaissance', *Journal of the History of Medicine* 41 (October 1986): 416.

¹⁰ Handley, *Sleep in Early Modern England*, 2016, 18–40, 61–68, 109.

¹¹ Sasha Handley, 'From the Sacral to the Moral: Sleeping Practices, Household Worship and Confessional Cultures in Late Seventeenth-Century England', *Cultural and Social History* 9, no. 1 (2012): 27–46; Sasha Handley, 'Sleep-Piety and Healthy Sleep in Early Modern English Households', in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 188–95; Handley, *Sleep in Early Modern England*, 2016, 69–107.

¹² Margaret Simon and Nancy L. Simpson-Younger, 'Introduction: Forming Sleep', in *Forming Sleep: Representing Consciousness in the English Renaissance*, ed. Nancy L. Simpson-Younger and Margaret Simon (Pennsylvania: Pennsylvania State University Press, 2020), 2; Garret A. Sullivan Jr., 'Afterword: Beyond the Lost World: Early Modern Sleep Scenarios', in *Forming Sleep: Representing Consciousness in the English Renaissance*, ed. Nancy L. Simpson-Younger and

Humoral explanations for sleep stemmed from classical medicine, which saw slumber as a by-product of digestion, during which bodily heat was drawn to the stomach to aid ‘concoction’, leaving the extremities cold and still, and vapours rose from the hot stomach to condense and clog the cold brain.¹³ This interrupted the flow of animal spirits, leaving the sleeper devoid of sensory input, movement, and rational thought.¹⁴ Sasha Handley demonstrates that this explanation was still accepted in the eighteenth century, although discoveries in neurology in the late seventeenth century rebalanced the relationship between stomach and brain in favour of the latter.¹⁵ Medical advice from the medieval and early modern periods provided sleepers with suggestions on when and what to eat; when to sleep and for how long; what postures to adopt at which times of night; and ways to manage the environment to ensure temperature and air quality did not threaten the body.¹⁶ Households deployed a range of remedies for disordered slumber, which ranged from innocuous kitchen ingredients to poisonous substances like henbane and opium.¹⁷

Thinkers drew on humoral, philosophical, and theological theory on sleep to explore how the brain worked, and the relationship between mind and body.¹⁸ William MacLehose established that in medieval thought, the vapours which clogged the brain prevented sensory stimuli from reaching their destination in the brain, and blocked the

Margaret Smith (Pennsylvania: Pennsylvania State University Press, 2020), 209–11, 213; Handley, *Sleep in Early Modern England*, 2016, 2–5.

¹³ William MacLehose, ‘Sleepwalking, Violence and Desire in the Middle Ages’, *Culture, Medicine and Psychiatry* 37, no. 4 (December 2013): 605; William MacLehose, ‘Captivating Thoughts: Nocturnal Pollution, Imagination and the Sleeping Mind in the Twelfth and Thirteenth Centuries’, *Journal of Medieval History* 46, no. 1 (2020): 103; Dannenfeldt, ‘Sleep’, 418; Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 115; Handley, *Sleep in Early Modern England*, 2016, 22–23; Ekirch, ‘Sleep We Have Lost’, April 2001, 348; Ekirch, *At Day’s Close*, 2005, 263.

¹⁴ Handley, *Sleep in Early Modern England*, 2016, 22; Hannah Newton, ‘“She Sleeps Well and Eats an Egg”: Convalescent Care in Early Modern England’, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 111; Hannah Newton, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018), 76–77.

¹⁵ Handley, *Sleep in Early Modern England*, 2016, 18–38; Handley, ‘Sleepwalking, Subjectivity and the Nervous Body’, September 2012, 307–9.

¹⁶ Handley, *Sleep in Early Modern England*, 2016, 22–29, 40–84; Handley, ‘Sleep-Piety and Healthy Sleep’, 2017, 195–99; Cavallo and Storey, *Healthy Living*, 115–38; Dannenfeldt, ‘Sleep’, 417–31.

¹⁷ Elizabeth K. Hunter, ‘“To Cause Sleep Safe and Shure”: Dangerous Substances, Sleep Medicine and Poison Theories in Early Modern England’, *Social History of Medicine*, October 2021; Handley, ‘Sleep-Piety and Healthy Sleep’, 2017, 200–203; Handley, *Sleep in Early Modern England*, 2016, 61–67; James H. Mills, ‘From “Papaber Errat” to “Tincture of Opium”’: Poppies, Opiates, and Pain in Early Modern Scotland (ca.1664-1785)’, *Social History of Alcohol and Drugs* 35, no. 1 (Spring 2021): 91–114.

¹⁸ Handley, *Sleep in Early Modern England*, 2016, 181–218; Handley, ‘Sleepwalking, Subjectivity and the Nervous Body’, September 2012; MacLehose, ‘Sleepwalking, Violence and Desire’, 601–24; MacLehose, ‘Captivating Thoughts’, 98–131.

reason, leaving only the imagination active, while the body was believed to remain inert until waking.¹⁹ This meant that medieval sleep disorders with physical symptoms, like sleepwalking or nocturnal emissions, were understood to represent the actions of the inner mind unfiltered by conscious decision-making. MacLehose demonstrated that in the theological and medical treatises he used, sleepwalkers were believed to be capable of extraordinary feats of courage or skill because rational fears of the consequences were absent, while their responsibility for any damage they caused was disputed.²⁰ Similarly, those who suffered nocturnal pollution might be defended on the grounds that the body had acted without the consent of the will, or condemned for insufficiently rejecting the sinful lusts they had experienced while awake.²¹ However, both interpretations suggested that the body's actions indicated something about the workings of the sleeper's mind.

Handley shows that eighteenth-century sleepwalking was also understood to expose the inner self.²² Handley draws on discussions of sleepwalkers ranging from elite male geniuses to 'brutish' servant-girls.²³ Eighteenth-century nervous theory recast sleep problems as nervous disorders, which gave them, and particularly sleepwalking, considerable 'cultural caché': nervous problems in general were believed to reflect a particularly refined, sensitive body, indicating both good breeding and softening from a luxurious lifestyle.²⁴ Consequently, sleepwalking became a fashionable problem which indicated exquisitely delicate nerves and superior intellect: unfettered by reason, the mind performed great acts of genius.²⁵ However, this was class- and gender-based; only elite men were capable of such wonderful behaviours.²⁶ Elite women, even when they exhibited creative sleepwalking like piano-playing, responded to their menstrual cycles, while servant women were believed to display their sexual proclivities and

¹⁹ MacLehose, 'Sleepwalking, Violence and Desire', 605, 610–11, 613–47, 620; MacLehose, 'Captivating Thoughts', 103–4; William MacLehose, 'Fear, Fantasy and Sleep in Medieval Medicine', in *Emotions and Health, 1200-1700*, ed. Elena Carrera (Leiden: Brill, 2013), 82--83.

²⁰ MacLehose, 'Sleepwalking, Violence and Desire', 608, 612–17, 620–21.

²¹ MacLehose, 'Captivating Thoughts', 98–131.

²² Handley, *Sleep in Early Modern England*, 182.

²³ Handley, *Sleep in Early Modern England*, 181–210; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 305–23, quotation at 313.

²⁴ Handley, *Sleep in Early Modern England*, 31–38, 181–85, 188–95; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 306–15.

²⁵ Handley, *Sleep in Early Modern England*, 188–93; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 311–14.

²⁶ Handley, *Sleep in Early Modern England*, 193–95; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 313–15.

basest resentments when prompted by inquiring medical observers.²⁷ Meanwhile, in children's books, sleepwalking became associated with 'the ruinous consequences that might ensue from an untamed and undisciplined mind'.²⁸ Because sleepwalking demonstrated the inner self, that self needed to be moulded into something worth being.

Sleep disorders were also used to police the border between the natural and supernatural, as well as between mind and body from the medieval period until the eighteenth century. Elizabeth Hunter argues that seventeenth-century interest in demonology made the 'superhuman' behaviour of some sleepwalkers seem to be both inspired and supported by demons.²⁹ However, these explanations coexisted with explanations grounded in humoral medicine, which was flexible enough to encompass the extraordinary as well as the ordinary.³⁰ MacLehose showed that medieval medical theorists were keen to deny the supernatural cause of the nightmare (also known as the incubus).³¹ Sufferers woke to find themselves paralysed and unable to cry out, being crushed by a heavy weight which was often believed to be a demon, witch, animal, or other attacker.³² While theologians often attributed this to supernatural incursion, medical theorists were keen to find humoral explanations, although they also accepted that supernatural causes existed.³³ Some medieval medical theorists categorised the nightmare as a respiratory problem, but most attributed it to digestive disorders, although there was disagreement on the exact mechanism.³⁴ However, medical authors agreed that the whatever the physical cause, the intellectual dimension of the nightmare arose because during sleep, the imagination remained active while the reason was dormant, so the sufferer interpreted the sensations they experienced in terms of physical attack rather than internal disruption.³⁵ While Hunter's seventeenth-century sleepwalkers were the subject of inquiry into the

²⁷ Handley, *Sleep in Early Modern England*, 189–95; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 311–15.

²⁸ Sasha Handley, 'Deformities of Nature: Sleepwalking and Non-Conscious States of Mind in Late Eighteenth-Century Britain', *Journal of the History of Ideas* 78, no. 3 (July 2017): 404–5.

²⁹ Elizabeth Hunter, 'The Noctambuli: Tales of Sleepwalkers and Secrets of the Body in Seventeenth-Century England', *Seventeenth Century*, 2020, 2, 8, 18.

³⁰ Hunter, 'The Noctambuli', 9–13, 18.

³¹ MacLehose, 'Fear, Fantasy and Sleep', 71, 73, 76, 79, 84–88, 93–94.

³² MacLehose, 'Fear, Fantasy and Sleep', 67, 71–73; William MacLehose, 'Historicising Stress: Anguish and Insomnia in the Middle Ages', *Interface Focus* 10, no. 3: Sleep and Stress, Past and Present (June 2020): 4–5.

³³ MacLehose, 'Fear, Fantasy and Sleep', 67–94; quotation at 76.

³⁴ MacLehose, 'Fear, Fantasy and Sleep', 76–81.

³⁵ MacLehose, 'Fear, Fantasy and Sleep', 81–85.

division between the natural and the supernatural, MacLehose's medieval nightmare was part of physicians' attempts to assert their authority over sleep disorders, even if demonological explanations coexisted with medical ones.³⁶ Despite this, the sixteenth- and seventeenth-century nightmare continued to be viewed in demonological terms; Owen Davies argues that sufferers were among those who brought charges of witchcraft against their neighbours.³⁷ As Davies and Hunter demonstrate, MacLehose's medieval physicians failed to transpose sleep disorders fully into the earthly medical realm.³⁸

Because sleepers were believed to be vulnerable, Handley shows that they tried to provide themselves with spaces in which their bodies and souls could be safe while they slept.³⁹ Sleepers bookended sleep with prayer to invoke divine protection; memorised other prayers in case they woke in the night; and some used charms including witchmarks on the ceiling or objects like corals, protective stones, and other amulets to ward off danger.⁴⁰ Handley shows that sleepers valued comfortable and familiar sensations and spaces at bedtime, especially smooth linen bedding and nightwear, which she suggests were often loaded with deep emotional as well as physical and financial investment, and explores the medical theory that underpinned advice on sleeping environments, such as the need for good ventilation and dry bedding.⁴¹ This, along with the extensive literature on the materiality of early modern beds and their importance in displaying financial and social status, has provided insight into the spaces the middling and upper sorts slept during the long eighteenth century.⁴² Finally, Handley's work on the well-known practice of bedsharing suggests

³⁶ Hunter, 'The Noctambuli'; MacLehose, 'Fear, Fantasy and Sleep', 93.

³⁷ Owen Davies, 'The Nightmare Experience: Sleep Paralysis and Witchcraft Accusations', *Folklore* 114, no. 2 (August 2003): 181–203.

³⁸ Davies; Owen Davies, 'Hag-Riding in Nineteenth-Century West Country England and Modern Newfoundland: An Examination of an Experience-Centred Witchcraft Tradition', *Folk Life* 35, no. 1 (1996): 36–53; Hunter, 'The Noctambuli'; MacLehose, 'Fear, Fantasy and Sleep'.

³⁹ Handley, *Sleep in Early Modern England*, 6–8, 39–180.

⁴⁰ Handley, *Sleep in Early Modern England*, 86–107.

⁴¹ Handley, *Sleep in Early Modern England*, 48–56, 108–10, 121–48, 159–60.

⁴² See for example Sandra Cavallo, 'Invisible Beds: Health and the Material Culture of Sleep', in *Writing Material Culture History*, ed. Anne Gerritsen and Giorgio Riello (London: Bloomsbury, 2015), 143–49; Cavallo and Storey, *Healthy Living*, 113–43; Sarah Ann Robin, 'The Public and Private Realms in the Seventeenth-Century: A Parameter of Wood and Fabric', *The Luminary*, no. 3: Sleep(less) Beds (Summer 2013),

<https://www.lancaster.ac.uk/luminary/issue3/Issue3article8.htm>; Lawrence Wright, *Warm and Snug: The History of the Bed* (London: Routledge and Keegan Paul, 1962); Hollie Morgan, 'Between the Sheets: Reading Beds and Chambers in Late-Medieval England' (PhD Thesis, University of York, 2014); Sara Pennell, 'Making the Bed in Later Stuart and Georgian England', in *Selling Textiles in the Long Eighteenth Century: Comparative Perspectives from Western Europe*, ed. Jon Stobart and Bruno Blondé (Basingstoke: Palgrave Macmillan, 2014), 30–45;

that this required a code of 'sleep-civility' which encouraged good behaviour towards bedfellows.⁴³

Handley also shows that early modern people interrogated and attempted to control their sleep quantity, quality, and timing to secure both physical and spiritual health.⁴⁴ However, late seventeenth- and eighteenth-century socialising among the elite increasingly took place after dark, a process Craig Koslofsky calls 'nocturnalization'.⁴⁵ Late-night entertainments were demonstrations of status, because they relied on hosts being able to afford lighting, servants, and entertainers, and demonstrated that there was no need for participants to be up early the next morning to work; as Handley says, 'Irregular sleeping habits indicated a surplus of wealth and leisure that rendered them... desirable'.⁴⁶ While the middling sort primly condemned those who 'turn day into night, and night into day' as immoral and unhealthy, middling-sort culture increasingly also adopted later evenings.⁴⁷

Daphna Oren-Magidor draws on Handley's concept of 'sleep-civility' in her examination of the sleeping habits of Mary Evelyn, daughter of an MP and niece of the diarist John Evelyn.⁴⁸ Mary was regularly chided by her father because she was in the habit of waking and going to bed very late.⁴⁹ According to Oren-Magidor, George Evelyn was

Laura Gowing, 'The Twinkling of a Bedstaff: Recovering the Social Life of English Beds, 1500-1700', *Home Cultures* 11, no. 3 (2014): 275-304; Rafaella Sarti, *Europe at Home: Family and Material Culture, 1500-1800*, trans. Allan Cameron (New Haven: Yale University Press, 2002), 119-23; Handley, *Sleep in Early Modern England*; Handley, 'Sociable Sleeping'; John E. Crowley, *The Invention of Comfort: Sensibilities and Design in Early Modern Britain and Early America* (Baltimore: Johns Hopkins University Press, 2000); Maurice Howard, 'The Great Bed of Ware', in *Design and the Decorative Arts: Britain, 1500-1900*, ed. Michael Snodin and John Styles (London: V&A Publications, 2001), 48-49; Tessa Murdoch, 'The Melville Bed', in *Design and the Decorative Arts: Britain, 1500-1900*, ed. Michael Snodin and John Styles (London: V&A Publications, 2001), 90-91.

⁴³ Handley, *Sleep in Early Modern England*, 151, 176-80; Handley, 'Sociable Sleeping', 79, 99-104.

⁴⁴ Handley, *Sleep in Early Modern England*; Handley, 'From the Sacral to the Moral', Handley, 'Sociable Sleeping'.

⁴⁵ Craig Koslofsky, *Evening's Empire: A History of the Night in Early Modern Europe* (Cambridge: Cambridge University Press, 2011), 1-3, 8-9, 91-197, 276-82.

⁴⁶ Koslofsky, *Evening's Empire*, 91-127; Handley, 'Sociable Sleeping', 88; Hunter, 'That Venerable and Princely Custom', 169-72.

⁴⁷ William Buchan, *Domestic Medicine: Or, A Treatise on the Prevention and Cure of Diseases by Medicine and Simple Medicines* (London and Edinburgh: W. Strahan, T. Cadell, and J. Balfour and W. Creech, 1784), 98. See also for example Handley, *Sleep in Early Modern England*, 149-56, 161-62; Handley, 'Sociable Sleeping', 80, 84, 89-90; Hunter, 'That Venerable and Princely Custom', 169-72.

⁴⁸ Daphna Oren-Magidor, 'Sleep Etiquette and the Education of a Reluctant Gentlewoman in Seventeenth-Century England', *Cultural and Social History* 16, no. 1 (2019): 1-16.

⁴⁹ Oren-Magidor, 'Sleep Etiquette', 1-16.

concerned not only because late hours were seen as ungodly, but also because they undermined Mary's ability to take part in the social and domestic duties expected of a young gentlewoman.⁵⁰ Handley emphasises the negative spiritual and physical consequences early modern sleepers found in keeping unduly late hours.⁵¹ However, for Oren-Magidor, consistent and extreme deviation from the rest of society's timetable entailed serious social disability, offending friends and family and damaging Mary's social reputation.⁵²

Hunter explores how irregular sleeping habits were a political statement in seventeenth- and eighteenth-century culture.⁵³ She argues that temperate sleep helped aspiring professionals with the self-discipline needed to improve their financial lot.⁵⁴ These disciplined, moralising, health-conscious, and socially responsible habits were disdained by young rakes, who were careful to demonstrate their status by explicitly rejecting behavioural norms around timekeeping and morality, engaging in riotous and debauched night-time behaviour.⁵⁵ By contrast, effeminate fops ruined their health by lounging in bed, and when they did finally rise, they failed to contribute to society.⁵⁶ These behaviours advanced different models of masculinity and asserted different types of social and moral status, making sleeping habits another line along which political and social identities were constructed.

A third category of sleep history minutely examines sleeping patterns, influenced by A. Roger Ekirch's teleological narrative about a fundamental shift in sleeping patterns which he claims took place over the late eighteenth and nineteenth centuries.⁵⁷ He argues that premodern people normally experienced 'biphasic' or 'segmented sleep': sleepers woke during the night, either for a brief period or a longer and more active one, and then returned to sleep; 'consolidated' or 'monophasic' sleep, without a period of wakefulness, was the product of modernity.⁵⁸ Ekirch asserts that 'there is every reason to believe that segmented sleep... had long been the natural pattern of our

⁵⁰ Oren-Magidor, 'Sleep Etiquette', 2, 10–11.

⁵¹ Handley, *Sleep in Early Modern England*; Handley, 'From the Sacral to the Moral'.

⁵² Oren-Magidor, 'Sleep Etiquette', 10–11.

⁵³ Hunter, 'That Venerable and Princely Custom'.

⁵⁴ Hunter, 'That Venerable and Princely Custom', 170–72.

⁵⁵ Hunter, 'That Venerable and Princely Custom', 174–78.

⁵⁶ Hunter, 'That Venerable and Princely Custom', 178–81.

⁵⁷ Ekirch, 'Sleep We Have Lost', 343–45, 363–74, 383–85; Ekirch, *At Day's Close*, 300–323; Ekirch, 'Modernization of Western Sleep'.

⁵⁸ Ekirch, 'Sleep We Have Lost', 344–45, 363–74, 383–85; Ekirch, *At Day's Close*, 300–311, 334–35; Ekirch, 'Modernization of Western Sleep', 149–92, especially 151, 167, 190–91.

slumber before the modern age, with a provenance as old as humankind'.⁵⁹ He suggests that modern lighting, which facilitated the development of urban, industrial routines from the late eighteenth century, compressed the time available for sleep, killing the midnight waking period.⁶⁰ He blames 'middle-of-the night insomnia' (in which sufferers wake up and cannot drop off again) on this "unnatural" habit, and alleges that this is a particularly modern problem.⁶¹

Others have adjusted Ekirch's timetable. Koslofsky observes that elite 'colonization of the... night' began in the seventeenth century, as fashionable entertainments began to take place after dark and street lighting was introduced to major cities.⁶² He quotes Ekirch's observation that the adoption of 'segmented sleep' was gradual and probably began in this period for the urban elite.⁶³ In Koslofsky's view,

References to segmented sleep are absent from the diaries of elite men because their daily life was extended well past sunset by artificial lighting, indoors and out. The nights of townspeople, compressed by artificial light into a single sleep of seven or eight hours, began to diverge from the age-old pattern of segmented sleep found everywhere else.⁶⁴

While Koslofsky and Ekirch may be correct that artificial light altered the timetables of ordinary people who used it, and thereby their opportunity to sleep, there is no reason to assume that those engaged in the highest levels of elite sociability necessarily had to lose their second sleep phase. The weight of complaints about the idle rich who lounged in bed when others were awake suggests that, at least for the leisured, the 'second sleep' could merely have migrated later in the night and into the next day.⁶⁵

⁵⁹ Ekirch, 'Sleep We Have Lost', 367.

⁶⁰ Ekirch, 'Sleep We Have Lost', 367–69, 383–84; Ekirch, *At Day's Close*, 303–4, 334–35; Ekirch, 'Modernization of Western Sleep', 160, 163, 167–71, 175–81.

⁶¹ Ekirch, 'Modernization of Western Sleep', 181–92.

⁶² Koslofsky, *Evening's Empire*, 17, 200, 218–19.

⁶³ Ekirch, 'Sleep We Have Lost', 383; Koslofsky, *Evening's Empire*, 232.

⁶⁴ Koslofsky, *Evening's Empire*, 232.

⁶⁵ Hunter, 'That Venerable and Princely Custom', 165–66, 170–72, 179–81.

Roger Schmidt sees changes in lighting as being the result rather than the cause of sleep compression, claiming that 'Caffeine, books, and mechanical clocks disrupted irrevocably the ancient architecture of human sleep'.⁶⁶ For Schmidt,

the history of modern sleep is not one of slow evolutionary change, but rather of an abrupt transformation that occurred in the late seventeenth century; advances in lighting technology were a response to this... rather than a primary cause. Caffeine, books, a shift in the perception of time, and a concomitant shift in the valuation of sleep, created a demand for better lighting.⁶⁷

Schmidt's interest in the history of reading means that he overlooks those who were illiterate or unable to afford caffeinated substances, timepieces, or domestic lighting, and he draws solely on men as examples.⁶⁸ His line of argument, if not the conclusions, anticipates Daniel Lord Smail's argument that while human neurology has remained relatively stable over the past 1,000 years, the psychoactive substances with which it comes into contact has changed, which has contributed to other forms of historical change.⁶⁹ However, Schmidt's conclusions are far less cautious than Smail's; he claims that fundamental change to sleeping habits took place in a very short timeframe, attributable primarily to the introduction of caffeine into eighteenth-century diets, aided by other technologies of reading, lighting, and timekeeping, and that this took place on a societal rather than an individual level.⁷⁰ These claims are too great for the evidence with which he supports them.

Handley is more ambivalent about segmentation. She argues that individual sleeping habits reflected personal circumstances and cultural norms, and argues 'against accepting a universal model of sleep's practice'.⁷¹ However, she implicitly accepts it at other points, including in her discussion about 'seasonable sleep', where she argues

⁶⁶ Roger Schmidt, 'Caffeine and the Coming of the Enlightenment', *Raritan* 23, no. 1 (Summer 2003): 133.

⁶⁷ Schmidt, 'Caffeine and the Coming of the Enlightenment', 135.

⁶⁸ Roger Schmidt, 'Wasted Days and Wasted Nights: Sleeping and Waking in the Long Eighteenth Century', in *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth Century*, ed. James Kennaway and Rina Knoeff (London: Routledge, 2020), 184–200; Schmidt, 'Caffeine and the Coming of the Enlightenment'.

⁶⁹ Daniel Lord Smail, *On Deep History and the Brain* (Berkeley: University of California Press, 2008).

⁷⁰ Schmidt, 'Caffeine and the Coming of the Enlightenment'; Schmidt, 'Wasted Days and Wasted Nights'.

⁷¹ Handley, *Sleep in Early Modern England*, 9. See also Sullivan Jr, 'Afterword', 211.

that some proponents of seventeenth-century 'sleep-piety' 'cautioned against the practice of segmented sleep'.⁷² Elsewhere, she argues that 'sociable sleeping patterns... did not replace the distinctive and widespread pattern of "segmented sleep" that shaped the sleeping practices of pre-industrial Europe'; 'segmented... and sociable sleeping practices increasingly coexisted'.⁷³ Where Koslofsky sees the start of the change in seventeenth-century lighting, Ekirch in lighting changes over the late eighteenth and nineteenth centuries, and Schmidt in late-seventeenth- and eighteenth-century caffeine consumption, for Handley the change in sleeping pattern was a firmly eighteenth-century phenomenon grounded in changing patterns of sociability.⁷⁴

While all these influences would have altered sleeping patterns for individuals, what Garrett A. Sullivan calls the 'historical fall from grace' narrative is unsatisfying.⁷⁵ Ekirch cites a range of different activities that took place in the waking phase: some woke and went straight back to sleep, perhaps pausing to urinate, while others undertook domestic or professional chores or engaged in social or sexual interactions.⁷⁶ These are qualitatively different activities: some require alertness; some involve labour or interaction with other people; some represent interludes imposed by internal biological processes. To compare waking to empty the bladder with rising 'to prevent the destruction of... fields by roving cattle' or venturing out to steal ignores the fact that the form of necessity governing the latter activities requires choice, even if only to comply with the demands of an employer, or of destitution: what Isaiah Berlin termed 'negative liberty'.⁷⁷ By contrast, the sleeper needing to urinate will either wake and do so according to their toilet training, or they will do so in their sleep and wet the bed. Even waking from anxiety or bad dreams is a response to internal processes, regardless of whether the sleeper drops off again quickly, whereas waking to work or socialise responds to external conditions.

More importantly for our purposes, sleeping patterns change depending on life-cycle stage and state of health. Infants usually sleep in short bursts, so while they sleep for a

⁷² Handley, *Sleep in Early Modern England*, 76–77.

⁷³ Handley, 'Sociable Sleeping', 81–82, 91, 98, 104. See also Handley, 'From the Sacral to the Moral', 34.

⁷⁴ Koslofsky, *Evening's Empire*; Schmidt, 'Caffeine and the Coming of the Enlightenment'; Ekirch, 'Sleep We Have Lost'; Ekirch, 'Modernization of Western Sleep'; Ekirch, *At Day's Close*, 300–323; Handley, 'Sociable Sleeping'.

⁷⁵ Sullivan Jr., 'Afterword', 210.

⁷⁶ Ekirch, 'Sleep We Have Lost', 369–73; Ekirch, *At Day's Close*, 305–11.

⁷⁷ Ekirch, 'Sleep We Have Lost', 369–71; Ekirch, *At Day's Close*, 305–8, Isaiah Berlin, *Four Essays on Liberty*, (London: Oxford University Press, 1969), 122–34.

greater amount of time than adults overall, this is taken in multiple short periods of sleep and waking rather than one or two longer, ‘consolidated’ chunks.⁷⁸ Over the first year of life, infant sleep lengthens and a diurnal rhythm corresponding to the solar cycle (and adult sleep and waking patterns) develops, but infants can continue to wake regularly in the night beyond one year of age.⁷⁹ This makes the sleep of infants and young children polyphasic. Infants and children who wake in the night also often wake those around them, particularly adults responsible for their care but also anyone within earshot, such as siblings, servants, or parents.⁸⁰ This meant carers for infants also often experienced polyphasic sleep, as did other household members sleeping nearby. Similarly, the sick often experience sleep disturbances, and discomfort or the need for care can mean they disturb those nursing them or those within earshot.⁸¹ Furthermore, Hannah Newton shows that sleeping through the night uninterrupted was a sign of recovery from illness in the early modern period, which suggests that segmentation was not universal.⁸² Infants, the sick, and carers for both groups were a significant minority of the population who were unable to conform to Ekirch’s “natural” ‘biphasic’ pattern because of biological influences rather than cultural, social, or economic ones.⁸³

Moreover, as Sullivan observes, biological processes are encultured as well as embodied, so extricating the “natural” from the “artificial” as Ekirch does is impossible.⁸⁴ Koslofsky, who endorses Ekirch’s theory, describes the expansion of a night-time culture which not only altered the habits of its elite participants, but also

⁷⁸ Katherine Finn Davis, Kathy P. Parker, and Gary L. Montgomery, ‘Sleep in Infants and Young Children: Part One: Normal Sleep’, *Journal of Pediatric Health Care* 18, no. 2 (April 2004): 66–69; John W. Santrock, *Child Development* (New York: McGraw-Hill, 2011), 120; Kurt Lushington et al., ‘Developmental Changes in Sleep: Infancy and Preschool Years’, in *The Oxford Handbook of Infant, Child, and Adolescent Sleep Behavior*, ed. Amy R. Wolfson and Hawley E. Montgomery-Downs (Oxford: Oxford University Press, 2013), 39–43.

⁷⁹ Davis, Parker, and Montgomery, ‘Sleep in Infants and Young Children’, 66–69; Lushington et al., ‘Developmental Changes in Sleep’, 39–43.

⁸⁰ Sarah Knott, *Mother: An Unconventional History* (London: Penguin, 2019), 117–33; George Armstrong, *An Account of the Diseases Most Incident to Children, from the Birth till the Age of Puberty, With a Successful Method of Curing Them* (London: T. Cadell, 1783), 171.

⁸¹ Ben Mutschler, ‘Illness in the “Social Credit” and “Money” Economies of Eighteenth-Century New England’, in *Medicine and the Market in England and Its Colonies, c. 1450 - c. 1850*, ed. Mark S.R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 175–95; Ekirch, *At Day’s Close*, 288–89; Ekirch, ‘Sleep We Have Lost’, 358–59; Newton, *Misery to Mirth*, 77, 103–4, 125; Hannah Newton, ‘Inside the Sickchamber in Early Modern England: The Experience of Illness through Six Objects’, *English Historical Review* CXXXVI, no. 580 (2021): 555.

⁸² Newton, *Misery to Mirth*, 77; Newton, ‘She Sleeps Well and Eats an Egg’, 112.

⁸³ Ekirch, ‘Modernization of Western Sleep’, 151, 156, 157, 191.

⁸⁴ Sullivan Jr., ‘Afterword’, 210–11. See also Handley, *Sleep in Early Modern England*, 2016, 9–10; Simon and Simpson-Younger, ‘Introduction’, 2.

restricted the sleep of servants and entertainers.⁸⁵ Similarly, Schmidt imagines Alexander Pope in the early hours, 'demanding more coffee from his nodding servant'.⁸⁶ In both cases, socioeconomic status affected sleep opportunity, with participants in late-night entertainments restricting their servants' choice about staying up later, just as nurses for infants and the sick had to shape their slumber to the needs of those they were paid to care for. This suggests that occupation affected sleeping patterns. Ekirch's modernisation narrative makes him overlook both the inextricable link between culture and biology, and the variation in individual sociobiocultural circumstances. Despite the importance of Ekirch's work, both in awakening scholarly interest in historical sleep and in bringing together an enormous body of sources, this thesis argues that his model is reductive and overlooks both life-cycle and individual variation in sleeping habits.

All of the scholarship above refers almost exclusively to adult sleep, with very little on children. The exception is Stearns, Rowland, and Giarnella's work on nineteenth- and twentieth-century children's sleep.⁸⁷ Stearns et al argue that medical concern about children's sleep only became prominent in the late nineteenth century, as part of a more general medicalisation of both sleep and childhood, although having very little sleep scholarship to draw on, they could not have known that parental and medical concern with children's sleep considerably pre-dates this.⁸⁸ Stearns et al identify particular trends in children's sleep that they argue are uniquely modern, particularly the habit of segregating children not only into single beds but single rooms, and the worry that children were not sleeping enough or well enough.⁸⁹ Chapter one argues that the decline of bedsharing among some children can be found in the early nineteenth century, nearly a century earlier than Stearns et al propose.⁹⁰ However, their work anticipates Ekirch's by arguing for an idyllic set of premodern sleeping conditions for children, in which parents were less disengaged from their offspring's sleep and children were not left to lie awake alone in the dark in rooms devoid even of a comforting sibling.⁹¹ This thesis tests their ideas, and demonstrates that child sleep

⁸⁵ Koslofsky, *Evening's Empire*, 232.

⁸⁶ Schmidt, 'Caffeine and the Coming of the Enlightenment', 136.

⁸⁷ Stearns, Rowland, and Giarnella, 'Children's Sleep', 345–66.

⁸⁸ Stearns, Rowland, and Giarnella, 'Children's Sleep', 345–49.

⁸⁹ Stearns, Rowland, and Giarnella, 'Children's Sleep', 345–66.

⁹⁰ Stearns, Rowland, and Giarnella, 'Children's Sleep', 348–49.

⁹¹ Stearns, Rowland, and Giarnella, 'Children's Sleep', 356–60.

quality was often of great importance to middling-sort and elite parents, especially during periods of illness.

Eighteenth-century childhood

Eighteenth-century medical writers recognised that children's sleep was unique. Fetuses were believed to sleep until birth, and they were humorally very moist, which predisposed them to slumber, so they needed to learn how to stay awake and conform to the cycle of day and night that adults lived by.⁹² This explanation remained stable from the seventeenth to the late eighteenth century, although much else about sleep changed in this period. The eighteenth century is also seen as a period of immense change in the history of childhood and the family, even though what Rudolf Dekker calls the 'black legend[s]' proposed by Philippe Ariès, Laurence Stone, and Lloyd de Mause that childhood did not exist before the seventeenth century; that familial affection only began in the late eighteenth century; and that premodern children were subjected at best to neglect and at worst abuse, have long been dismissed.⁹³ Childhood was a recognised stage of life from the medieval period, and although Linda Pollock's 'white legend' attempted to prove that premodern childhood was characterised by love and care, Anthony Fletcher's argument that 'Family relationships were often full of tension and ambivalence' as well as 'demonstrative affection and passionate love', and 'defy easy generalisation' is more widely accepted, as is Patricia Crawford's conclusion that different families had different qualities of relationship within the same period, especially because relationships within families probably also fluctuated within a general trend as well.⁹⁴ This perspective, alongside Crawford's observation that poor

⁹² John Pechey, *A General Treatise of the Diseases of Infants and Children Collected from the Best Practical Authors*, (London: R. Wellington, 1697), 72; John Locke, *An Essay Concerning Human Understanding*, (Oxford: Oxford University Press, 2008), 62; George Armstrong, *An Account of the Diseases Most Incident to Children, from the Birth till the Age of Puberty, With a Successful Method of Curing Them* (London: T. Cadell, 1783), 170; Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012), 34–36, 43–44; Hannah Newton, 'Children's Physic: Medical Perceptions and Treatment of Sick Children in Early Modern England, c1580-1720', *Social History of Medicine* 23, no. 3 (December 2010): 458–59; Leah Astbury, "'Ordering the Infant": Caring for Newborns in Early Modern England', in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 94–95.

⁹³ Rudolf Dekker, *Childhood, Memory and Autobiography in Holland, From the Golden Age to Romanticism*, trans. Benjamin Roberts and Rudolf Dekker (Basingstoke: Macmillan, 2000), 4; Ariès, *Centuries of Childhood*; Stone, *Family, Sex and Marriage*; Lloyd de Mause, 'The Evolution of Childhood', in *The History of Childhood*, ed. Lloyd de Mause (Northvale: John Aronson, 1995), 1–73.

⁹⁴ Dekker, *Childhood, Memory and Autobiography*, 4; Linda A. Pollock, *Forgotten Children: Parent-Child Relations from 1500-1900* (Cambridge: Cambridge University Press, 1983); Anthony Fletcher, *Growing Up in England: The Experience of Childhood, 1600-1914* (New Haven: Yale University Press, 2008), xxi, Ralph A. Houlbrooke, *The English Family, 1450-1700* (London:

families probably provided the best care they could even if this looked like neglect to more fortunate contemporaries or historians, offer less tidy but more satisfying and complex depictions of a world where family relationships were contingent on household and individual circumstances.⁹⁵

Despite the fall of the Ariès and Stone models, the long eighteenth century is still seen as one of great change in childhood history in Britain. The cult of sensibility, and the related cults of childhood and motherhood, altered expectations about how families worked. Sensibility was ‘a cult of feeling... refined emotionalism... [and] benevolence’ characterised by ‘the aggrandizement of feeling and its investment with moral virtue.’⁹⁶ It arose from developments in neurology, but became a fashionable movement as nervous disease became associated with exquisitely sensitive nerves which produced a heightened response to physical and emotional stimuli, associated with elite lifestyles and high intellect, making nervous disease a marker of status.⁹⁷ Ideas about motherhood among the middling and upper sorts intersected with this culture. Although pressure had been growing since the seventeenth century for women to be directly involved in childrearing and to breastfeed their infants, the eighteenth century saw a new ‘valorization of motherhood’ as maternal affection and duty was naturalised and motherhood sentimentalised.⁹⁸ Joanne Bailey shows that sensibility also put increasing emphasis on performances of paternal affection, although men were always more involved with childcare than was traditionally acknowledged.⁹⁹ Although many parents before the eighteenth century formed strong emotional bonds with children, and expressed these in ways appropriate to contemporary culture, eighteenth-century

Longman, 1984), 138; Patricia Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford: Oxford University Press, 2010), 4, 189, 240–41, 251–53.

⁹⁵ Crawford, *Parents of Poor Children*, 3–4, 18, 114–21, 139–41, 150–51, 158, 164, 168–70, 190–92, 242–43, 249–54.

⁹⁶ G.J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago: University of Chicago Press, 1992), xix.

⁹⁷ Barker-Benfield, *Culture of Sensibility*, 1–36.

⁹⁸ Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford: Basil Blackwell, 1988), 87, 92, 111–19; Perry, ‘Colonizing the Breast’, 214–15; Barker-Benfield, *Culture of Sensibility*, 276; Retford, *Art of Domestic Life*, 83–90; Amanda Vickery, *The Gentleman’s Daughter: Women’s Lives in Georgian England* (New Haven: Yale University Press, 1998), 92–94; Bailey, *Parenting in England*; Foyster and Marten, ‘Introduction’, 4; Joanne Bailey, ‘The History of Mum and Dad: Recent Historical Research on Parenting in England from the 16th to 20th Centuries’, *History Compass* 12, no. 6 (2014): 491; Steward, *New Child*, 109–20. See also Fletcher, *Growing Up in England*, 108–28.

⁹⁹ Bailey, ‘Paternal Power’, 331, 335, 338; Bailey, ‘The History of Mum and Dad’, 493–94; Bailey, *Parenting in England*, see for example 6, 27, 30–32, 51–53; Newton, *Sick Child*, 2012, 93–157; Retford, *Art of Domestic Life*, 115–48; Houlbrooke, *English Family*, 146; Fletcher, *Growing Up in England*, 129–48.

emphasis on the importance of feeling and displaying emotion encouraged the performance of parental, and particularly maternal, care, love, and duty in more intensive ways.

The cult of sensibility also encouraged a re-evaluation of childhood and childrearing, in what Hugh Cunningham calls a ‘sanctification of childhood’, which he sees as a secularising process.¹⁰⁰ Enlightenment thinkers emphasised the trainability of children, and their inherent goodness before the taint of “civilised” society corrupted them, in comparison with earlier emphasis on children’s sinfulness, while childhood became a time of unique innocence and enjoyment before the cares of the world descended.¹⁰¹ The emphasis on “natural” maternal breastfeeding was joined by other “natural” childrearing techniques, including criticism of swaddling infants to make their limbs grow straight, and of strict disciplinary regimes.¹⁰² In their place, parents were advised to allow their children freedom to move, play, and explore at will, as “nature” intended, and instil good behaviour by earning their children’s affection and respect.¹⁰³ However, families remained hierarchical, and children needed to learn their position in the world.¹⁰⁴ To aid this process, children became the focus of new consumer products and services, including children’s toys and books, and a boom in educational materials and schools.¹⁰⁵ This culture was mainly adhered to by the middling sort and elite, who had the education and money to engage with these ideals, while more pessimistic views of

¹⁰⁰ Cunningham, *Children and Childhood*, 58.

¹⁰¹ Cunningham, 58–72; Steward, *New Child*, 144; Karin Calvert, *Children in the House: The Material Culture of Early Childhood, 1600-1900* (Boston: Northeastern University Press, 1992), 152; Foyster and Marten, ‘Introduction’, 3–5; Anja Müller, ‘Fashioning Age and Identity: Childhood and the Stages of Life in Eighteenth-Century English Periodicals’, in *Fashioning Childhood in the Eighteenth Century: Age and Identity*, ed. Anja Müller (Aldershot: Ashgate, 2006), 93–94.

¹⁰² Fildes, *Wet Nursing*, 116–19; Cunningham, *Children and Childhood*, 58–65; Foyster and Marten, ‘Introduction’, 3–4; Mary Lindemann, ‘Health and Science’, in *A Cultural History of Childhood and Family in the Age of Enlightenment (Vol 4)*, ed. Elizabeth Foyster and James Marten (Oxford: Berg, 2010), 166, 171; Fletcher, *Growing Up in England*, 96–97; Adriana S. Benzaquén, ‘The Doctor and the Child: Medical Preservations and Management of Children in the Eighteenth Century’, in *Fashioning Childhood in the Eighteenth Century: Age of Identity*, ed. Anja Müller (Aldershot: Ashgate, 2006), 13–24; Steward, *New Child*, 109–12; Perry, ‘Colonizing the Breast’.

¹⁰³ Cunningham, *Children and Childhood*, 58–71; Steward, *New Child*, 16, 19–21, 131–41; Foyster and Marten, ‘Introduction’, 3–4.

¹⁰⁴ Bailey, ‘Paternal Power’.

¹⁰⁵ Plumb, ‘New World of Children’; Cunningham, *Children and Childhood*, 65; Steward, *New Child*, 132, 149–50.

childhood as a time of sin and frivolity that needed strict treatment to bring the child towards salvation continued among some nonconformist groups.¹⁰⁶

The idealisation of childhood, coupled with concerns about child mortality and national strength, encouraged a child welfare movement which culminated in the founding of institutions dedicated to education (charity schools and, at the end of the period, the Sunday School movement); raising unwanted children (the Foundling Hospital); and care for pregnant women (the lying-in hospitals).¹⁰⁷ These raised money by emphasising the plight of increasingly vulnerable-seeming children, and prioritised the perceived needs of disadvantaged children to bring up strong, industrious, obedient workers who would serve the national interest.¹⁰⁸ Childhood both within institutions and in domestic settings also underwent a process of medicalisation, with medical professionals keen to expand their sphere of professional interest; assert their expertise over that of mothers and nurses; and promote child health, again for the good of society as well as the individual.¹⁰⁹ Philosophical, domestic, institutional, material, medical, and moral influences on parents and children all shifted both understandings of how children should be brought up, and the experience of being a child.

These changes in domestic consumption; new types of institutional provision for the poor; and the cultural changes which idealised childhood and family life affected every area of children's lives. This thesis examines the effects these changes had on how children's slumber was understood and managed by the adults around them, and the ways in which the material setting and cultural meanings of the bed and bedchamber shifted over the long eighteenth century.

Defining childhood

Anna Davin observes that 'There is no absolute definition of childhood', but, as Rudolf Dekker argues, 'childhood has always been a negation of adulthood', and it is always a

¹⁰⁶ Cunningham, *Children and Childhood*, 66–67; Foyster and Marten, 'Introduction', 5–6.

¹⁰⁷ Cunningham, *Children and Childhood*, 99, 121; Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton: Princeton University Press, 1989), 50–51, 54–69; Alys Levene, *Childcare, Health and Mortality at the London Foundling Hospital, 1741–1800: 'Left to the Mercy of the World'* (Manchester: Manchester University Press, 2007), 5–6; Helen Berry, *Orphans of Empire: The Fate of London's Foundlings* (Oxford: Oxford University Press, 2019), 24–25.

¹⁰⁸ Ruth K. McClure, *Coram's Children: The London Foundling Hospital in the Eighteenth Century* (New Haven: Yale University Press, 1981).

¹⁰⁹ Benzaquén, 'The Doctor and the Child'; Lindemann, 'Health and Science'.

contextual category.¹¹⁰ Biologically, infants tend to be defined by extreme dependence, and children by being 'smaller than adults and without secondary sexual characteristics', but children also usually remain dependent on adults for essentials.¹¹¹ Legal definitions, such as the minimum age for marriage or inheritance, are based on lawmakers' understandings of stages of physical and mental development.¹¹² Economic definitions divide those who earn their own living from those dependent on a parent or guardian, but parish apprentices could begin working from as young as seven (although between 10 and 15 was more common), while aristocratic youths often relied on allowances from families well into their twenties.¹¹³ The period of childhood lengthened over the eighteenth century, at least among the middling and upper sort, as sentimental ideas about protecting childhood innocence extended the age of transition to adulthood.¹¹⁴ Karin Calvert also suggests that reduced infant and child mortality meant that parents no longer had to rush their children through physical and spiritual milestones to encourage them to reach adulthood safely and insure against damnation.¹¹⁵ Generally, the age of seven is agreed to have been an important milestone, when boys were breeched and began formal education away from their mothers, because seven was supposed to be the age children developed rationality.¹¹⁶ As chapter one demonstrates, the move from cradle to bed was also a milestone, which probably took place between the ages of one and two, reflecting older infants' increased size and strength which enabled them to withstand the less cocooned environment of the bed. For the purposes of this thesis, two-year-olds yet to fully

¹¹⁰ Anna Davin, 'What Is a Child?', in *Childhood in Question: Children, Parents and the State*, ed. Anthony Fletcher and Stephen Hussy (Manchester: Manchester University Press, 1999), 15; Dekker, *Childhood, Memory and Autobiography*, 6.

¹¹¹ Davin, 'What Is a Child?', 17–18; Müller, 'Introduction', 3–5; Dekker, *Childhood, Memory and Autobiography*, 4–6.

¹¹² Dekker, *Childhood, Memory and Autobiography*, 4–5, 105–6; Müller, 'Introduction', 4–5.

¹¹³ See for example Katrina Honeyman, *Child Workers in England, 1780-1820: Parish Apprentices and the Making of the Early Industrial Labour Force* (Aldershot: Ashgate, 2007), 45; Crawford, *Parents of Poor Children*, 157, 213, 244; Ilana Krausman Ben-Amos, *Adolescence and Youth in Early Modern England* (New Haven: Yale University Press, 1994), 10–38–39, 43–45, 58–60; Patrick Wallis, Cliff Webb, and Chris Minns, 'Leaving Home and Entering Service: The Age of Apprenticeship in Early Modern London', *Continuity and Change* 25, no. 3 (2010): 377–404; Dekker, *Childhood, Memory and Autobiography*, 5–6, 104–5.

¹¹⁴ Davin, 'What Is a Child', 15–16; Calvert, *Children in the House*, 7–8, 152; Dekker, *Childhood, Memory and Autobiography*, 105; Hugh Cunningham, 'Histories of Childhood', *American Historical Review* 103, no. 4 (October 1998): 1200, 1206–8; Ben-Amos, *Adolescence and Youth in Early Modern England*, 2–5.

¹¹⁵ Calvert, *Children in the House*, 151–52.

¹¹⁶ Foyster and Marten, 'Introduction', 10; Houlbrooke, *English Family*, 150; Pollock, *Forgotten Children*, 24; Dekker, *Childhood, Memory and Autobiography*, 75; Nicholas Orme, *Medieval Children* (New Haven: Yale University Press, 2003), 68.

acquire language are understood to be infants, because they remained fully dependent on adults even if they no longer slept in cradles.

The thesis also includes case studies of two seventeen-year-olds. While most studies of childhood end by the age of fourteen or fifteen, the age many youths were apprenticed, these two children belonged to middle-class families and lived with and were dependent on their parents, and one was still at school.¹¹⁷ Although poorer children's childhoods would have ended by this age, these examples are included because their status in their parents' writings suggest that they were still treated as children by their families.

Experiencing childhood sleep

Both sleep and children are elusive subjects for historical study. Cunningham criticises early scholarship on the history of children on the grounds that it is really the history of how adults have thought about and represented children, rather than the study of children as actors or the subject of historically specific experiences.¹¹⁸ Most sources, whether textual or visual, were created by adults recording observations of child behaviour or theorising about how to bring them up, which relied on adults deciding it was worth recording routine events like bedtime, or unusual incidents like bad dreams or bedwetting.¹¹⁹ Children's own voices were limited by lack of literacy; poor survival of child-authored sources; and the concern that in many cases, surviving evidence was influenced by direct adult supervision or unconscious adherence to assumed norms of adult-approved content or style.¹²⁰

A similar problem exists in the history of sleep, which is an unconscious process; evidence about it relied either on the recollections of the woken sleeper, or observations by a third party. Evidence about both children and sleepers is usually mediated through the eyes of someone who was, at the moment of recording, neither, so studying child sleep compounds the problem of recovering both facets of experience. Although children appear in documents written by adults, references to them are often

¹¹⁷ Studies that see childhood ending around fifteen include Newton, *Sick Child*, 8; Davin, 'What Is a Child', 27–28.

¹¹⁸ Cunningham, *Children and Childhood*, 2–15, 202; Steward, *New Child*, 82.

¹¹⁹ Cunningham, *Children and Childhood*, 2; Calvert, *Children in the House*, 4.

¹²⁰ Calvert, *Children in the House*, 4–5; Dekker, *Childhood, Memory and Autobiography*, 16–17, 41–43; Kathryn Sutherland, 'Fleming, Marjory (1803–1811), Child Diarist', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-9707?rskey=3c3cBu&result=1>; Cunningham, *Children and Childhood*, 2.

fleeting and superficial. Adults had many demands on their attention, so they generally recorded things they felt were important, like milestones or misbehaviour, without dwelling on children's experiences or mundanities like "ordinary" sleep, while even literate children were liable to self-censor in response to perceived adult expectations.¹²¹

Various sources can be examined to recover children's voices using against-the-grain techniques, but in some situations, children break through more clearly. These include moments when children were distressed, when desires or discomforts become visible in the ways they demanded responses and disrupted adult routines. Pain was seen as particularly dangerous for children's weak bodies, while crying was both a form of evacuation and the main way a child could communicate that something was wrong.¹²² Attention to crying was particularly acute when children were ill, because their unreliable verbal abilities made it more important to read their bodies for clues to their health.¹²³ As Leah Astbury says, infants' tears were 'seen as an impulse that was unbidden and uncontrollable', and older children under the age of rationality had incomplete control over them too.¹²⁴ This meant that recording a child's tears, and finding a solution to them, was believed to provide evidence for what the child felt from the start of an incident until they were soothed, even if this was based on explanations adults found for children's distress rather than clearly showing the true problem. Similarly, behaviour during sleep was understood as a reflection of the inner state of the self, so illness disrupting slumber indicated a disordered interior, and return to sleep the soothing of disruption.¹²⁵

There has been extensive debate over whether it is possible to recover the experience of people in the past. For scholars like Elaine Scarry, other people's pain is always

¹²¹ See for example Fletcher, *Growing Up in England*, 283–91; Alys Levene, 'Childhood and Adolescence', in *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson (Oxford: Oxford University Press, 2011), 326; Cunningham, *Children and Childhood*, 2; Crawford, *Parents of Poor Children*, 18–19; Peter N. Stearns, 'Challenges in the History of Childhood', *Journal of the History of Childhood* 1, no. 1 (Winter 2008): 36; Dekker, *Childhood, Memory and Autobiography*, 12–19, 41–43.

¹²² Newton, *Sick Child*, 40, 65, 71; Newton, 'Children's Physic', 469; Astbury, 'Ordering the Infant', 85–86.

¹²³ Newton, *Sick Child*, 64–65. Chapter three explores this further.

¹²⁴ Astbury, 'Ordering the Infant', 84–86; quotation at 84.

¹²⁵ See for example Handley, 'Sleepwalking, Subjectivity and the Nervous Body', Handley, 'Deformities of Nature'; Handley, *Sleep in Early Modern England*, 181–210; MacLehose, 'Sleepwalking, Violence and Desire'; MacLehose, 'Captivating Thoughts'.

unknowable, because nobody can truly translate sensation into language.¹²⁶ Others agree that there are commonly understood ways to describe feelings within societies, but argue that these are so steeped in contemporary discourse that they lose all meaning to those outside that cultural context.¹²⁷ Smail also suggests that the biochemical and psychological context of human existence have changed, so for example changes in western religious practices, the introduction of caffeine, and changes in modes of consumption have all reflected *and* contributed to changes in human minds and bodies, as well as the cultures they inhabit.¹²⁸ This suggests that bodies respond differently, and to different stimuli, to past bodies. However, Joanna Bourke distinguishes between what she calls ‘pain as a type of event’, and discourse about pain, which relies on constructing a language with which to communicate the “‘pain-event’”.¹²⁹ Both approaches are relevant, although they come up with different conclusions.

Although the material and disease contexts of modern bodies have changed, human bodies have altered much less. For example, despite his observations about acute environmental changes, Smail observes that human bodies change on an evolutionary timescale, so these differences (which alter experience on both an individual and societal level) are embedded within underlying biological mechanisms that endure

¹²⁶ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), 3–15.

¹²⁷ See for example Séverine Pilloud and Micheline Louis-Courvoisier, ‘The Intimate Experience of the Body in the Eighteenth Century: Between Interiority and Exteriority’, *Medical History* 47 (2003): 451–72. For a discussion of this type of history, see Dror Wahrman, ‘Change and the Corporeal in Seventeenth and Eighteenth-Century History: Or, Can Cultural History Be Rigorous?’, *Gender and History* 20, no. 3 (November 2008): 586–96; Lyndal Roper, *Oedipus and the Devil: Witchcraft, Religion and Sexuality in Early Modern Europe* (London: Routledge, 1994), 13–17.

¹²⁸ Smail, *Deep History and the Brain*, 160–62, 172–73, 180–81. Using this line of argument, Roger Schmidt locates the shift in sleeping habits proposed by A. Roger Ekirch not in the results of urbanisation and industrial timetables, which for Ekirch relied on improved lighting technology, but in the effect of caffeine on sleep. While Ekirch sees novel forms of illumination as altering physiology but crucially also driving changes in routine based on employers’ demands, and Craig Koslofsky sees lighting as driving cultural changes in sociability, altering schedules primarily along class and rural/urban lines, Schmidt claims that caffeine interrupted the sleep of late seventeenth- and eighteenth-century users to such an extent that a ‘war on sleep’ erupted and, along with ‘books, and mechanical clocks[, caffeine] disrupted irrevocably the ancient architecture of human sleep’. Schmidt, ‘Caffeine and the Coming of the Enlightenment’, quotation at 133; Schmidt, ‘Wasted Days and Wasted Nights’, 193, 195–96, 197–98; Ekirch, ‘Sleep We Have Lost’, 383–84; Ekirch, *At Day’s Close*, 304, 334, 337–39; Ekirch, ‘Modernization of Western Sleep’, 160–66, 170–72, 175–81; Koslofsky, *Evening’s Empire*, 17, 110–11, 128–30, 232–34, 276.

¹²⁹ Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), 5–9.

across much broader timespans, and which also affect physical experience.¹³⁰ Drawing on Smail's work, Dror Wahrman criticises historians' resistance to the notion that some elements of the human might be transhistorical, observing that it is possible to locate historically specific developments within much longer timescales.¹³¹ Wahrman is equally scathing about 'unreflective constructivism', which he sees as denying the possibility of stability between historical eras, however defined.¹³² This is also the problem Lyndal Roper tackles in her exploration of the unfamiliar discourse of witchcraft experiences within a corporeal framework, taking seriously the physical experiences described by victims:

Witchcraft is fundamentally about people becoming ill and accusing others. It concerns physical experience... wishing ill to other people and.... the impact of emotional states on physical ones. It confronts us with the relationship between feelings and the body... a history of witchcraft has to address not just the discourse of magic, but the experience of the body. Discourse analysis alone [is insufficient.]¹³³

Roper observes that arguments around the cultural construction of gender do not adequately account for embodied existence, especially in her view questions around reproduction and childbirth, and calls for investigation of physical processes including pain and excretion on their own terms as well as in the context of cultural representation.¹³⁴ Roper also suggests that modern medicine has fundamentally altered how contemporary historians think about embodiment, illness, and pain, because their own expectations and experiences are so different to those of previous generations.¹³⁵ Astbury implicitly takes up this challenge in her work on postpartum women, who often were not fully recovered from labour despite being expected to return to everyday life after churching; recovery was 'measured according to an individual's bodily norms, rather than solely by prescriptive ideals'.¹³⁶ Astbury's argument relies on both her subjects' contemporaries and current historians accepting

¹³⁰ Smail, *Deep History and the Brain*, 112, 118–19, 154–56, 162–64.

¹³¹ Wahrman, 'Change and the Corporeal', 597–601.

¹³² Wahrman, 'Change and the Corporeal', 599.

¹³³ Lyndal Roper, 'Beyond Discourse Theory', *Women's History Review* 19, no. 2 (April 2010): 314.

¹³⁴ Roper, 316; Roper, *Oedipus and the Devil*, 13–17, 21–23.

¹³⁵ Roper, 'Beyond Discourse Theory', 316–17.

¹³⁶ Leah Astbury, 'Being Well, Looking Ill: Childbirth and the Return to Health in Seventeenth-Century England', *Social History of Medicine* 30, no. 3 (August 2017): 500–503, 507, 509–13, 518–19.

that women's physical state had an independent as well as a culturally understood existence which needed to be taken seriously.

Philippa Carter calls for the acknowledgement of what Roper terms "corporeal facts": although cultural discourse shapes the experience and discussion of embodiment, the human body is also a physical object that changes slowly, so some experiences are recognisable even when their cultural meanings change.¹³⁷ In Carter's words,

How pus is perceived – whether as corrupted choler, or as dead white blood cells and bacteria – does not alter the course of infection. It might change the quality of the pain, but it will not change the fact of the pain accompanying infection.¹³⁸

Carter is not quite right; a humoral understanding of pus/choler presumably leads to different treatment plans to a bacteriological one, with different effects on the course of infection and the sensations associated both with treatment and the course of disease. However, the underlying observation about the similar effect of the same physiological process, regardless of interpretation, stands.

Scarry's claim that to express pain requires external referents is also exaggerated.¹³⁹

Lisa Wynne Smith argues that eighteenth-century 'Patients were fluent in the language of pain; humoral theory offered a vocabulary and a store of metaphors that simultaneously expressed physical and emotional symptoms'.¹⁴⁰ Moreover, while culturally specific referents used to describe pain, such as hell, have changed, other sensations such as 'burning', 'stabbing', and so forth are still recognisable today, because similar causes of injury exist and most people experience them at some point.¹⁴¹ Although descriptions of physical pain only offer superficial insight into the experience of past embodiment when written by third parties about young children, this approach permits some insight into what premodern illness felt like. It offers a

¹³⁷ Philippa Carter, 'Childbirth, "Madness", and Bodies in History', *History Workshop Journal*, 2021, 17–18; Roper, 'Beyond Discourse Theory', 317.

¹³⁸ Carter, 'Childbirth, "Madness", and Bodies in History', 17.

¹³⁹ Scarry, *Body in Pain*, 8–9.

¹⁴⁰ Lisa Wynne Smith, "'An Account of an Unaccountable Distemper": The Experience of Pain in Early Eighteenth-Century England and France', *Eighteenth-Century Studies* 41, no. 4 (Summer 2008): 465.

¹⁴¹ These examples are drawn from those Hannah Newton identifies in her work on child pain in Newton, *Sick Child*, 193–98; Hannah Newton, "'Very Sore Nights and Days": The Child's Experience of Illness in Early Modern England, C1580-1720', *Medical History* 55, no. 2 (April 2011): 162–66.

more concrete way to recover children's voices, as their internal sensations were taken seriously by concerned carers who responded to bodily cues.

Drawing on this perspective, chapters four to seven argue that it is possible to recover elements of children's experience in and around the bed, even if the underlying texture of these experiences was too individual to be recorded by parental observers. These chapters use documents which record serious illness in children, which also recorded their sleep and sleep loss. These indicate moments when children were believed by their parents to experience particular sensations, particularly the onset and cessation of pain, as chapter four demonstrates. This is a fairly unsophisticated measure of experience, and relies on parental observation rather than children's own testimony, but it points to ways that sleep studies can recover subtler aspects of children's experiences. If sleep disruption is sometimes the result of internal sensation, then other symptoms also indicate the physical experience of being in bed, explored in chapter six. Moreover, the strategies children found to occupy themselves and socialise from bed discussed in chapter seven offer insights into children's interests, priorities, and the nature of emotional experiences like friendship, familial love, and boredom, all of which need contextualising but which are visible through the veneer of adult commentary. On occasion, children's own voices shine through more clearly. For instance, children's misbehaviour around bedtime, although not examined here for reasons of space, suggest children's desires, dislikes, and moments of rebellion, distress, or excitement. Chapter five, meanwhile, uses an against-the-grain reading of a dispute caused by an oversleeping maid to suggest that the physical experience of other marginalised groups may also be recoverable in the context of their slumber. Children's sleep and sleep loss was most rigorously recorded in the context of serious illness, so focussing on documents which deal with this offers a partial solution to the problem of recovering their sleep, and also the voices, experiences, and agency of groups often obscured in the historical record.

This technique means that the thesis responds to Newton's call to examine experiences of both recovery and child illness.¹⁴² Newton has disproved traditional assumptions

¹⁴² Newton, *Misery to Mirth*; Newton, 'She Sleeps Well and Eats an Egg'; Hannah Newton, "'Out of Bed, But Not Yet Abroad": Spatial Experiences of Recovery from Illness in Early Modern England', *Early Modern Literary Studies*, no. 29: Door-Bolts, Thresholds, and Peep-Holes: Liminality and Domestic Spaces in Early Modern England (2020): 1-20; Newton, 'Inside the Sickchamber'; Newton, *Sick Child*; Newton, 'Very Sore Night and Days'; Newton, 'Children's Physic'.

that children were not given medical treatment, and has shown that their bodies were believed to work differently to those of adults, meaning that treatments were also tailored to their perceived needs.¹⁴³ Together with Astbury, Newton has also challenged the traditional notion that premodern illness inevitably led to impairment, pain, or death: while everyone eventually died, individuals recovered from most bouts of illness they suffered.¹⁴⁴ While this optimistic perspective must not obscure the ways that illness and injury *did* result in long-term changes to sufferer's bodies, Newton's work has called attention to the importance of examining notions of ability as well as disability in the context of illness, which in this instance means the bed-culture of children's deathbeds, examined in chapters six and seven.

Newton is interested in recovering past experiences of illness, both for patients and those around them.¹⁴⁵ To achieve this, she brings together large bodies of personal documents, published texts, and objects. From this, she draws conclusions about categories of experience or medical practice, drawing evidence-based generalisations about swathes of the population in the long seventeenth century, with a bias towards middling and elite households and nonconformists who diarised for spiritual reasons.¹⁴⁶ A similar approach has been taken by most existing sleep histories, which sketch the parameters of premodern sleeping habits, environments, and the beliefs that underpinned these practices. MacLehose and Hunter tend towards intellectual histories of sleep: MacLehose used medical and theological manuscripts to account for how sleep was believed to function and what the implications of this were both for understandings of the mind/body connection and for those with sleep disorders, while Hunter has explored sleep remedies, moral discourse around sleeping habits, and philosophical implications of sleep disorders.¹⁴⁷ Both Ekirch and Handley offer an analysis of sleep practices in the home, and both use collections of published books, published and unpublished ego-documents, visual sources, legal records, and so forth

¹⁴³ Newton, *Sick Child*; Newton, 'Children's Physic'.

¹⁴⁴ Newton, *Misery to Mirth*; Newton, 'She Sleeps Well and Eats an Egg'; Newton, 'Out of Bed, But Not Yet Abroad'; Astbury, 'Being Well, Looking Ill'.

¹⁴⁵ Anon, *The Art of Nursing: Or, the Method of Bringing Up Young Children According to the Rules of Physick, for the Preservation of Health, and Prolonging Life* (London: John Brotherton and Lawton Gilliver, 1733); Newton, 'Very Sore Night and Days'; Newton, *Misery to Mirth*; Newton, 'She Sleeps Well and Eats an Egg'; Newton, 'Out of Bed, But Not Yet Abroad'; Newton, 'Inside the Sickchamber'.

¹⁴⁶ Newton, *Misery to Mirth*, 25–28; Newton, *Sick Child*, 17–19.

¹⁴⁷ MacLehose, 'Sleepwalking, Violence and Desire in the Middle Ages', 601–24; MacLehose, 'Fear, Fantasy and Sleep', 67–94; MacLehose, 'Captivating Thoughts', 98–131; MacLehose, 'Historicising Stress', 1–8; Hunter, "'To Cause Sleep Safe and Shure'", 473–93; Hunter, "'That Venerable and Princely Custom'", 163–81; Hunter, 'The Noctambuli', 1–26.

to establish the routines and concerns that governed sleep, while Handley also uses material culture sources.¹⁴⁸ However, when Handley offers detailed analysis of narrower groups of sources, it is to offer an intellectual history of medical and philosophical understandings of slumber and sleep disorders.¹⁴⁹ Both mention experiences that undermined (or enhanced) slumber, such as pain or worry, but these are generally brief and form an overview of the types of problems and solutions individuals employed, rather than an extended interrogation of the implications of these experiences over the longer term.¹⁵⁰ All of these studies tends towards the middling and upper tiers of society, who were the focus of the medical and philosophical writings, ego-documents, and museum collections which form the basis of most of these works. The poor are almost excluded from most sleep histories, although Ekirch does better on this score by using legal records and considering the implications of poor housing and chronic illness, although these are also applicable in some measure to higher social groups, and his work does not focus specifically on the poor.¹⁵¹

The exception to this pattern is Oren-Magidor, whose detailed study of Mary Evelyn draws on Handley's concept of 'sociable sleeping' to explore the social implications of adhering to a radically different sleep timetable to the rest of society.¹⁵² However, even Oren-Magidor does not explore *why* Mary behaved like this, or what effect this had on her as an individual (as opposed to the effects her father believed it had on her social standing).¹⁵³ However, the emphasis in sleep history has generally been on bringing together large bodies of evidence to sketch the framework in which sleep operated, without extended case studies or detailed analysis of individual habits and experience.

¹⁴⁸ Ekirch, *At Day's Close*; Ekirch, 'Sleep We Have Lost', 343-86; Ekirch, 'Modernization of Western Sleep', 149-92; Handley, *Sleep in Early Modern England*; Handley, 'From the Sacred to the Moral', 27-46; Handley, 'Sleepwalking and Subjectivity', 305-23; Handley, 'Sociable Sleeping', 79-104; Handley 'Sleep-Piety and Healthy Sleep', 185-209; Handley, 'Deformities of Nature', 401-25; Handley, 'Objects, Emotions and an Early Modern Bed Sheet', 169-94; Handley, 'Accounting for Sleep Loss', 1-10.

¹⁴⁹ See for instance Handley's discussions of sleepwalking. Handley, *Sleep in Early Modern England*, 188-202; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 305-23; Handley, 'Deformities of Nature, 401-25'.

¹⁵⁰ See for instance Handley, *Sleep in Early Modern England*, 203-10. Ekirch's approach is entirely to collect brief, illustrative quotations to establish the framework of premodern sleep: a useful exercise because he was the first scholar to ask questions about the experience of past slumber. See for example Ekirch, *At Day's Close*, 288-97; Ekirch, 'Sleep We Have Lost', 343-86.

¹⁵¹ Ekirch, *At Day's Close*; Ekirch, 'Sleep We Have Lost', 343-86.

¹⁵² Oren-Magidor, 'Sleep Etiquette', 1-16; Handley, 'Sociable Sleeping', 79-104; Handley, *Sleep in Early Modern England*, 162-80.

¹⁵³ Oren-Magidor, 'Sleep Etiquette', 1-16.

This thesis is the first history of sleep to draw heavily on case studies to recover the lived experiences of sleepers (or the sleepless). It draws heavily on the framework established by Handley, including her findings on the material culture of adult sleep; the assumptions eighteenth-century medics made about how sleep worked in the humoral body; and interrogates and extends some of Handley's conclusions about the ways that sleep disorders were understood to relate to the inner self.¹⁵⁴ However, it goes beyond her work by employing extended close readings of individual sources or groups of sources, to examine the everynight experience of child sleepers, and of the adults who attempted to sleep nearby and were responsible for their overnight care. In doing so, the thesis demonstrates that the subjective experience of both slumber and children can be recovered by paying close attention to records of individual sleep, and that using sleep and bed-occupancy as a lens focusses scholarly attention on the bodily, emotional, and intellectual experience of childhood in the long eighteenth century. This technique could be extended to other demographics, including servants, the elderly, and the sick, but the thesis concentrates on children and infants.

Methodology and structure

The thesis is divided into four parts. The first, consisting of chapters one and two, establishes the spaces of children's sleep, and the routines which governed it. As the history of adult bedding is well-established and children's beds were almost indistinguishable from adults', chapter one concentrates on infant sleeping arrangements.¹⁵⁵ It takes a similar approach to that employed by Handley to establish the environment in which children and infants slept.¹⁵⁶ Drawing on criminal trials, ego-documents, medical texts, museum collections, visual culture, and a large corpus of inventories, it traces how adults set up children's sleep spaces, the meanings ascribed to different sleeping environments, and the ways that children used and experienced them. The chapter concentrates on the material culture of infant sleep. Its use of a wide body of different types of sources mirrors Handley's approach by establishing the basics of child and infant sleep, and sets the scene for later chapters, which are interested in sleep as an embodied activity which took place in a material context. Like

¹⁵⁴ Handley, *Sleep in Early Modern England*; Handley, 'From the Sacral to the Moral', 27-46; Handley, 'Sleepwalking and Subjectivity', 305-23; Handley, 'Sociable Sleeping', 79-104; Handley 'Sleep-Piety and Healthy Sleep', 185-209; Handley, 'Deformities of Nature', 401-25; Handley, 'Objects, Emotions and an Early Modern Bed Sheet', 169-94; Handley, 'Accounting for Sleep Loss', 1-10.

¹⁵⁵ See for instance Handley, *Sleep in Early Modern England*, 39-68; Cavallo, 'Invisible Beds'; Pennell, 'Making the Bed'; Cavallo and Storey, *Healthy Living*, 113-44; Wright, *Warm and Snug*.

¹⁵⁶ Handley, *Sleep In Early Modern England*.

Handley, it focusses on the provisions made for sleepers of the middling and upper sort, because more evidence survives about these groups: life writings, surviving museum collections, inventories, and medical advice all deal primarily with these groups.¹⁵⁷ However, it also uses the 1811 parliamentary inquiry into the chimneysweeps, legal records, and artistic representations of poverty to offer a very brief insight into some aspects of domestic slumber among lower socioeconomic groups.

The second chapter examines sleep at the Foundling Hospital: the first institution in England to provide residential care exclusively for infants and children. It uses General Committee minutes, the account book of the Ackworth branch of the hospital, and the regulations governing behaviour to explore the provisions made by a charitable institution to house children of suspect social and moral status, and which therefore balanced the need for adequate, inexpensive, and serviceable furnishings with the need to remind the inmates of their lot in life.¹⁵⁸ It concentrates on the period between 1739, when the founding committee first met, and 1758, halfway through the General Reception, during which limits on intake were removed, although the account book covers 1756-1774; the branch was active between 1757 and 1773. These are supplemented by published books of school history and *An Account of Several Work-Houses* for comparison with how other institutions housed their inmates overnight.¹⁵⁹ The chapter compares the governors' intentions for how the foundlings were to sleep, as expressed in the minutes and regulations, with evidence about how foundlings actually slept, as well as drawing on current understandings of child slumber to question how far these expectations could ever have been met. Apart from an article on nineteenth-century provision in workhouses, prisons, and hospitals by Tom Crook, the

¹⁵⁷ Handley, *Sleep in Early Modern England*; Handley, 'Sociable Sleeping', 79-104; Handley, 'Sleep-Piety and Healthy Sleep', 185-209; Handley, 'Accounting for Sleep Loss', 1-10.

¹⁵⁸ 'General Committee Minutes', Vols. 1-5, 1739-58, Foundling Hospital Archive, London Metropolitan Archive, A/FH/K02/001-005, X041/014-015; 'Inventory Book of Household and Farm Goods', 1757-1774, Foundling Hospital Archive, London Metropolitan Archive, A/FH/Q/01/058; *Regulations for Managing the Hospital for the Maintenance and Education of Exposed and Deserted Children* (London: No publisher, 1757). See also for example McClure, *Coram's Children*, 9-10, 121-23; Levene, *Childcare, Health and Mortality*, 5; Gillian Pugh, *London's Forgotten Children: Thomas Coram and the Foundling Hospital* (Stroud: Tempus, 2007), 40; Gillian Clark, 'Introduction', in *Correspondence of the Foundling Hospital Inspectors in Berkshire, 1757-68*, ed. Gillian Clark (Reading: Berkshire Record Society, 1994), xi-xii; Alysia Levene, 'The Origins of the Children of the London Foundling Hospital, 1741-1760: A Reconsideration', *Continuity and Change* 18, no. 2 (August 2003): 201.

¹⁵⁹ *An Account of Several Work-Houses for Employing and Maintaining the Poor... As Also of Several Charity Schools for Promoting Work, and Labour* (London: Jos. Downing, 1732).

chapter is the first to ask how residential institutions accommodated their inmates' need for slumber.¹⁶⁰

These first two chapters represent the first systematic attempt to reconstruct the material environment in which children slept, as opposed to general studies of sleeping spaces mainly focussed on adults. They establish the broad material context in which eighteenth-century children slept, in preparation for the interrogation of individual children's experiences of slumber discussed in chapters four to seven, and offer a preliminary discussion of how residential institutions housing the poor (but not the criminal) provided for their inmates. The combination of how sleeping spaces were set up and the behaviours that took place in and around the bed make up what is here termed "bed-culture".

Chapter three stands alone, and explores medical approaches to children's sleep. Focussing on three popular medical advice manuals published between 1767 and 1784, two of which focussed particularly on child health, it examines how medical professionals thought children's sleep should be managed.¹⁶¹ Although the manuals claimed that they divided children from adults, much of the commentary on sleep actually focussed on disorders of infants. The chapter shows that the cults of sensibility and maternity had significant influence on how eighteenth-century medical writers approached problems of infant sleep, with later writers concerned to reassure parents that sleeping habits previously condemned as unhealthy or deadly were innocuous or desirable.¹⁶² Although the chapter stands alone in its intellectual history approach, it forms a bridge between part one, which is concerned with the practicalities of children's sleep from a social history perspective, and part three, which takes a history of the body approach. It also explains the wider intellectual context of the concerns the Foundling Hospital's governors had around the foundlings' slumber, although it is principally concerned with domestic rather than institutional contexts.

The third part of the thesis consists of two pairs of chapters, each of which takes an in-depth case study approach to explore a small collection of manuscripts and published

¹⁶⁰ Tom Crook, 'Norms, Forms and Beds: Spatializing Sleep in Victorian Britain', *Body and Society*, Vol. 14, No. 4, (2008), 15-35.

¹⁶¹ Armstrong, *Account of the Diseases Most Incident to Children*; Buchan, *Domestic Medicine*; Michael Underwood, *A Treatise on the Diseases of Children, with Directions for the Management of Infants from the Birth* (London: J. Mathews, 1784).

¹⁶² Armstrong, *Account of the Diseases Most Incident to Children*, 12-20; Underwood, *Treatise on the Diseases of Children*, 26-31.

narratives to explore a different aspect of child sleep and bed-culture. All four chapters examine the experiences of seriously ill children from the upper-middling and elite echelons of society, and concentrate on the period 1782-1826. These sources were all selected because they provide sustained, detailed evidence about how children slept (or did not sleep), rather than gathering together a broad, disparate body of evidence. Where Newton's approach suggests broad themes that emerged in past illness, such as the qualities children ascribed to their pain or the emotional responses of patients and families when recovering or facing death or recovery from illness, and Handley's sketches norms by which individuals managed their sleeping environments, habits, and beliefs, the case studies here explore ways sleep and waking shaped physical and intellectual experiences and events within a very narrow time and social space.¹⁶³ This permits more detailed against-the-grain analysis of experience, and suggest new ways to understand the ways children's bodies interacted with the environment they inhabited.

Chapter four is the first of a pair of chapters which focus on sleep during inoculation against smallpox in the 1780s, drawing on a uniquely detailed and extended record of the sleep of a single child during and after his inoculation infection in the 'Diary of Lady Mary Traquair'.¹⁶⁴ It emphasises the importance of sleep in monitoring the progression of illness, something which has been noted by other historians but not sufficiently appreciated.¹⁶⁵ It is supplemented by another record, this time of the inoculation and illnesses of the children of the Bankes family, to compare how sleep was monitored.¹⁶⁶ The chapter also examines how symptoms of illness and medical interventions by professionals and parents altered children's sleep. Chapter five returns to the Traquair diary to explore the effect of child sleeplessness during illness on the adults responsible for their care, and the power dynamics between a noble employer and the various medical professionals and servants whom she employed to assist her in the sickroom. These two chapters demonstrate that concentrating on children's sleep

¹⁶³ Newton, *Sick Child*; Newton, 'Very Sore Night and Days'; Newton, *Misery to Mirth*; Newton, 'She Sleeps Well and Eats an Egg'; Newton, 'Out of Bed, But Not Yet Abroad'; Newton, 'Inside the Sickchamber'; Hannah Newton, "'Rapt Up With Joy": Children's Emotional Responses to Death in Early Modern England', in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 87–107.

¹⁶⁴ Lady Mary Traquair, 'Diary of Lady Mary Ravenscroft, 7th Countess of Traquair', (1782-1783), Fraser Chest, Bundle 1, Traquair Archives, Traquair House.

¹⁶⁵ See for example Handley, 'Accounting for Sleep Loss', 4; Handley, *Sleep in Early Modern England*, 24–45; Newton, *Misery to Mirth*, 77; Newton, 'She Sleeps Well and Eats an Egg', 112.

¹⁶⁶ Frances Bankes, 'Notebook of Children's Diseases', 1785-1805, Dorset History Centre, D BKL/H/I/1.

during illness permits glimpses of the subjective experience of sleep, waking, and sleep loss among both children and the adults who cared for them, by reading against-the-grain to recover some of the things held to cause and alleviate sleep disturbance. It agrees with the arguments proposed by Carter, Roper, Wahrman, and Smail, who all claim that the slow rate of change in human physiology and its existence within a material world that is recognisable mean that, despite changes in cultural reactions to bodily experience, basic facets of what it meant to be embodied are recoverable.¹⁶⁷ It also challenges Ekirch's 'segmented sleep' theory, by demonstrating that those with caring responsibilities and their charges routinely experienced polyphasic sleep.¹⁶⁸

Chapters six and seven are also a pair, exploring the deathbed narratives of four children who died aged between six and seventeen in 1802-26. Chapter six examines the relationship between the dying body and the bed, drawing on Bruno Latour's observation that the physical world and individuals interact with each other to shape what happens to each.¹⁶⁹ Although the deathbed was supposed to be a safe, comfortable space, in practice it interacted with its occupant's body in ways that made the bed messy and the body uncomfortable, and could even cause further damage to the dying child. This chapter also examines the illnesses of some of its subjects in the context of modern medical theory, not in an attempt at retrospective diagnosis, but as an intellectual exercise to explore the implications of particular illnesses on the bodies of bed-bound children. Chapter seven explores social interactions and activities that took place in and around the deathbed. Julie-Marie Strange argues that the dying experienced a form of 'social death'.¹⁷⁰ This is a sociological term that has been overused by both sociologists and scholars in adjacent disciplines, and the chapter explores the problems with this overuse.¹⁷¹ This chapter demonstrates that despite the limitations on activities and socialising imposed by physical and mental deterioration and the spatial restrictions of the sickbed, children retained a strong existence that should be termed "socially alive". It explores how severely ill children passed their time

¹⁶⁷ Carter, 'Childbirth, "Madness", and Bodies in History', 1-22; Roper, 'Beyond Discourse Theory', 307-19; Roper, *Oedipus and the Devil*, 16-17, 21; Wahrman, 'Change and the Corporeal', 584-602; Smail, *Deep History and the Brain*.

¹⁶⁸ See Ekirch, *At Day's Close*, 300-23; Ekirch, 'Sleep We Have Lost', 343-86; Ekirch, 'Modernization of Western Sleep, 149-92.

¹⁶⁹ Bruno Latour, *Reassembling the Social: An Introduction to Actor-Network Theory* (Oxford: Oxford University Press, 2008).

¹⁷⁰ Julie-Marie Strange, 'Historical Approaches to Dying', in *The Study of Dying: From Anatomy to Transformation*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), 136-37.

¹⁷¹ Jana Krávolvá, 'What is Social Death?', *Contemporary Social Science*, Vol. 10, No. 3 (2015), 235-37.

while bedbound, and the ways they and their families mediated the challenges to social and intellectual existence this posed.

In examining these questions, the thesis draws on current as well as contemporary understandings of the body, although it avoids imposing modern theory on the experiences of its subjects. The purpose of this approach is to use modern sociological and medical theory *to think with*, to extend investigation of the implications of premodern bed-culture as they related to the physical body of bed-occupants. All scholars examining the histories of medicine and the body have to navigate both contemporary understandings of human biology and the categories and preoccupations of their subjects. Historians of sleep fall into two camps on this issue. Handley and MacLehose concentrate on the language and understanding of those they study, acknowledging that modern explanations differ but not allowing these explanations to intrude too far on their research.¹⁷² Handley, for example, sketches some aspects of current thinking on neurology, circadian rhythm, and homeostasis.¹⁷³ However, she is interested in ‘how the biological need for sleep was negotiated within a particular cultural and physical environment’, rather than ‘universalis[ing] early modern sleeping habits’, and nowhere does she compare premodern sleep theory with the mechanisms and advice proposed by modern sleep science.¹⁷⁴ Ekirch mostly concentrates on premodern understandings, although he applies some contemporary theories, including the belief that pain sensitivity is heightened at night, and uses extensive anthropological and psychological studies to support his ‘segmented sleep’ theory.¹⁷⁵

There is another school of thought that measures premodern understandings of sleep against current medical theory. Schmidt examines George Cheyne’s belief that regulating diet affected sleep in relation to ‘recent research into the importance of the microbiome’, and approves of Cheyne’s advice even if he recognises that Cheyne’s reasoning was vastly different to his own.¹⁷⁶ Schmidt concludes that ‘As Cheyne realised over 200 years ago, and as we are coming to realise now, health (and achieving

¹⁷² Handley, *Sleep in Early Modern England*, 3–5; Handley, ‘Accounting for Sleep Loss’; Handley, ‘Sleep-Piety and Healthy Sleep’; Handley, ‘Sleepwalking, Subjectivity and the Nervous Body’; MacLehose, ‘Fear, Fantasy and Sleep’; MacLehose, ‘Sleepwalking, Violence and Desire’; MacLehose, ‘Captivating Thoughts’.

¹⁷³ Handley, *Sleep in Early Modern England*, 4–5.

¹⁷⁴ Handley, *Sleep in Early Modern England*, 5.

¹⁷⁵ Ekirch, ‘Sleep We Have Lost’, April 2001; Ekirch, ‘Modernization of Western Sleep’; Ekirch, *At Day’s Close*, 261–323, especially 288, 290, 300–304, 323.

¹⁷⁶ Schmidt, ‘Wasted Days and Wasted Nights’, 192.

a good night's sleep) is all about the gut'.¹⁷⁷ Effectively marking Cheyne's work against a modern biology textbook fails to illuminate modern or eighteenth-century sleep advice, and makes Schmidt appear to be advocating for his readers to change their own habits. Schmidt is more successful in his analysis of John Wesley's sleeping habits; he argues that Wesley was so addicted to tea, and practised such an extreme form of sleep-denial in the interests of spiritual self-discipline, that he suffered from 'chronic sleep loss', because 'Wesley falls [*sic*] asleep almost immediately' on retiring.¹⁷⁸ While this argument relies on a modern definition of sleep loss, it offers an embodied interpretation of Wesley's physical experience and beliefs about the importance of not lying awake in bed without denying the cultural change he was trying to bring about: a form of self-discipline that served both spiritual and commercial purposes, to avoid 'the sinful waste of time'.¹⁷⁹

Other scholars who bring premodern and modern sleep theory together actively obstruct our understanding of the past. This is commonest in studies of the nightmare. In modern medicine, the symptoms (waking unable to move or cry out, and feeling crushed by an attacker) suggest sleep paralysis, where the victim wakes while their body is still paralysed and their breathing shallow, which accounts for the breathlessness and inability to move or speak.¹⁸⁰ However, premodern episodes of nightmare, or other supernatural incursions which produced similar somatic and psychological effects, were explained very differently. As we have seen, MacLehose showed that medieval theorists sometimes ascribed to demonological and sometimes to humoral explanations of the nightmare, and studied it as its own phenomenon.¹⁸¹ However, Davies argues that accusers in some witchcraft cases experienced nightmare/sleep paralysis, while Stephen Gordon attributes medieval vampire attacks to the same cause.¹⁸² Both acknowledge that their subjects had a repertoire of explanations to explain the phenomena they experienced, including humoral and supernatural theories, and selected one that seemed to fit their circumstances.¹⁸³

¹⁷⁷ Schmidt, 'Wasted Days and Wasted Nights', 193.

¹⁷⁸ Schmidt, 'Wasted Days and Wasted Nights', 195.

¹⁷⁹ Schmidt, 'Wasted Days and Wasted Nights', 194.

¹⁸⁰ Davies, 'Nightmare Experience', 182; Stephen Gordon, 'Medical Condition, Demon or Undead Corpse? Sleep Paralysis and the Nightmare in Medieval Europe', *Social History of Medicine* 28, no. 3 (August 2015): 426–27; Davies, 'Hag-Riding', 39.

¹⁸¹ MacLehose, 'Fear, Fantasy and Sleep'.

¹⁸² Davies, 'Nightmare Experience'; Gordon, 'Medical Condition, Demon or Undead Corpse'. See also Davies, 'Hag-Riding'.

¹⁸³ Davies, 'Nightmare Experience', 181, 183–88, 193–97; Gordon, 'Medical Condition, Demon or Undead Corpse', 425–34.

However, both prioritise modern medical interpretations over contemporary ones.¹⁸⁴ Davies acknowledges that identifying past disease categories is problematic, but goes on to claim that ‘We can understand their fantasies... through the same potent brew of neurophysiological experience and cultural influence’ that modern sufferers experience, which he believes combine to create the supernatural incursions he investigates.¹⁸⁵ Gordon fails even to acknowledge the problem of using modern medicalised terminology on the past. Imposing modern neurological theory on premodern accounts of somatic experience ignores and obscures contemporary explanations and solutions. While this approach argues that phenomena endure through time, this is unsurprising given the slowness of evolutionary change.

Adrian Wilson warns of the dangers of retrospective diagnosis in his work on pleurisy.¹⁸⁶ As he observes, ‘concepts-of-disease’ change over time, sometimes unrecognisably, and imposing modern understandings which rely on technology and concepts unavailable to people in the past obscures the particular understandings they lived by.¹⁸⁷ I would add that it is deeply patronising to historical actors. Past medical practices were based on sophisticated beliefs about how the body functioned, and assuming that current medical “knowledge” necessarily triumphs over past thinking assumes that modern methods are intrinsically better and have reached a pinnacle of understanding that cannot be improved.¹⁸⁸ Moreover, many of these terms are highly specific, and require confirmation using tests that are impossible to perform on historical subjects.

Despite these caveats, chapter six engages with modern theories about how the body works to explore how particular symptoms of dying children may have been altered by the process of becoming bedbound. In one case, past and contemporary diagnoses agree: Thomas Malkin suffered ‘a sad sore on his... hip[s], arising from pressure during the night’, which we would call a bedsore.¹⁸⁹ In the other, Lucy Hey suffered undiagnosed respiratory problems which were not described in sufficient detail to attempt a diagnosis even were I tempted to do so, but which may have been

¹⁸⁴ Davies, ‘Nightmare Experience’, 181–82, 188–93, 197–99; Gordon, ‘Medical Condition, Demon or Undead Corpse’, 426–27.

¹⁸⁵ Davies, ‘Nightmare Experience’, 199.

¹⁸⁶ Adrian Wilson, ‘On the History Disease Concepts: The Case of Pleurisy’, *History of Science* 38, no. 3 (September 2000): 271–73.

¹⁸⁷ Wilson, ‘On the History of Disease Concepts’, 271–73.

¹⁸⁸ Wilson, ‘On the History of Disease Concepts’, 273.

¹⁸⁹ Malkin, ‘Memoir’, n.p.; Benjamin Heath Malkin, *A Father’s Memoirs of His Child* (London: Longman, Hurst, Rees, and Orme, 1806), 137.

exacerbated by her posture in bed.¹⁹⁰ My use of modern understandings of disease processes here does not intend to claim that the children *did* suffer from these causes, but to explore the ways that bedbound children's bodies *may have* interacted with the environments that housed them.

Chapters four to seven also contribute to a central theme of the thesis: that close attention to sleep, sleeplessness, and the physical and emotional events that took place in and around the bed offer a way to recover the experience and voice of children in the past, and that these events were particularly likely to be recorded in the context of serious illness. While caring for ill children, parents recorded unusually detailed observations about children's sleep and bed-culture. Although these are mediated through adults' interpretations of the children's sensations and emotions, they sometimes offer glimpses of how children thought and felt, and what they wished for or disliked. While Newton's work suggests that records of illness offer insights into childhood experience, her approach (drawing together large bodies of evidence but only using them for brief quotations rather than extended, in-depth reconstruction of longer-term illness progression) does not permit the fullest exploration of children's subjective experience of either embodied or psychic experience.¹⁹¹ Similarly, for sleep scholars interested in more in-depth, less schematic explorations of adult slumber than Handley and Ekirch, illness narratives and other extended periods of abnormal sleep experience offer insight into the lived sensations and emotions that attended slumber. Moreover, attention to sleep can help recover the voices and experience of those often hard to find in the historical record, such as servants who were required to care for their employers either during illness or merely after late nights socialising. The implications of being forced to sit up late, or to rise very early, might be recovered in employers' complaints about poor behaviour or sloppy work. This sometimes requires imaginative reconstruction of the internal world of historical actors, reading against the grain, but doing so offers opportunities to hear the voices of children, servants, and sleepers in ways that have not usually been attempted.

Like chapter three, the final chapter forms a section of its own, although it links back to the theme of death introduced in the previous pair of chapters. It starts by tracing the history of the link between sleep and death, which is noted but not interrogated by

¹⁹⁰ Samuel Hey, 'A Brief Account of my Dear Daughter Lucy Gray Hey, with Some Remarks on her General Character and Conduct', [1826?], Gray Family Papers, GRF7/4, Explore York Libraries and Archives.

¹⁹¹ Newton, *Sick Child*, 161-89; Newton, 'Children's Physic', 153-82.

Handley.¹⁹² It then draws on a collection of published deathbed narratives from the late seventeenth and early eighteenth centuries, assembled by Newton in *The Sick Child*, supplemented with later examples, to explore the use of sleep as a euphemism for death.¹⁹³ It examines the practical and theological implications of this tradition, before exploring a new form of funerary monument which emerged at the end of the eighteenth century, on which children were depicted as asleep. This was a theologically sound, visually pragmatic, and emotionally reassuring tradition, which led to the development of a new genre of funerary monument in the late eighteenth century. The chapter asks to what extent new trends in commemorative monuments can be taken to reflect the emotion of their designers, before they became tropes used by many mourners, and establishes the emotional importance of recasting death as sleep in eighteenth-century England.

Taken together, these eight chapters examine children's sleep and bed-culture from cradle to grave. On the way, the thesis establishes the material setting of children's sleep for the first time, and offers a preliminary overview of slumber in institutional settings. It challenges Ekirch's dominant 'segmented sleep' theory, adding to a growing body of scholarship critical of this reductive, normative model.¹⁹⁴ It argues that both sleep and a child's-eye-view of the past may be more clearly visible when illness made it necessary to record details otherwise not important enough to mention by adult writers, and in doing so contributes to debates on the recovery of past experience among overlooked groups more generally. It calls attention to the embodied experience of sleep, illness, and childhood, supplementing the literature on embodiment by bringing in sociological theories about materiality and the process of dying. It explores the ways in which bed-culture governed child routines during health and illness. Finally, it illuminates the traditional link between sleep and death that led to the depiction of sleeping children on funerary monuments, which became increasingly popular in the nineteenth century, and explores its meanings and the implications of new commemorative traditions in recovering mourners' emotional state.

¹⁹² Handley, *Sleep in Early Modern England*, 81–86; Handley, 'From the Sacral to the Moral', 37–39.

¹⁹³ Newton, *Sick Child*.

¹⁹⁴ Ekirch, *At Day's Close*, 300–23; Ekirch, 'Sleep We Have Lost', 343–86; Ekirch, 'Modernization of Western Sleep', 149–92.

Chapter One: Children's Sleep-Spaces

This chapter examines the material setting of children's sleep during the long eighteenth century. Adult bedding is well-researched, and the components of a fully made-up bed have remained stable from at least the late medieval period: Hollie L.S. Morgan shows that the bedstead, mattress, pillows, bolsters, sheets, blankets, coverlets, and hangings described in Sasha Handley's work on seventeenth- and eighteenth-century beds were used, in varying combinations, from the late medieval period.¹ Fully made-up beds were expensive, representing the biggest single investment in poorer households, and bedframes and their furnishings were important components of inheritance.² Not everyone could afford even a makeshift bed; Tim Hitchcock describes the London poor sleeping in 'Barns... hay lofts' and animal pens; under 'the wooden shelves that stuck out over the pavement in front of... shops'; and 'on dunghills for their warmth'.³ Having run away from his apprenticeship to sea, eighteen-year-old George King, who had been a Foundling Hospital inmate, found that an 'old goat' onboard offered 'a soft pillow' if he 'plac[ed] my head on her loins and she used to be content if she had two or three heads on her'.⁴ Inadequate though these makeshift sleep-spaces were, they reflect the universal need for a space for slumber. Ideally, sleepers needed physical security without interference by people, animals, or other interruptions; where they felt psychologically safe; and, ideally, with a modicum of comfort. There is plenty of discussion of the barriers early modern people faced in procuring such spaces: from the homeless and impoverished Londoners described by Hitchcock, who could not afford even basic lodgings; via those lodged in louse- and bedbug-infested workhouses where they contracted scabies; to the wealthiest with vermin infestations in soft linen sheets and warm bed-hangings.⁵ Everyone was vulnerable to the damp

¹ Morgan, 'Between the Sheets', 31–46; Handley, *Sleep in Early Modern England*, 121–48. See also Pennell, 'Making the Bed'.

² Gowing, 'Twinkling of a Bedstaff', 276; Handley, *Sleep in Early Modern England*, 123–25, 129–30, 142; Pennell, 'Making the Bed'; Sarti, *Europe at Home*, 119–20; Handley, 'Objects, Emotions and an Early Modern Bedsheet', 172; Alice Dolan, 'Touching Linen: Emotion and Bodily Intimacy in England, c. 1708-1818', *Cultural and Social History* 16, no. 2 (2019): 151; Ekirch, *At Day's Close*, 274–76; Ekirch, 'Sleep We Have Lost', 352; Amanda Vickery, *Behind Closed Doors: At Home in Georgian England* (New Haven: Yale University Press, 2009), 216.

³ Tim Hitchcock, *Down and out in Eighteenth-Century London* (London: Hambledon and London, 2004), 24, 26, 32–33, 39. See also Ekirch, *At Day's Close*, 276–78.

⁴ George King, 'Autobiography of George King', [Foundling Museum volunteer transcription], with permission from Coram under the care of the Foundling Museum, London, 16.

⁵ Hitchcock, *Down and Out*, 23–48; Louise Falcini, 'Cleanliness and the Poor in Eighteenth-Century London' (PhD Thesis, University of Reading, 2018), 153, 165–67, 229–30; Pennell, 'Making the Bed', 39–41; Emily Cockayne, *Hubbub: Filth, Noise and Stench in England, 1600-1770* (New Haven: Yale University Press, 2007), 56–59, 154–55; Lisa T. Sarasohn, "'That Nauseous

smokiness of fire-heated houses; pain from chronic illnesses; the crashes and shouts of crowded streets; and the demands of everyday routine.⁶

Child and infant sleeping arrangements have barely been examined, although there are reasons to theorise that they may have been subject to significant changes over the long eighteenth century. The period saw specialisation in room use and the privatisation of sleeping spaces, unlike earlier chambers used for working, socialising, and slumber.⁷ Simultaneously, the ‘consumer revolution’ gave families access to a broader range of goods at more affordable prices, while rising incomes allowed less wealthy families to purchase more diverse household items in greater quantities.⁸ J.H. Plumb claimed that this shift in consumer behaviour was accompanied by a particularly acute change in children’s material world, as idealisation of childhood met growing capacity for parents and guardians to purchase child-orientated products which catered to the perceived needs and interests of children.⁹ However, the effects of these changes in material culture have not been examined in detail in sleep history, and child and infant sleeping environments have been almost entirely overlooked.

This chapter demonstrates that children’s sleeping environments were very similar to those of adults, partly because of the prevalence of bedsharing including between bedfellows of different generations.¹⁰ The biggest differentiation in bedding was

Venemous Insect”: Bedbugs in Early Modern England’, *Eighteenth-Century Studies* 46, no. 4 (Summer 2013): 513–30; Handley, *Sleep in Early Modern England*, 58–61; Ekirch, *At Day’s Close*, 288, 292–97; Ekirch, ‘Sleep We Have Lost’, 353–56. See also Crowley, *Invention of Comfort*, 5.
⁶ Ekirch, *At Day’s Close*, 288–97. On early modern housing conditions, see Cockayne, *Hubbub*, 106–30, 139–40, 146, 151–56.

⁷ See for example Handley, *Sleep in Early Modern England*, 109–18; Ursula Priestley and P.J. Corfield, ‘Rooms and Room Use in Norwich Housing, 1580-1730’, *Post-Medieval Archaeology* 16, no. 1 (1982): 93–123; Lorna Weatherill, *Consumer Behaviour and Material Culture in Britain, 1660-1760* (London: Routledge, 1996), 9–13; Mark Overton et al., *Production and Consumption in English Households, 1600-1750* (Abingdon: Routledge, 2004), 121–36; Gowing, ‘Twinkling of a Bedstaff’, 279; Sarti, *Europe at Home*, 121. John Crowley also discusses the division of houses into rooms in John Crowley, ‘The Sensibility of Comfort’, *American Historical Review* 104, no. 3 (June 1999): 749–82.

⁸ See for example Lorna Weatherill, ‘Consumer Behaviour and Social Status in England, 1660-1750’, *Continuity and Change* 1, no. 2 (1986): 191–94; John Styles, *The Dress of the People: Everyday Fashion in Eighteenth-Century England* (New Haven: Yale University Press, 2007), 1–10; Maxine Berg, ‘Consumption in Eighteenth- and Early Nineteenth-Century Britain’, ed. Roderick Floud and Paul Johnson (Cambridge: Cambridge University Press, 2004), 357–87; Ekirch, *At Day’s Close*, 274.

⁹ Plumb, ‘New World of Children’, 64–95.

¹⁰ On bedsharing, see Handley, *Sleep in Early Modern England*, 176–80; Handley, ‘Sociable Sleeping’, 101–2; Ekirch, *At Day’s Close*, 289–92; Ekirch, ‘Sleep We Have Lost’, 360–61; Gowing, ‘Twinkling of a Bedstaff’, 288–92; Alan Bray, *The Friend* (Chicago: University of Chicago Press, 2003), 153–56; Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (A: Routledge, 2019), 377, 380.

between infants and children, not between children and adults. Where children were usually housed in beds that are often indistinguishable from adults' beds, infants were strongly associated with cradles, where their vulnerable bodies were protected, and which they occupied by day as well as at night. Moreover, neither cradle nor bed furnishings changed significantly during this period, despite narratives about shifting habits of consumption and production.

While bedding remained relatively stable, children's sleeping arrangements began to shift in the first decades of the nineteenth century, as early modern tolerance for bedsharing waned. Although the prevalence of early modern bedsharing is axiomatic and modern bedsharing outside spousal relationships is rare, scholars have not yet attempted to date or explain this change.¹¹ However, by the turn of the twentieth century, same-gender sibling bedsharing, and even bedroom-sharing, was taboo and often pathologised, as least in the eyes of Peter N. Stearns, Perrin Rowland, and Lori Giarnella.¹² This chapter demonstrates that the roots of modern suspicion of co-sleeping among children were laid in the early nineteenth century among deeply pious, middling-sort families. However, bedsharing remained common for many children until the end of the period. Moreover, while it had disadvantages, bedsharing also had practical benefits and even pleasures.¹³

Finally, the chapter examines the cultural meanings of sleeping spaces. The bed's importance in displaying wealth and power is well established.¹⁴ Some scholars have also suggested that bedding had emotional significance.¹⁵ This chapter establishes that

¹¹ On bedsharing, see Handley, *Sleep in Early Modern England*, 176–80; Handley, 'Sociable Sleeping', 101–2; Ekirch, *At Day's Close*, 289–92; Ekirch, 'Sleep We Have Lost', 360–61; Gowing, 'Twinkling of a Bedstaff', 288–92; Bray, *The Friend*, 153–56; Davidoff and Hall, *Family Fortunes*, 377, 380.

¹² Stearns, Rowland, and Giarnella, 'Children's Sleep', 357–60.

¹³ On adult enjoyment of bedsharing, see Handley, *Sleep in Early Modern England*, 176–80; Handley, 'Sociable Sleeping', 100–104; Ekirch, *At Day's Close*, 280–81; Bray, *The Friend*, 153–56.

¹⁴ See for instance Wright, *Warm and Snug*, 93–97; Pennell, 'Making the Bed', 30; Murdoch, 'The Melville Bed', 90; Olivia Fryman, 'Renewing and Refashioning: Recycling Furniture at the Late Stuart Court (1689-1714)', in *The Afterlife of Things: Recycling in the Long Eighteenth Century*, ed. Arianne Fennetaux, Amélie Junqua, and Sophie Vasset (New York: Routledge, 2015), 89–106; Handley, *Sleep in Early Modern England*, 121, 126–27; Crowley, *Invention of Comfort*, 7; Ekirch, *At Day's Close*, 174–75; Gowing, 'Twinkling of a Bedstaff', 279.

¹⁵ Handley, 'Objects, Emotions and an Early Modern Bedsheet'; Handley, *Sleep in Early Modern England*, 124–25, 132–48; Margaret Ponsonby, 'Towards an Interpretation of Textiles in the Provincial Domestic Interior: Three Homes in the West Midlands, 1780-1848', *Textile History* 38, no. 2 (2007): 168, 173–75; Dolan, 'Touching Linen', 152–54; Alice Dolan, 'The Fabric of Life: Linen and Life Cycle in England, 1678-1810' (PhD Thesis, University of Hertfordshire, 2015), 256–61. Like Alice Dolan, I am sceptical of these claims. See Dolan, 'Touching Linen', 150–52; Dolan, 'Fabric of Life', 256–61.

cradles as well as beds were important objects of display, perhaps more than beds in this period, as bedchambers became private spaces while cradles continued to be brought into “public” parts of the house.¹⁶ However, both cradles and children’s beds held troublesome implications too. Inadequate provision implied neglect or even abuse, especially when coupled with other behaviours that indicated poor care. Children’s bed provision thus signified socioeconomic but also moral status.

Searching for children’s beds

This chapter starts with an examination of seventeen printed collections of inventories, to explore whether there is evidence of major shifts in material provision for children’s sleep.¹⁷ The sample includes c.2,736 inventories, largely from the 1660s to the late eighteenth century. Most are probate inventories, including general collections from regions like Marlborough where they were routinely compiled long after the practice declined elsewhere.¹⁸ Probate inventories only indicate the presence of objects; where items are not listed, this does not mean they were not there, and they also reflect

¹⁶ Handley, *Sleep in Early Modern England*, 109–18; Priestley and Corfield, ‘Rooms and Room Use’, 93–123; Weatherill, *Consumer Behaviour and Material Culture*, 9–13; Overton et al., *Production and Consumption in English Households*, 121–36; Davidoff and Hall, *Family Fortunes*, 375–78; Gowing, ‘Twinkling of a Bedstaff’, 279; Crowley, *Invention of Comfort*.

¹⁷ Noreen Vickers, ed., *A Yorkshire Town of the Eighteenth Century: The Probate Inventories of Whitby, North Yorkshire, 1700-1800* (Studley: K.A.F. Brewin Books, 1986); Dorothy Edwards and Christine M. Newman, eds., *Northallerton Wills and Inventories, 1666-1719* (Woodbridge: Surtees Society, 2016); J.A. Johnston, ed., *Probate Inventories of Lincoln Citizens, 1661-1714* (Woodbridge: Boydell Press, 1991); Barrie Trinder and Jeff Cox, eds., *Yeomen and Colliers in Telford: Probate Inventories for Dawley, Lilleshall, Wellington and Wrockwardine, 1660-1750* (London: Phillimore, 1980); Barry Trinder and Nancy Cox, eds., *Miners and Mariners of the Severn Gorge: Probate Inventories for Benthall, Broseley, Little Wenlock and Madeley, 1660-1764* (Chichester: Phillimore, 2000); Jonathan Wilshere, ed., *Glenfield Probate Inventories, 1542-1831* (Leicester: (No publisher), 1983); Joseph Harley, ed., *Norfolk Pauper Inventories, c. 1690-1834* (Oxford: Oxford University Press, 2020); Malcolm Wanklyn, ed., *Inventories of Worcestershire Landed Gentry, 1537-1786* (Worcestershire Historical Society, New Series, Vol 16, 1998); James Collett-White, ed., *Inventories of Bedfordshire Country Houses, 1714-1830*, vol. 74 (Bedford: Bedfordshire Historical Society, 1995); Moira Coleman, ed., *Household Inventories of Helmingham Hall, 1597-1741* (Woodbridge: Boydell Press, 2018); Michael Reed, ed., *Buckinghamshire Probate Inventories, 1661-1714* (Buckinghamshire Record Society, 1988); Beverly Adams, ed., *Lifestyle and Culture in Hertford: Wills and Inventories for the Parishes of All Saints and St Andrew, 1660-1725* (Hertfordshire Record Society, Vol XIII, 1997); John S. Moore, ed., *The Goods and Chattels of Our Forefathers: Frampton Cotterell and District Probate Inventories, 1539-1804* (London: Phillimore, 1976); Lorelei Williams and Sally Thomson, eds., *Marlborough Probate Inventories, 1591-1775* (Chippenham: Wiltshire Record Society, 2007); Peter Wyatt, ed., *The Uffculme Wills and Inventories, 16th to 18th Centuries*, vol. New Series, 40 (Exeter: Devon and Cornwall Record Society, 1997); Annabelle Hughes, ed., *Sussex Clergy Inventories, 1600-1750* (Lewes: Sussex Record Society, 2009); Tessa Murdoch, ed., *Noble Households: Eighteenth Century Inventories of Great English Houses: A Tribute to John Cornforth* (Cambridge: John Adamson, 2006).

¹⁸ Williams and Thomson, *Marlborough Probate Inventories*; Weatherill, *Consumer Behaviour and Material Culture*, 2.

where items were located during appraisal rather than everyday use.¹⁹ Moreover, they only list items belonging to the deceased; objects belonging to other household members, landlords, or loaned by other owners are omitted, as are items deemed ephemeral or too low in value to be worth including.²⁰ These are supplemented by a volume of Norfolk pauper inventories compiled when individuals sought poor relief, and four volumes of inventories of elite households compiled for probate, during property sales or house moves, for lawsuits, or for other purposes.²¹ All strata of society are represented, although there is a disproportionate emphasis on non-paupers, who were more likely to own enough to necessitate compilation of probate inventories, and from most regions of England except the northwest. Figure 1 shows the regional distribution of the inventories, except those in *Noble Households*, which is thematic rather regional, while table 1 enumerates the types of inventories, regions, and social groups in each volume.²² Despite the challenges in using inventories, they give a sense of how objects were classified and what types of belongings were present in homes at different social levels.

¹⁹ Lena Cowen Orlin, 'Fictions of the Early Modern Probate Inventory', in *The Culture of Capital: Property, Cities, and Knowledge in Early Modern England*, ed. Henry S. Turner (New York: Routledge, 2002), 57–60, 64, 71–73; Overton et al., *Production and Consumption in English Households*, 15–18, 87.

²⁰ Orlin, 'Fictions of the Early Modern Probate Inventory', 59, 64–73; Overton et al., *Production and Consumption in English Households*, 16.

²¹ Joseph Harley, 'Pauper Inventories as a Historical Source', in *Norfolk Pauper Inventories, c.1690-1834, Records of Social and Economic History, New Series*, 59, ed. Joseph Harley (Oxford: Oxford University Press, 2020), 1; Harley, *Norfolk Pauper Inventories*; Collett-White, *Inventories of Bedfordshire Country Houses*; Coleman, *Household Inventories of Helmingham Hall*; Murdoch, *Noble Households*; Wanklyn, *Inventories of Worcestershire Landed Gentry*.

²² Murdoch, *Noble Households*.



Figure 1 Distribution of inventories examined. Key and details of inventories may be found in Table 1. Map data ©2022 GeoBasis-DE/BKG (©2009), Google

Table 1 Contents of inventory collections consulted: total: 2736

Number on map	Title of volume	Dates	Region(s)	Social group(s)	Inventory type(s)	No. inventories
1	<i>A Yorkshire Town of the Eighteenth Century: The Probate Inventories of Whitby, North Yorkshire, 1700-1800</i> , ed. Noreen Vickers	1700-1800	Yorkshire: Whitby	General	Probate	102
2	<i>Northallerton Wills and Inventories, 1666-1719</i> , ed. Dorothy Edwards and Christine M. Newman	1666-1719	Yorkshire: Northallerton	General	Probate	136
3	<i>Probate Inventories of Lincoln Citizens, 1661-1714</i> , ed. J.A. Johnston	1661-1714	Lincolnshire: Lincoln city and county	General	Probate	60
4	<i>Yeomen and Colliers in Telford: Probate Inventories for Dawley, Lilleshall, Wellington and Wrockwardine, 1660-1750</i> , ed. Barry Trinder and Jeff Cox	1660-1750	Shropshire	General	Probate	265
5	<i>Miners and Mariners of the Severn Gorge: Probate Inventories for Benthall, Broseley, Little Wenlock and Madeley, 1660-1764</i> , ed. Barrie Trinder and Nancy Cox	1660-1764	Shropshire	General	Probate	196
6	<i>Glenfield Probate Inventories, 1542-1831</i> , ed. Jonathan Wilshere	1542-1831	Leicestershire: Glenfield parish	General	Probate	52
7	<i>Norfolk Pauper Inventories, c.1690-1834</i> , ed. Joseph Harley	1690-1834	Norfolk	Paupers	Poor Law assessments	230
8	<i>Inventories of Worcestershire Landed Gentry, 1537-1786</i> , ed. Malcolm Wanklyn	1537-1786	Worcestershire	Gentry	Probate (mainly)	124 (119 in main sample, 5 additional in appendix)
9	<i>Inventories of Bedfordshire Country Houses, 1714-1830</i> , ed. James Collett-White	1714-1830	Bedfordshire	Aristocracy/ Gentry	Various	18
10	<i>Household Inventories of Helmingham Hall, 1597-1741</i> , ed. Moira Coleman	1597-1741	Suffolk: single house over time	Aristocracy	Household	4
11	<i>Buckinghamshire Probate Inventories, 1661-1714</i> , ed. Michael Reed	1661-1714	Buckinghamshire	General	Probate	159

12	<i>Lifestyle and Culture in Hertford Wills and Inventories for the Parish of All Saints and St. Andrew, 1600-1725</i> , ed. Beverly Adams	1660-1725	Hertfordshire: two parishes of Hertford	General	Probate	c.72
13	<i>The Goods and Chattels of Our Forefathers: Frampton Cotterell and District Probate Inventories, 1539-1804</i> , ed. John S. Moore	1539-1804	Gloucestershire: Frampton Cotterell and surrounding region	General	Probate	413, plus 4 of the various properties of one individual
14	<i>Marlborough Probate Inventories, 1591-1775</i> , ed. Lorelei Williams and Sally Thomson	1591-1775	Wiltshire: Marlborough	General	Probate	454
15	<i>The Uffculme Wills and Inventories, 16th to 18th Centuries</i> , ed. Peter Wyatt	1575-c.1720s	Devon	General	Probate	249
16	<i>Sussex Clergy Inventories, 1600-1750</i> , ed. Annabelle Hughes	1600-1750	Sussex	Parish clergy	Probate	181
Not marked on map	<i>Noble Households: Eighteenth-Century Inventories of Great English Households</i> , ed. Tessa Murdoch	c.1700-1800	London, Northamptonshire, Buckinghamshire, Oxfordshire, Norfolk, Yorkshire: specific houses, sometimes repeated over time	Aristocracy	Various	17

Beds are easy to find in the historical record. Most households owned at least one; they were core furniture of workhouses and other residential institutions; and even the bags of soot slept on by chimneysweeps investigated by the 1811 parliamentary commission were described as ‘their... bed[s]’ even though they were not mounted on bedsteads.¹ There are also examples of children’s objects in inventories, such as Edward Fawkes, whose probate inventory lists ‘1 Childs Chare’; at Helmingham Hall, where there were ‘2 childs clothes basketts’; or the Marquis of Tavistock’s country house in Bedfordshire, where in the Old Nursery there were ‘2 Childrens Chairs’ and ‘a Childs Bed’, made up with bedding.² Despite the latter example, children’s beds pose a challenge, because they are indistinguishable from adult beds without contextual information. In the sample, beds possibly used by children include several for ‘boys’ (i.e. servant boys); two in the Marquis of Tavistock’s house; and two in the same gentry family, one of which was for the deceased’s ‘wife’s daughter’ whose surname was the same which implies that she was unmarried, although she may not have still been a child in developmental terms.³ Three of these were listed in inventories compiled between 1600 and 1650, before the start of this study but during the period covered by the volumes examined. However, many of the families in the sample had children, at least according to contextual notes by editors. Children’s beds are therefore very difficult to differentiate in inventory records without further information.

Inventories frequently list ‘little beds’, but while children are normally smaller than adults, the phrase ‘little bed’ alone is insufficient to prove children used them. The 1683 inventory of William Rymer, a labourer from Northallerton, lists only ‘one <little> bed’ among his effects, suggesting he slept there.⁴ By contrast, Joseph Harley’s research into the family of Henry Wells, a pauper from Bressingham who died in 1717/18, indicates that Wells and his wife ‘probably had at least one boy living with them when [their] inventory was made’.⁵ Wells owned ‘one bed bed stead [sic]’, suggesting all three slept there.⁶ Similarly, the 1706 probate inventory of Thomas Beard of Benthall, Herefordshire lists

¹ House of Commons, ‘Report from the Committee On Employment of Boys in Sweeping of Chimnies: Together with the Minutes of the Evidence Taken Before the Committee’, 1817, 26.

² Johnston ed., *Probate Inventories of Lincoln Citizens*, 54; Coleman ed., *Household Inventories of Helmingham Hall*, 126; Collett-White ed., *Inventories of Bedfordshire Country Houses*, 74:115.

³ Collett-White, *Inventories of Bedfordshire Country Houses*, 74:113, 115; Wanklyn, *Inventories of Worcestershire Landed Gentry*, 139.

⁴ Edwards and Newman ed., *Northallerton Wills and Inventories*, 87.

⁵ Joseph Harley, ‘Further Information’ on Henry Wells, Harley, *Norfolk Pauper Inventories*, 85.

⁶ Harley ed., *Norfolk Pauper Inventories*, 85.

Item. one feather Bedd and bolster two Pillowes one Rugg two
 blankets and bedsteeds and other necessaries thereunto
 belonging..... £06.05.00
 Item. Two flock beds two bolsters two pillows four blankets one Rugg
 and bedsteeds and other necessaries thereunto
 belonging..... £03.00.00[.]⁷

According to Barry Trinder and Nancy Cox, Beard left a wife and ‘6 children under age’.⁸ “Bed” often referred to a mattress rather than a bedframe, and while ‘bedsteeds’ is used twice here, it is probably a regional spelling of ‘bedstead’ rather than a plural, because every other item is enumerated.⁹ The Beards probably owned two fully made-up beds between six children and two adults, something knowable only from the contextual note. Without such information, separating children’s beds from adults’ beds is impossible, and even in Beard’s case, there is no indication of the distribution of adults and children between beds.

Children’s beds also rarely appear in visual culture. One exception is William Martin’s *Interior of an English Cottage* (figures 2-3), which depicts a family preparing for bed. The mother breastfeeds an infant; an older child, dressed in a nightgown, kneels at her feet to pray, perhaps from the open book beside their knee; a third begins to undress; a fourth is already asleep on one side of the small bed in the corner. In the foreground, a cradle is discernible, in front of a red tester bed. A later print of the painting, which is easier to make out, shows the father watching through the doorway and the eyes of the child in bed more obviously shut (figure 3). The family’s socioeconomic status is ambiguous. They appear to have a mirror (associated with discretionary consumption) on the wall above the mother’s head; there are several books scattered around the room; and they have a separate, specialised sleeping-space separate from the kitchen.¹⁰ However, the kitchen is visible through the doorway in the print, and at least three articles of sleep-furniture fill the room: a bed with hangings; a smaller bed without hangings; and a hooded cradle. Most, if not all, of the family slumber here, and the sleeping child’s position on one side of the bed suggests their sibling will join them rather than sleeping separately. The image is unusual in depicting a child asleep in a bed, and also in showing the sleeping arrangements for an entire (relatively low-

⁷ Trinder and Cox eds., *Miners and Mariners*, 125.

⁸ Trinder and Cox eds., *Miners and Mariners*, 125.

⁹ Morgan, ‘Between the Sheets’, 31–32; Trinder and Cox, *Miners and Mariners*, 125.

¹⁰ On consumption of mirrors, see Weatherill, ‘Consumer Behaviour and Social Status’, 206, 212.

status) household. George Morland also depicted a sleeping child lying precariously on the edge of a bed in a wetnurse's cottage in *Visit to the Child at Nurse*; on the left is also a wicker cradle (figure 4). This is an unusual painting: the nurse is depicted as holding the nursling, who obviously prefers her to its own mother, because it clings to the nurse, frightened of this well-dressed stranger. Like in Morland's *Comforts of Industry* (figure 43), the child is well cared for, because it is being held rather than consigned to the cradle, and the room is orderly and neat. Morland's criticism is reserved for the mother who has abandoned her child, even if to an unusually respectable nurse.



Figure 2 William Martin (1753-1831), 'Interior of an English Cottage (with Children Going to Bed)', c.1820s, oil on canvas, 644 x 771 mm, Norfolk Museums Service, NWHCM:1981.272.1, © Norfolk Museums Service



Figure 3 Charles Turner after William Martin, 'The Interior of an English Cottage', mezzotint, 366 x 415mm, 1788-1857, British Museum, 1885,1212.50 ©Trustees of the British Museum



Figure 4 George Morland, *Visit to the Child at Nurse*, (c.1788), oil on canvas, 640 x 777 mm, Fitzwilliam Museum, Cambridge, PD.115-1992

More commonly, when children are depicted asleep, this was in pastoral settings, in their mothers' arms, or on couches (figures 5-16). Some sleeping children are associated with bedding, but no bedframe (figures 15-18), while a Chelsea Porcelain Factory copy of a seventeenth-century Dutch bronze shows a nude child sprawled on a mattress (figure 18), and the child heading June in the 1820 *Royal Engagement Pocket Atlas* is being held next to rather than lying in the bed (figure 19).



Figure 5 Andrew Geddes, 'A Sleeping Child and Dog', (1800-1842), drypoint, 116 x 170 mm, British Museum, London, 1921,1126.2 © Trustees of the British Museum



Figure 6 Edward Purcell, no title, (London: S. & J. Fuller, 1829), lithograph, 150 x 248 mm, British Museum, London, 1991,0615.88, © Trustees of the British Museum



Figure 7 Charles Heath after Richard Westall, 'The Golden Age' from Richard Westall, A Day in Spring, and Other Poems, (London: John Murray, 1808), etching, 205 x 145 mm, British Museum, London, 1894,0714.201, © Trustees of the British Museum



Figure 8 Richard James Lee after Lady Anne Lucy Nugent, untitled, (London: John Dickinson, 1832), lithograph, 140 x 130 mm, British Museum, London, 1871,1111.1082, © Trustees of the British Museum



Figure 9 Thomas Hollis after Richard Westall, 'Autumn Harvest Scene', (c.1820-c.1830), etching, 122 x 87 mm, British Museum, London, 1873,1213.203 © Trustees of the British Museum



Figure 10 James Gillray after Lavinia, Countess Spencer, 'The Tender Mother', (London: Susanna Vivares, 1787), stipple engraving, 372 x 514 mm, British Museum, London, 1868,0808.10396, © Trustees of the British Museum



Figure 11 Thomas Rowlandson (1756-1827), 'A Mother and Child', (undated), graphite with pen and ink on paper, 181 x 127 mm, Yale Centre for British Art, Paul Mellon Collection, B1975.3.71



Figure 12 Henry Alexander Ogg after J. Oakley, 'Sea-Shore', (London: Thomas Boys and Ernest Gambart, 1837), 380 x 305 mm, British Museum, 2010,7081.6862, © Trustees of the British Museum



Figure 13 John Raphael Smith after William Redmore Bigg, 'A Lady and her Children Relieving a Cottager', (London: James Birchall: 1784), mezzotint, 452 x 558 mm, British Museum London, 1872,0511.118 © Trustees of the British Museum



Figure 14 George Morland, untitled, (c.1780s), mezzotint, British Museum, London, 2010,7081.5568, © Trustees of the British Museum



Figure 15 William Doughty after Sir Joshua Reynolds, 'The Sleeping Child', (1780), mezzotint, 360 x 402 mm, British Museum, London, 1840,0808.129, © Trustees of the British Museum



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Figure 16 Augustus Fox after Thomas Stothard, untitled illustration to Richard III from William Pickering, *The Dramatic Works of Shakespeare*, (London: 1826), engraving, 120 x 82 mm, British Museum, London, 1868, 0822.5447 © Trustees of the British Museum



Figure 17 Anon, (c.1830s), possibly an illustration to James Northcote, Fables, (London: 1833), wood-engraving, 51 x 75 mm, British Museum, London, 1889,0603.34, © Trustees of the British Museum



Figure 18 Chelsea Porcelain Factory, child sleeping, (1746), porcelain, 480 x 159 x 960 mm, British Museum, London, 1938,0314.96.CR, © Trustees of the British Museum

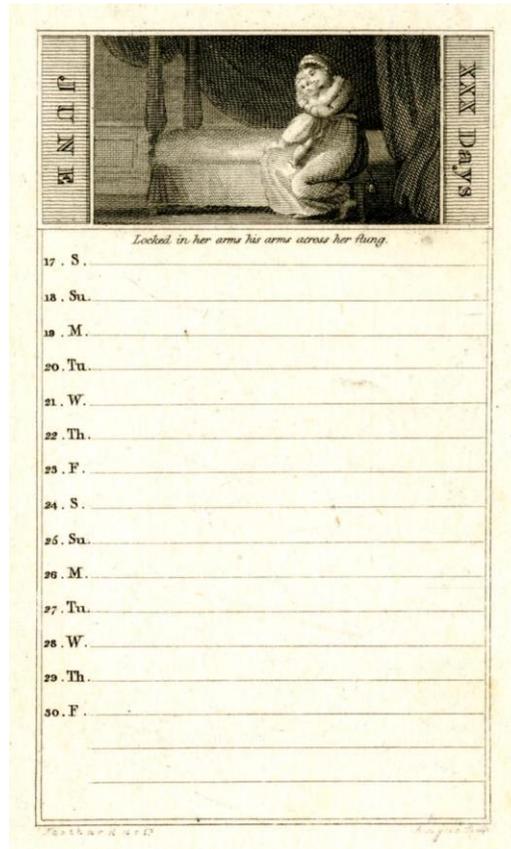


Figure 19 William Angus after Thomas Stothard, Royal Engagement Pocket Atlas, (1820), etching, 24 x 59 mm, British Museum, 1859,0514.604-626 © Trustees of the British Museum

Despite the difficulty of identifying children's beds in inventories, a few wealthy households had nurseries, which housed children overnight. Nursemaids also slept in nurseries, and their beds are indistinguishable from children's beds too, and some of the nurseries were probably being used as storage spaces rather than still housing children when the inventories were made. However, examining the bedding listed in nurseries gives some insight into children's furnishings. The following discussion includes rooms identified as nurseries and those directly associated with them (such as rooms listed as 'Left hand of nursery' and 'Right hand of nursery').¹¹ Some houses had several nurseries, such as Ditton House, Buckinghamshire, which in 1709 had a 'Nursery' and 'the Young Lady's Nurcery'; Edward Hancock, who had a 'First Nursery' and a 'Farther Nursery'; Sir John Borlase, one of whose homes contained 'the Outward

¹¹ Coleman ed., *Household Inventories of Helmingham Hall*, 150. The 1741 inventory of Long Ashton identified a nursery and a 'Nursery Gallery', which was separated in the inventory by another room, which may have reflected the layout of the house, but as gallery and nursery were associated linguistically and the gallery contained a 'Press Bedstead', it has been included. Moore, *Goods and Chattels of Our Forefathers*, 278.

Nussery' and 'the Inward Nussery'; and Robert Dormer, who had a 'little Nursery' and a 'Great Nursery'.¹²

Handley suggests that children's mattresses were often made of cheap, absorbent materials that could withstand bedwetting, but households which could afford a separate nursery frequently used feathers.¹³ Of the beds or mattresses in nurseries whose stuffing was identified, only seven were flock, while seventy-three were feather (one of these was included in two consecutive inventories of the same house noble household). Two, surprisingly for households of this status, contained straw. There were also nine feather bolsters to two of flock, and two feather pillows. Wealthy families evidently prized their children's comfort despite warnings from medical writers and philosophers like John Locke that feather beds were too soft to support healthy development; trapped bad humours; caused sleepers to become addicted to luxury; and softened the moral fibre.¹⁴

Bed-sharing

As the Beards' sleeping arrangements suggest, early modern sleepers of all ranks frequently shared beds, which could be enjoyable, uncomfortable, or even dangerous.¹⁵ Handley claims that 'Children... may... have had the least stable sleeping arrangements': they were expected to give up their beds or share with one another, servants, or guests when circumstances demanded, although she gives only one example to prove this.¹⁶ However, her evidence that adults from all classes regularly shared beds suggests that children probably shared beds; there was little reason to exempt them, especially as they were small enough to fit more in.¹⁷

Bedsharing was practical when space and money were limited. Furnishing beds was expensive, and despite room specialisation, not all households could provide every inhabitant with their own room, let alone their own bed.¹⁸ Apprentices might be left to

¹² Murdoch ed., *Noble Households*, 80–81; Wanklyn ed., *Inventories of Worcestershire Landed Gentry*, 348; Reed ed., *Buckinghamshire Probate Inventories*, 218, 246. In the discussion on cradles later in this chapter, paucity of evidence meant I have included examples from before 1650, but the discussion of beds draws only on post-1650 examples because more evidence was available.

¹³ Handley, *Sleep in Early Modern England*, 47, 59–60.

¹⁴ Handley, *Sleep in Early Modern England*, 47; John Locke, *Some Thoughts Concerning Education* (London: A. and J. Churchill, 1705), 32.

¹⁵ Trinder and Cox, *Miners and Mariners*, 125.

¹⁶ Handley, *Sleep in Early Modern England*, 119–20, 176–79.

¹⁷ Handley, 'Sociable Sleeping', 100–102; Handley, *Sleep in Early Modern England*, 176–80.

¹⁸ Davidoff and Hall, *Family Fortunes*, 377.

sleep in the shop, but while this might not be a shared sleeping space, it was also not “private”.¹⁹ William Buchan wrote that ‘It is common among the poor to see two or three children lying in the same bed’.²⁰ The family of poet William Wordsworth shared beds extensively. In 1805, Dorothy Wordsworth noted that her nephew John, aged two, ‘is my bed fellow’; two months later she wrote that her niece ‘Dorothy will be weaned... and she will sleep with me, and John will sleep with the servant’.²¹ Even cradles could be shared when necessary: Yorkshire clergyman Robert Meeke ‘saw two children in one cradle, which [the mother] had at one birth’, and Patricia Crawford describes an impoverished household in which a five-year-old was left in charge of a cradle holding two infants.²² Eight-year-old Marjory Fleming (1803-1811) found that sharing with her cousin Isabella was both fun and cosy:

When cold as clay when cold as ice
To get into a bed tis nice...
Into a bed where Isa lies[.]²³

Bed-sharing saved space; kept bedfellows warm; and kept infants near carers.

Bedsharing could be enjoyable. Elizabeth Shaw, wife of a nonconformist travelling salesman and businessman, wrote to her husband that ‘I have slept so long in the nursery that I feel a great reluctance to leave it so long as you are out’, presumably finding that her children provided company when she would otherwise have slept alone.²⁴ She also used bedsharing to resolve an argument between her children over who should stay overnight with an aunt:

Betsey pleaded hard she had never been to sleep & John thought she
had no business there – at last I settled the business by proposing John

¹⁹ Gowing, ‘Twinkling of a Bedstaff’, 292; Margaret Pelling, ‘Apprenticeship, Health and Social Cohesion in Early Modern London’, *History Workshop* 37, no. 1 (Spring 1994): 46.

²⁰ Buchan, *Domestic Medicine*, 243.

²¹ Ernest de Selincourt, ed., *The Early Letters of William and Dorothy Wordsworth (1789-1805)*, vol. [1] (Oxford: Clarendon Press, 1935), Dorothy Wordsworth to Catherine Clarkson, 8 June [1805], 499; Dorothy Wordsworth to Lady Beaumont, Grasmere, 26 August [1805], 522.

²² Robert Meeke, *Extracts from the Diary of the Rev. Robert Meeke, Minister of the Ancient Chapelry of Slaithwaite, near Huddersfield*, ed. Henry James Morehouse and Charles Augustus Hulbert (London: H.G. Bohn, 1874), 27; Crawford, *Parents of Poor Children*, 139–40.

²³ Marjory Fleming, ‘Diary of Marjory Fleming’, Vol. 3, c. 1810-11, MSS.1099, National Library of Scotland, n.p.

²⁴ Elizabeth Shaw to John Shaw, Wolverhampton, [1822?], ‘Shaw Letters’, 1813-36, Cadbury Research Library Special Collections, University of Birmingham,

should sleep with me (to which he readily agreed)... so Betsey went[.]²⁵

The compromise meant Betsey got to spend her first night away from home, and John got to sleep somewhere novel, and perhaps also enjoy his mother's undivided attention. When Thomas de Quincey stayed with the Wordsworths, Dorothy wrote that 'John sleeps with him and is passionately fond of him'.²⁶ Even sleeping with a familiar bedfellow in a different bed was fun. The night Catherine Wordsworth died, in June 1812, 'she ran up to bed, in such glee striving to get before [her brother] William, and proud that she was going to sleep in her *Mother's* bed, an unusual treat'.²⁷ Over a century earlier, Locke had advised that

it would not be amiss, to *make* [a child's] *Bed* after different Fashions, sometimes lay his Head higher, sometimes lower, that he may not feel every little Change he must be sure to meet with, who is not design'd to lie always in my young Master's Bed at home.²⁸

Occupying different beds with different bedfellows was entertaining, deepened affective bonds, and prepared children for sleeping elsewhere in later life.

Selecting appropriate bedfellows was important. Handley emphasises the perils of assigning guests to share with people of the wrong status, or whom they disliked, although bedsharing between social groups could also be enjoyable where bonds of friendship already existed.²⁹ Moyra Haslett quotes an epistolary novel published between 1766 and 1772 in which the girls are assigned bedfellows who will either keep them in order or will not lead them astray, while Chris Roulston speculates that Anne Lister and Jane Raine were assigned a remote two-person dormitory at school in York because 'Raine... [was] the only biracial boarder... [and] Lister was poorer than Raine and had a history of troublesome behaviour at school'.³⁰

²⁵ Elizabeth Shaw to John Shaw, Wolverhampton, 26 November 1822.

²⁶ de Selincourt and Moorman, *The Letters of William and Dorothy Wordsworth, Vol. 2*, Dorothy Wordsworth to Catherine Clarkson, 8 December [1808], 283.

²⁷ Dorothy Wordsworth to Catherine Clarkson, Grasmere, 23 June [1812], in Ernest de Selincourt, Mary Moorman, and Alan G. Hill, eds., *The Letters of William and Dorothy Wordsworth: The Middle Years, Part II, 1812-1820*, vol. 3 (Oxford: Clarendon Press, 1970), 32.

²⁸ Locke, *Thoughts Concerning Education*, 32-33.

²⁹ Handley, *Sleep in Early Modern England*, 176-80; Handley, 'Sociable Sleeping', 100-104; Bray, *The Friend*, 153-54, 167-68; Ekirch, *At Day's Close*, 279-84.

³⁰ Moyra Haslett, "'All Pent up Together': Representations of Friendship in Fictions of Girls' Boarding-Schools, 1680-1800', *Journal for Eighteenth-Century Studies* 41, no. 1 (March 2018):

Bedsharing with children also could be uncomfortable. Elizabeth Shaw wrote 'I like the Baby better as a bedfellow than I think I should like any of them else. they [*sic*] are so restless'.³¹ Later, she complained that the older children 'bounce about so in bed that they often wake me'.³² On 26 June 1795, Anne Frances Bankes, aged about six, wrote from Bath that 'Maria and I sleep together but I kicked her to such a degree the first Night that we are obliged to have a great Bolster put between us'.³³ Marjory Fleming recorded that 'I've slept with Isabella but she cannot sleep with me. I'm so very restless. I danced over her legs in the morning and she cried Oh dear you mad Girl... for she was sleepy'.³⁴ She also complained that 'At Brehead I lay at the foot of the bed becuse [*sic*] Isabella says that I disturbed her repose at night by continual fighting [*sic*] and kicking'.³⁵ Isabella also disturbed Marjory: 'Isabella had a tereable fit of the toothache and she walk [*sic*] with a long nightshift at dead of night like a gos^t and I thought she was one... it made me quever & shake from top to toe'.³⁶

Bedsharing left both bedfellows vulnerable to the effects of child incontinence, disturbing the household and creating laundry, particularly for very young children. Charles, Lord Linton 'had a natural motion in y^e morn in his Bed about 10' while he was recovering from inoculation-induced smallpox, and two-year-old Henry Bankes 'had sometimes a motion involuntarily in his Sleep'.³⁷ Elizabeth Shaw's infant son Richard 'is daily wetting the bed if I dont [*sic*] constantly keep watch over[?] him', partly because 'he has never had a good nurse to take the care of him & keep him to cleanly habits'.³⁸ Laura Gowing quotes a case in which a servant girl 'became pregnant while sharing a bed with an apprentice... they had been put to sleep together because they both wet the bed', despite mixed-gender bedsharing normally causing censure.³⁹ Hans Sloane was called to assist John Plowden, who had a habit of bedwetting, and also had continence

91; Chris Roulston, 'Interpreting the Thin Archive: Anne Lister, Eliza Raine, and Telling School Tales', *Eighteenth-Century Studies* 55, no. 2 (Winter 2022): 199.

³¹ Elizabeth Shaw to John Shaw, Wolverhampton, [1822?].

³² Elizabeth Shaw to John Shaw, Wolverhampton, 13 July [1836?].

³³ Anne Frances Bankes to Henry Bankes, Bath, 26 June 1795, Bankes of Kingston Lacy and Corfe Castle archive, Dorset History Centre, D-BKL/H/1/55.

³⁴ Marjory Fleming, [1809], quoted in Marjory Fleming, *The Complete Marjory Fleming: Her Journals, Letters and Verses*, ed. Frank Sidgwick (London: Sidgwick and Jackson, 1934), 162.

³⁵ Fleming, 'Diary of Marjory Fleming', vol. 3, n.p.

³⁶ Fleming, 'Diary of Marjory Fleming', vol. 3, n.p.

³⁷ Lady Mary Traquair, 'Diary of Lady Mary Ravenscroft, 7th Countess of Traquair', (1782-1783), Fraser Chest, Bundle 1, Traquair Archives, Traquair House, fol. 31; Frances Bankes, 'Notebook of Children's Diseases', 1785-1805, Bankes of Kingston Lacy and Corfe Castle, D BKL/H/I/1, 11, Dorset History Centre, 21.

³⁸ Elizabeth Shaw to Elizabeth Wilkinson, Wolverhampton, 19 September 1828.

³⁹ Gowing, 'Twinkling of a Bedstaff', 288-92.

problems during the day.⁴⁰ Lisa Wynne Smith frames the development of Plowden's bladder control as an issue of masculine self-discipline, as a child 'probably over seven (the age of reason)', dismissing bladder control as 'obviously desirable' but emphasising that 'uncontrolled flowing was impermissible'.⁴¹ Similarly, Elizabeth Foyster suggests that the bedwetting of John Charles Wallop, Viscount Lymington, future earl of Portsmouth, 'was seen as beyond the pale... show[ing] a lack of "propriety"', because he was one of the 'big boy[s]' at his school.⁴² Although Foyster and Smith depict bedwetting as a problem of masculinity and correct behaviour, it was also a serious practical problem. Enuresis meant more washing, which required heavy and time-consuming labour; use of soap, fuel, and water which were expensive and heavy to procure; a shortage of clothing and bedding; and soiled mattresses, which were harder to wash than sheets and retained odour and staining for longer unless restuffed or replaced.⁴³ Margaret Pelling argues that bedwetting was even seen as a serious enough problem to be considered by magistrates in cases involving apprentices, whom she sees as particularly vulnerable to the disorder because 'of the emotional effects of leaving home'.⁴⁴ Bedwetting disturbed the culprit, but also their bedfellows; mothers, nurses, or servants involved in clearing up, assuming this was done at night; and anyone sleeping close enough to be woken in the process.

Bedsharing could even be dangerous, especially in overcrowded, impoverished settings. A letter from the headmaster of Brigg School, Lincolnshire, recorded that one pupil 'has had an Eruption on his Head every Spring wh. was s'd not to be infectious, but now it has attacked his Bedfellow'.⁴⁵ The Court of Common Pleas in 1823 heard how boys at Mr Shaw's Yorkshire school, prosecuted for 'gross negligence', suffered from outbreaks of parasites, which were hard to control in overcrowded quarters.⁴⁶ One witness complained that 'we slept three besides my brother in bed. I had the itch

⁴⁰ Lisa Wynne Smith, 'The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France', *Gender and History* 23, no. 1 (April 2010): 37.

⁴¹ Smith, 'Body Embarrassed?', 37.

⁴² Elizabeth Foyster, *The Trials of the King of Hampshire: Madness, Secrecy and Betrayal in Georgian England* (London: Oneworld, 2016), 34.

⁴³ On premodern laundry, see Bridget Hill, *Women, Work, and Sexual Politics in Eighteenth-Century England* (Oxford: Basil Blackwell, 1989), 110–14; Susan North, *Sweet and Clean? Bodies and Clothes in Early Modern England* (Oxford: Oxford University Press, 2020), 208–57; Falcini, 'Cleanliness and the Poor', 96–139; Styles, *Dress of the People*, 80–82; Dolan, 'Fabric of Life', 50, 180.

⁴⁴ Pelling, 'Apprenticeship, Health and Social Cohesion', 49.

⁴⁵ James Walter to Sir John Nelthorpe, Brigg School, 11 June 1789, quoted in F. Henthorn, *The History of Brigg Grammar School* (Brigg: The Grammar School, 1959).

⁴⁶ 'Court of Common Pleas, Guildhall, Oct. 30. Before Mr Justice Park and a Special Jury. Jones v Shaw', *The Times*, 31 October 1823, 12017 edition.

all the time I was there; about 20 boys had it... We were a great deal annoyed by fleas', while the plaintiff's son explained how 'Every other morning we used to flea the beds. The usher used to cut quills, and give us them to catch the fleas; and if you did not fill the quill, you caught a good beating'.⁴⁷ Bedbugs were a problem for both domestic and institutional beds: the Foundling Hospital had regular outbreaks which required the services of pest control workers, and even noble households like Montagu House, Bloomsbury, were vulnerable to them, although Tessa Murdoch observes that this example was of an unoccupied mansion.⁴⁸ However, overcrowded settings were more likely to suffer from outbreaks. Infectious disease was also a problem; Buchan claimed that 'it is common among the poor to see two or three children lying in the same bed, with such a load of pustules that even their skins stick together'.⁴⁹ This was more a problem of hygiene than of contagion, but even if Buchan's reaction was primarily one of disgust at poor living standards, it also suggests an uncomfortable proximity between sick children.

Most concerningly, medical and moralist writers worried that housing infants with adults could cause 'overlying', believed to be a common method of infanticide, and a danger of sharing a bed with a drunken or negligent nurse who would not notice that she had rolled onto the infant.⁵⁰ Elizabeth Shaw wrote that 'I would not trust the Baby to [Betsy or Betty] on account she sleeps so heavy'; either she was concerned about overlying, or that the servant would not wake to the infant.⁵¹ *The Art of Nursing*

⁴⁷ 'Jones v Shaw'. On the itch, see Kevin Siena, 'The Moral Biology of "the Itch" in Eighteenth-Century Britain', in *A Medical History of Skin: Scratching the Surface*, ed. Jonathan Reinartz and Kevin Siena (London: Pickering and Chatto, 2013), 71–83.

⁴⁸ Sarasohn, 'That Nauseous Venemous Insect'; Handley, *Sleep in Early Modern England*, 58–61; Ekirch, *At Day's Close*, 269–70; Ekirch, 'Sleep We Have Lost', 353–55; Wright, *Warm and Snug*, 131–33; Pennell, 'Making the Bed', 33, 39–41; 'General Committee Minutes', Vol. 4, 1754–55, Foundling Hospital Archive, London Metropolitan Archive, A/FH/K02/004, X041/014, 73; Murdoch, *Noble Households*, 12 (editorial comment).

⁴⁹ Buchan, *Domestic Medicine*, 243.

⁵⁰ Fildes, *Wet Nursing*, 47–48, 62–63, 98–100; Valerie A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986), 55, 195–97. On infanticide see for example Laura Gowing, 'Secret Births and Infanticide in Seventeenth-Century Britain', *Past and Present*, no. 156 (August 1997): 87–115; Anne-Marie Kilday, *A History of Infanticide in Britain, 1660 to the Present* (Basingstoke: Palgrave Macmillan, 2013); Amy L. Masciola, "'The Unfortunate Maid Exemplified': Elizabeth Canning and Representations of Infanticide in Eighteenth-Century England', in *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550-2000*, ed. Mark Jackson (Farnham: Ashgate, 2002), 35–72; Dana Rabin, 'Bodies of Evidence, States of Mind: Infanticide, Emotion and Sensibility in Eighteenth-Century England', in *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550-2000*, ed. Mark Jackson (Farnham: Ashgate, 2002), 73–92; Mark Jackson, *New-Born Child Murder: Women, Illegitimacy and the Courts in Eighteenth-Century England* (Manchester: Manchester University Press, 1996).

⁵¹ Elizabeth Shaw to John Shaw, Wolverhampton, 13 July [1836?].

advertised 'The Arcutio' as a solution, which it claimed was used by 'Every Nurse in Florence', so that their charges 'may be safely laid entirely under the Bed-Clothes in Winter, without Danger of smothering'.⁵² The arcutio was a headboard and wooden bar supported by an iron arch, allowing nurse or bedclothes to lie on top of the child without touching them; 'Hollows for the Nurse's breasts' suggest that the nurse could use it to breastfeed without getting out of bed.⁵³ There is no evidence of this being used in Britain, but concern about overlaying permeated advice on choosing a nurse.⁵⁴

By the early nineteenth century, tolerance for bedsharing among children may have been beginning to wane. This seems to have been particularly associated with pious families sending their children to residential schools. In 1808, the committee governing Sidcot School, Somerset, run by the Society of Friends, decided that 'the Bedrooms [should be] fitted up so as to accommodate each child with a separate Bed'.⁵⁵ When William Hey was sent to Sherbourne School in 1828, his clergyman father Samuel requested 'that he... have a separate bed-room. He does not care how homely it is or how small; but he does not relish much the idea of being put into the same room with others'.⁵⁶ The emphasis Samuel placed on this request suggests that he felt it was unusual. Samuel suggested 'that if [William] did not sleep in a room by himself M^r L[yon] wo^d put him with well disposed young men w^o wo^d not discourage his private devotions. I sho^d at any rate hope that he might have a single bed'.⁵⁷ In response, Samuel was told that

Every boy in the school has a single bed. M^r Lyon [the headmaster] w^d not make any promise with regard to a separate room... as there are some big boys... w^o... have a prior claim, he co^d not... prefer [William]

⁵² Anon, *Art of Nursing*, n.p.

⁵³ Anon *Art of Nursing*, n.p. See also Fildes, *Wet Nursing*, 47–48.

⁵⁴ Buchan, *Domestic Medicine*, 691 and 691, fn.; Fildes, *Wet Nursing*, 47–48, 62–63, 98–100; Fildes, *Breasts, Bottles and Babies*, 55, 195–97. See also chapter three.

⁵⁵ 'Extracts from the Minutes of Sidcot School', 15 August 1808, quoted in Evelyn Roberts, *A Sidcot Pageant* (London: J.M. Dent and Sons Ltd, 1935), 83–85.

⁵⁶ Samuel Hey to John Jarratt, Ockbrook, 18 February 1828, 'Correspondence between Samuel Hey and John Jarratt', Hey Family Letters, HEY/2, York Explore Libraries and Archives.

⁵⁷ Samuel Hey to John Jarratt, Ockbrook, 18 February 1828. Emphasis original. Samuel's concern about William's 'private devotions' fits with the tradition of praying before and after sleeping among the devout. Samuel Hey to John Jarratt, Ockbrook, 18 February 1828; Handley, *Sleep in Early Modern England*, 70–74, 86–90; Handley, 'From the Sacral to the Moral', 2012, 30–32.

to them: but he wo^d put him in a room where there were only two, or, at the most, 4 beds.⁵⁸

Stearns, Rowland, and Giarnella suggest that nineteenth- and twentieth-century parents became increasingly intolerant of children bedsharing even between siblings of the same sex due to decreasing family size, technological changes that reduced domestic help and increased home entertainments, shifts in domestic sociability, and increased concern about same-sex attraction.⁵⁹ However, concerns about sexuality pre-date this: Haslett quotes a 1691 comedy in which one girl at a boarding school implies that one of her classmates is an unpopular bedfellow because she masturbates.⁶⁰

Sherbourne and Sidcot were probably unusual in offering pupils single beds. In 1823, at Mr Shaw's school in Yorkshire, it was alleged that 'four or five boys slept in a bed not very large', and there were 'about thirty beds in the room'.⁶¹ While these allegations implied the beds were overcrowded, one defence witness countered that they 'Never knew of more than three boys sleeping in one bed', and another that there were 'Two big boys or three lesser in one bed' with only 'seven or eight beds in the room'.⁶² Housing multiple boys in one bed was evidently seen as acceptable by defence witnesses, as long as they were not overcrowded. As chapter two demonstrates, the Foundling Hospital also assumed its inmates would share beds in the 1740s and 1750s, while the London Lying-in Hospitals were unusual in trying to ensure their inmates had individual beds in the 1750s.⁶³ Given the suspicion with which the lower orders were viewed by the philanthropists and parish officials who ran institutions which routinely housed the poor and criminal, it seems unlikely that single-sex bedsharing became a significant moral panic until well into the nineteenth century, but opinions were evidently starting to shift in the early nineteenth century. While the decline in bed-sharing has not been traced with precision, affluent families may have lost their tolerance for bed-sharing faster than poorer households.

⁵⁸ Samuel Hey to William Hey, Ockbrook, 18 March 1828, 'Correspondence between Samuel Hey and John Jarratt', Hey Family Letters, HEY/1, York Explore Libraries and Archives. Emphases original.

⁵⁹ Stearns, Rowland, and Giarnella, 'Children's Sleep', 357–60.

⁶⁰ Haslett, 'All Pent up Together', 83.

⁶¹ 'Jones v Shaw'.

⁶² 'Jones v Shaw'.

⁶³ Lisa Foreman Cody, 'Living and Dying in Georgian London's Lying-in Hospitals', *Bulletin of the History of Medicine* 78, no. 2 (Summer 2004): 323.

Cradles and cradle-use

While children's beds can be hard to distinguish from adults', cradles were usually associated with infants, and have been used to care for very young children since the medieval period.⁶⁴ Cradles could also house 'children or sick persons', but I have found only one instance of cradle-occupancy past infancy, in a trial following the death of a child aged 'eight or nine' who was assaulted by his father; the statement that he was in a cradle appears to have surprised the court.⁶⁵ For the purposes of this chapter, 'cradle' is a catch-all term including cribs and cots for infants.⁶⁶ Cradles' association with infants allows firmer identification of cradles as child sleep-spaces than unqualified references to beds.

The cradle was uniquely associated with the sleep of early childhood. Because cradles were distinct both linguistically and physically from the bed, they are more readily identified in inventories than children's beds, although while most households with children probably had a cradle or cradle-substitute at some stage, they are still relatively rare. In the sample examined here, only ninety-one (three percent) listed cradles, cribs, or children's baskets.⁶⁷ Cradles were found in households at all

⁶⁴ Orme, *Medieval Children*, 62; "Cradle, n.", in *Oxford English Dictionary Online* (Oxford: Oxford University Press, September 2020),

<https://www.oed.com/view/Entry/43687?rskey=u00EOp&result=1&isAdvanced=false#eid>.

⁶⁵ Samuel Johnson, 'Cradle. n.s.', in *A Dictionary of the English Language; in Which the Words Are Deduced from Their Originals and Illustrated in Their Different Significations by Examples from the Best Writers* (London: J. and P. Knaptor, T. and T. Longman, C. Hitch and L. Hawes, A. Millar, and R. and J. Dodsley, 1755); 'Trial of William Higson, T17850406-1', in *Old Bailey Proceedings Online*, April 1785, <https://www.oldbaileyonline.org/browse.jsp?id=t17850406-1&div=t17850406-1&terms=cradle#highlight%20PART%201>.

⁶⁶ "Cradle, n".

⁶⁷ Reed ed., *Buckinghamshire Probate Inventories*; Wilshere ed., *Glenfield Probate Inventories*; Moore ed., *Goods and Chattels of Our Forefathers*; Adams ed., *Lifestyle and Culture in Hertford*; Johnston ed., *Probate Inventories of Lincoln Citizens*; Williams and Thomson ed., *Marlborough Probate Inventories*; Trinder and Cox ed., *Miners and Mariners*; Harley ed., *Norfolk Pauper Inventories*; Edwards and Newman ed., *Northallerton Wills and Inventories*; Hughes ed., *Sussex Clergy Inventories*; Wyatt ed., *Uffculme Wills and Inventories*; Trinder and Cox ed., *Yeomen and Colliers in Telford*; Vickers ed., *A Yorkshire Town*; Collett-White ed., *Inventories of Bedfordshire Country Houses*; Coleman ed., *Household Inventories of Helmingham Hall*; Murdoch ed., *Noble Households*; Wanklyn ed., *Inventories of Worcestershire Landed Gentry*. Because of how some of the volumes were compiled, it was impossible to count only inventories dating from after 1650. The statistical analysis here therefore includes cradles from before 1650, to avoid giving a falsely low impression of the percentage of households which owned cradles. Three inventories containing 'cradles' have been excluded from this total because they were associated with agricultural or cooking equipment rather than with domestic furniture in the inventory, raising the possibility that they may have referred to 'A framework or grating placed around anything to protect it' or 'A supporting framework', two of the alternative *OED* definitions of 'cradle'. A fourth, listed with a 'chest... 2 sadles & bridle one padd' has been included on the grounds that while it is unclear whether this was a child's cradle or part of the horse's equipment, the room also contained a bed, and the cradle may equally have been stored in the room after the wife of

socioeconomic levels; gentry and noble households owned cradles, but nine (ten percent) were in Harley's collection of pauper inventories, in four percent of the 230 inventories he includes.⁶⁸ Although Harley's collection represents eight percent of all the inventories studied, most of the households he examined owned few possessions, which suggests that cradles were important in households with infants. Most of the inventories in the sample listed items belonging to the deceased at death, but Harley's inventories were taken during poor relief assessment.⁶⁹ As he observes, their owners 'continue[d] to use their belongings', meaning these inventories were more likely to capture families of reproductive age who still needed child-rearing equipment than probate inventories, which probably underrepresent cradle-usage because they were taken at death, meaning that many represented families whose children had grown out of cradle-use.⁷⁰ Testators with adult children had little incentive to keep a bulky, now-obsolete item of furniture, so cradles in probate inventories generally reflect either a young family, or a household which had not sold, gifted, or otherwise disposed of an unneeded item of furniture. Some households, especially among the wealthy, had space to store unused furniture, and elite households sometimes had inventories made at other points in the lifecycle.⁷¹ However, few households probably kept cradles beyond their active lifetime. Examination of household accounts might yield more examples of cradle use, including more information on pricing, because goods in inventories were often valued with other items, and were routinely undervalued.⁷²

Most cradles in the sample were in "active" rooms used for domestic chores or socialising, although twenty-two of the ninety-one entries had no specific location (table 2). Of the cradles located in sixty-nine identifiable rooms, nine were in kitchens; nine in garrets or lofts; seven in halls or hall chambers; and four in the house or house chamber. "House chamber" may have indicated a hall or communal chamber, so combining house, hall, and kitchen chambers indicates that cradles were commonly located in areas of the house where much of the domestic work happened, at least in

its owner, Thomas Oliver, predeceased her spouse in childbirth. See "'Cradle, n"'; Trinder and Cox ed., *Miners and Mariners*, 171–72.

⁶⁸ Harley, *Norfolk Pauper Inventories*.

⁶⁹ Harley, 'Pauper Inventories', 1.

⁷⁰ Harley, 'Pauper Inventories', 1.

⁷¹ See for example the collections by James Collett-White or Tessa Murdoch, both of which contain non-probate inventories. Collett-White, *Inventories of Bedfordshire Country Houses*; Murdoch, *Noble Households*.

⁷² Orlin, 'Fictions of the Early Modern Probate Inventory', 53–54; Giorgio Riello, "'Things Seen and Unseen': The Material Culture of Early Modern Inventories and Their Representation of Domestic Interiors', in *Early Modern Things: Objects and Their Histories, 1500-1800*, ed. Paula Findlen (Abingdon: Routledge, 2013), 142.

non-elite households.⁷³ One cradle was listed in the testator's shop, along with a bed and bedding.⁷⁴ All of these spaces were full of bustle and dangerous equipment, where an infant needed to be well-supervised and out of the way. Three cradles were in parlours: also busy, public rooms used for domestic tasks or receiving visitors. Only two rooms specifically identified as sleeping chambers contained cradles, but the two 'best chambers' were both bedchambers too. Handley's work on bedchamber location suggests that "bedrooms" were often on the first storey, and seven of the twelve rooms which were described as being 'over' another named room also contained beds (table 3).⁷⁵ All the garrets and lofts which contained cradles also held beds, but these were probably in storage. Including chambers identified as bedrooms and rooms 'over' others that contained beds, but excluding garrets, eleven rooms which contained cradles also contained beds; the true figure may be higher, because not all beds in the same room as cradles were recorded during transcription.⁷⁶ *Proceedings of the Old Bailey* also lists at least six cradles in kitchens and a further three that were probably in kitchens, out of about twenty-four whose location can be identified or surmised from contextual details, against only one certainly in a bedchamber, a second possibly in a bedchamber, and at least two in lodging rooms.⁷⁷ Cases in the *Proceedings* do not always give clear indications of which room was under discussion, so these figures remain approximations. However, they support the evidence from inventories that cradles were often located in rooms used during the daytime.

⁷³ On how rooms were described, see Priestley and Corfield, 'Rooms and Room Use', 102–3.

⁷⁴ Reed, *Buckinghamshire Probate Inventories*, 154.

⁷⁵ Handley, *Sleep in Early Modern England*, 113–14.

⁷⁶ While transcribing data, I increased the amount of contextual information recorded as patterns began to emerge. However, it was not thought worth re-transcribing earlier entries because the time required would have been disproportionate to the results.

⁷⁷ *Old Bailey Proceedings Online*, www.oldbaileyonline.org.

Table 2 Location of cradles in inventories, 1539-1830

Room type	Number
Not recorded	22
Garret, garret over room, loft over room	9
Kitchen/kitchen chamber	9
Hall/hall chamber	7
Chamber over house	5
House/house chamber/'new house and new house chamber'	4
Chamber(s)/rooms over parlour	3
Parlour	3
Bedroom/bed chamber	2
Best chamber	2
Chamber next the wardrobes/Old wardrobe	2
Little chamber/other little chambers	2
Lower room/chamber	2
Nursery/left hand of nursery	2
Chamber	1
Chamber over hall	1
Chamber over washplace	1
Cockloft	1
Farther chamber	1
His own chamber'	1
Lane chamber	1
Low room	1
Maids' chamber	1
Middle room	1
Next chamber (after chamber over hall)	1
Old Nurse's chamber	1
Over dairy	1
Room over stable	1
Second chamber	1
Shop	1
Small chamber	1

Table 3 Number in beds in garrets, or rooms described as being 'over' other rooms

Room type	Total	Number containing beds
Chamber over house	5	4
Chamber(s)/rooms over parlour	3	2
Chamber over hall	1	0
Chamber over washplace	1	0
Over dairy	1	1
Room over stable	1	1
Garret, garret over room, loft over room	9	9

Determining the value of cradles and bedding is difficult, because court and probate valuations tended to be pessimistic estimates of goods' resale value rather than their original cost, and many inventories value groups of objects together rather than individually, although they ranged from very cheap to expensive.⁷⁸ They were usually cheaper than beds, which could be worth a significant proportion of the wealth of an individual household, although John Langforth's 1676 inventory listed 'A litle [*sic*] table a Cradle 2 Chaires 1 foot pace' which were together worth 8s 4d, while in 1685, the entire contents of Joseph Lewis's kitchen, comprising all the furniture and utensils including a cradle, came to £9 13s.⁷⁹ The cradle stolen by Thomas Hansell in 1813 was valued at 1d, and that by Thomas Stevens in 1820 at 5s.⁸⁰ However, the Hansell cradle was listed among items of tableware, so it may not have been a piece of furniture.⁸¹ The lowest-value cradle in the inventory collection was worth 1s in 1677; another in 1680 was worth 1s 6d.⁸² At the other end of the spectrum, the 1731 inventory prepared for a Chancery suit over the property of Owen Thomas Bromsall, owner of Northhill Manor, Bedfordshire, included 'One Cradle with a Mattress and Counterpane' worth £1, while Sir John Parkington's cradle was valued at £1 10s in 1689; whether this included bedding is unclear.⁸³ Thomas Baylie left a cradle worth 10s in 1639/40 alongside '2 cushens (1s 0d), one cradle clothe and pillow (3s 0d)', but such details about bedding were rare.⁸⁴ Bedding for beds was sometimes valued separately, and was often bequeathed sheet by sheet to heirs.⁸⁵ Bedding for cradles was smaller and not easily reusable beyond the cradle, and was vulnerable to heavy soiling, so it was probably not worth enough to value individually.

The presence of cradles in rooms mainly used during the daytime indicates that cradles held infants during the day as well as at night, while carers were busy with household

⁷⁸ Orlin, 'Fictions of the Early Modern Probate Inventory', 53–54, 59–60, 64; Riello, 'Things Seen and Unseen', 142; Overton et al., *Production and Consumption in English Households*, 18.

⁷⁹ Johnston, *Probate Inventories of Lincoln Citizens*, 51; Hughes, *Sussex Clergy Inventories*, 20–21. On bed prices, see chapter 1, fn2, p.55.

⁸⁰ 'Trial of Thomas Hansell, T18130407-27', in *Old Bailey Proceedings Online*, April 1813, <https://www.oldbaileyonline.org/browse.jsp?id=t18130407-27&div=t18130407-27&terms=cradle#highlight>; 'Trial of Thomas Stevens, T18200412-56', in *Old Bailey Proceedings Online*, April 1820, <https://www.oldbaileyonline.org/browse.jsp?id=t18200412-56&div=t18200412-56&terms=cradle#highlight>.

⁸¹ 'Trial of Thomas Hansell'.

⁸² Williams and Thomson, *Marlborough Probate Inventories*, 152; Edwards and Newman, *Northallerton Wills and Inventories*, 63.

⁸³ Collett-White, *Inventories of Bedfordshire Country Houses*, 74:184, 186; Wanklyn, *Inventories of Worcestershire Landed Gentry*, 253.

⁸⁴ Moore, *Goods and Chattels of Our Forefathers*, 71.

⁸⁵ Dolan, 'Fabric of Life', 256–59; Dolan, 'Touching Linen', 150–51; Handley, *Sleep in Early Modern England*, 142.

chores or social activities, functioning as aides to nursing as well as infants' beds.⁸⁶ Medical authors, who both fed and reflected popular suspicion of hired nurses, accused them of using the cradle to keep the child out of the way, a decision framed in such texts as lazy.⁸⁷ However, the cradle was a safer space for unattended infants than being left to lie or crawl in busy workspaces. Swaddling immobilised infants, so being left on a chair, table, or floor left them at risk of being sat or trodden on; having hot, heavy, or sharp objects placed, spilled, or dropped on them; being knocked off a raised surface; or "played with" by siblings or domestic animals.⁸⁸ Elizabeth Shaw was lucky that her son avoided these fates, and that of choking, when she returned home in c.1815 to find him 'laid on the chair with his mouth sucking away (for Nurse had left him with the bottle on the pillow)'.⁸⁹ Even after swaddling declined in the mid-eighteenth century, infants remained vulnerable to such accidents, and others caused by their increased mobility, like crawling into fires, rolling or crawling off surfaces, or getting trapped under furniture. Most households could not afford a dedicated nursemaid, leaving mothers or servants to split their attention between children and chores; even servants whose sole responsibility was childcare often had several youngsters to supervise. Cradles substituted for babysitters when carers were busy. In 1722, Bridget Sparrow testified that thieves had taken two mirrors while she 'stept out of Doors, leaving a young Child in the Cradle', and in 1789 Elizabeth Wilson went out and 'left nobody at home but a child in the cradle', using it in lieu of a human carer.⁹⁰ *The Welch Curate* (figure 20) epitomises this. While his wife earns money doing laundry, the father prepares supper and catechises a child while rocking the infant's cradle. The infant is safer there than on the floor where it might investigate too close to the fire; be tripped over by its sibling; have the knife dropped on it, or the book, which barely fits on the table; or get trapped under the rockers of its own cradle. Soothing the child to sleep

⁸⁶ See also Crawford, *Parents of Poor Children*, 139–40, 242–43.

⁸⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 172. See also chapter three.

⁸⁸ Gal Ventura, "'Ceci n'est Pas Un Berceau": The Majestic Cradle of Napoleon's Son', *Journal of Design History* 32, no. 4 (November 2019): 327.

⁸⁹ Elizabeth Shaw to John Shaw, [5 December 1815?]; Andrew Popp, 'Shaw, John (1782-1859), Entrepreneur and Industrialist', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2013), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-105136#odnb-9780198614128-e-105136-headword-2>.

⁹⁰ 'Trial of Jeremiah Stapler, Thomas Nichols, and Ann Jones, T17221205-11', in *Old Bailey Proceedings Online*, December 1722, <https://www.oldbaileyonline.org/browse.jsp?id=t17221205-11&div=t17221205-11&terms=cradle#highlight>; 'Trial of Benjamin Barland, T17890225-64', in *Old Bailey Proceedings Online*, February 1785, <https://www.oldbaileyonline.org/browse.jsp?id=t17890225-64&div=t17890225-64&terms=cradle#highlight>.

even allows the curate to be a more attentive carer than otherwise, because he cares for both children simultaneously *and* cooks. Far from 'tak[ing] advantage of' 'most children[s]' propensity to 'be lulled to sleep almost at any time by the motion of the cradle', as the physician George Armstrong complained in 1783, its use was essential to running the household, providing a safe space for infants while adult attention was elsewhere.⁹¹

⁹¹ Armstrong, *Account of the Diseases Most Incident to Children*, 172.

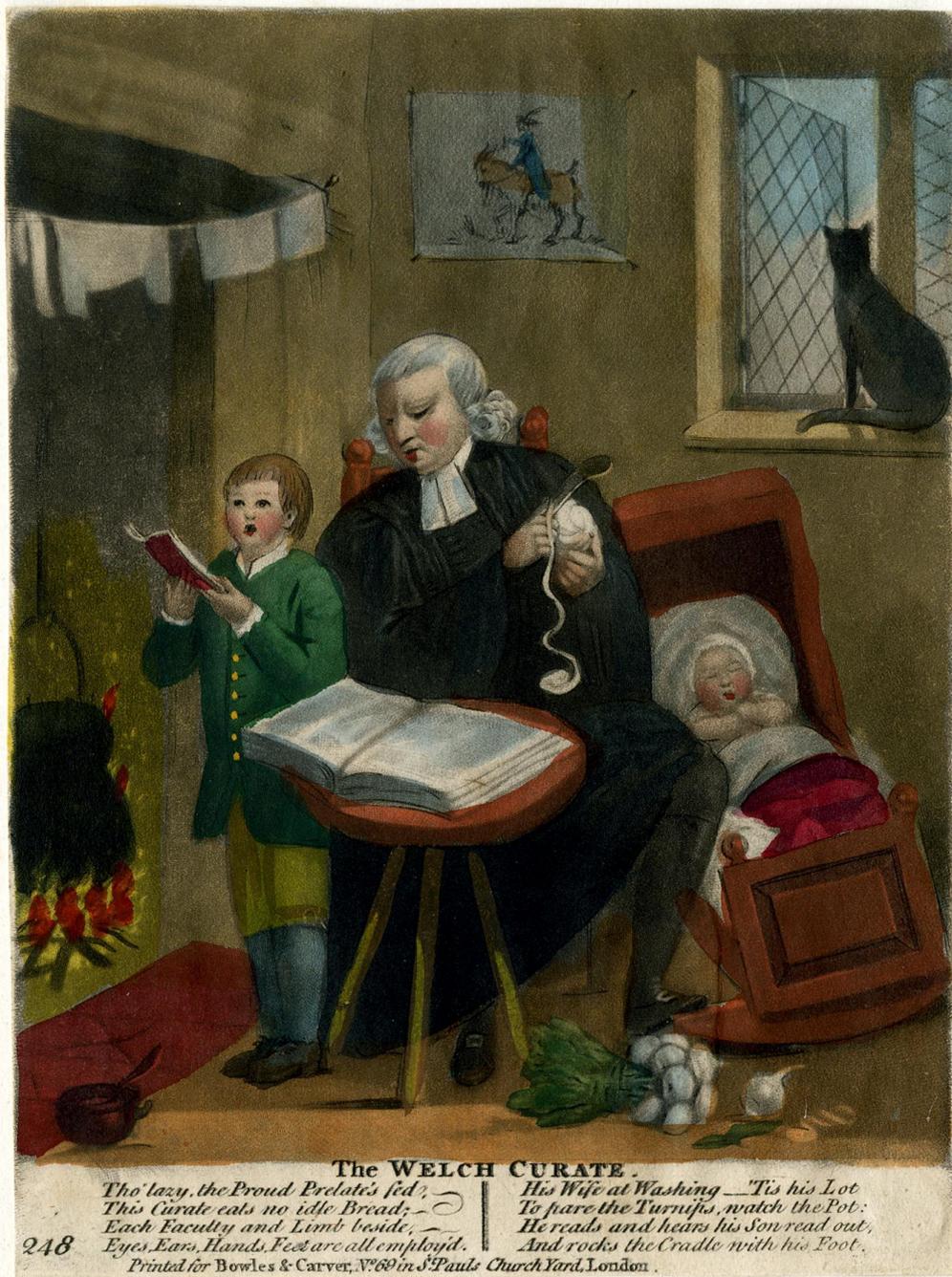


Figure 20 *The Welch Curate*, (London: Carrington Bowles, c.1770-1785), hand-coloured mezzotint, 151 x 111mm, British Museum London, 2010,7081.2184 © Trustees of the British Museum

The large amounts of time infants spent in cradles created a synecdochic relationship between cradles and infancy. John Barnet was executed for highway robbery on 23 December 1730.⁹² In the Ordinary's account of his death, Barnet was described as being

⁹² 'Ordinary of Newgate's Account, OA17301223', in *Old Bailey Proceedings Online*, December 1730,

‘from his Cradle of the most wicked, dogged, perverse Disposition in the World’.⁹³ Turning the accusation against his accuser, Anthony Rogers ‘had nothing to say in his Defence, but that the Evidence had been a Thief from his Cradle’: an unsuccessful strategy, as he was sentenced to death for theft in 1716.⁹⁴ In 1741, Edward Poole’s mother testified that his ‘character from his cradle has always been honest and just’, suggesting that in her long knowledge of Poole, he was as innocent as an adult as he had been as a baby.⁹⁵ The use of the cradle metaphor demonstrated that the qualities ascribed to the accused were natural and essential facets of their character. Their alleged evil was heightened by the contrast between the supposed innocence and safety of the cradle with the wickedness of its occupants. Elsewhere, the metaphor was an authority-claim. Witnesses in criminal trials used the phrase to suggest superior knowledge of the accused, demonstrating that they had known them all their life: ‘I have known the Prisoner from his Cradle... he behav’d always civilly’; ‘I have known her from her cradle. I knew all the family, and the whole generation of them’.⁹⁶ Medical advertisements for remedies claimed to have cured sufferers afflicted ‘from the cradle’: William Read claimed in 1697 that George Smith ‘received sight in a Minute... to the admiration of those that knew him Blind from his Cradle’.⁹⁷ Read also treated ‘William Lyford... [who,] under the Misfortune of being Deaf and Dumb from his Cradle, was restor’d to his Hearing and Speech’ in 1705, while Mr Duckett advertised a treatment for deafness in 1734, the efficacy of which ‘will be testified by hundreds of People... several of whom have been deaf from their Cradles’.⁹⁸ The impressiveness of these cures rested on giving senses that the patient had never enjoyed: human medicine correcting a defect imposed by nature from birth. The phrase also demonstrated the safety and efficacy of drugs: in 1779, Ward’s Restorative promised to ‘be of infinite

<https://www.oldbaileyonline.org/browse.jsp?id=OA17301223&div=OA17301223&terms=cradle#highlight>.

⁹³ ‘Ordinary of Newgate’s Account, December 1730’.

⁹⁴ ‘Trial of Anthony Rogers, T17161105-34’, in *Old Bailey Proceedings Online*, November 1716, <https://www.oldbaileyonline.org/browse.jsp?id=t17161105-34&div=t17161105-34&terms=cradle#highlight>.

⁹⁵ ‘Trial of Edward Poole, T17410701-14’, in *Old Bailey Proceedings Online*, July 1741, <https://www.oldbaileyonline.org/browse.jsp?id=t17410701-14&div=t17410701-14&terms=cradle#highlight>.

⁹⁶ ‘Trial of [Anon], T17420428-6’, in *Old Bailey Proceedings Online*, April 1742, <https://www.oldbaileyonline.org/browse.jsp?id=t17420428-6&div=t17420428-6&terms=cradle#highlight>; ‘Trial of Sarah Widdall, T17480526-32’, in *Old Bailey Proceedings Online*, May 1748, <https://www.oldbaileyonline.org/browse.jsp?id=t17480526-32&div=t17480526-32&terms=cradle#highlight>.

⁹⁷ ‘Advertisements and Notices’, *Post Man and the Historical Account*, 12 August 1697, Issue 357.

⁹⁸ ‘Advertisements and Notices’, *Daily Courant*, 26 November 1705, 1129; ‘Advertisements and Notices’, *Daily Courant*, 21 September 1734, 5726.

service to young people, even from the cradle'.⁹⁹ Infants were thought to need gentler medicines than older sufferers, and Ward's choice of phrase simultaneously demonstrated his medicine's safety for vulnerable young bodies, and its utility throughout life.¹⁰⁰ The association between cradles and infancy arose because they were the primary space occupied only by the very young.

What was a cradle?

Cradles were 'little bed[s] or cot[s] for an infant: properly... mounted on rockers, but often extended to a swing-cot' or static cot; all of these are included in the following discussion.¹⁰¹ Although cradles were ubiquitous childcare items, their structure and furnishings varied according to wealth and the types of use they were intended to be put to. Cradles survive poorly in museum collections, but there are seven British examples dating from 1650-1830 in the V&A collection; twenty-four from 1600-1820 across the National Trust; three at York Museums Trust; and one at the Museum of English Rural Life (MERL).¹⁰² Most of these, unsurprisingly, are robust objects, and often highly elaborate, which accounts for their survival.

Most surviving cradles were luxurious, solid wooden objects, sometimes with decorative carvings (figures 21-37). Figure 27 shows a cradle from Sizergh Castle, Cumbria, with elaborate carvings of flowers and mythical animals, and a faux-tiled roof on the cradle hood. Figure 21, though less elaborate, has turned finials at each corner; turned posts supporting the canopy; and a decorative carving on the headboard, while figure 28 has still more elaborate carving, finials, and pillars but no hood. Others, like figure 29, have simpler panels, or like figures 30 and 37 are plain and smooth but use a lot of expensive, heavy wood in their construction. The cradle in figures 31-32 has the initials 'MB' and the year 1722 carved on top of its hood, presumably commemorating its first occupant, or perhaps one of the parents. Figure 33 is made of five woods to create an inlaid pattern on the side panels, with elaborate scrolls above the frame, and has 'John' and 'Elizabeth' carved at either end, with the year 1680, presumably again

⁹⁹ 'Advertisements and Notices', *Gazetteer and New Daily Advertiser*, 3 June 1779, Issue 15696 edition.

¹⁰⁰ Newton, *Sick Child*, 67-71; Newton, 'Children's Physic', 465-66.

¹⁰¹ "Cradle, n".

¹⁰² Three of the National Trust cradles are dated between 1800 and 1900; two from 1600-1770; and one was made in Austria and is dated to 1640 but is inscribed 'John' and 'Elizabeth' in 1680 (figure 32). These have been retained in the sample, but four undated cradles, even where they appear similar visually to cradles from the period, have been excluded. The Covid-19 pandemic made it impossible to examine any of these in-person, so I have relied on online catalogues, photographs, and the kindness of curators to answer questions and send additional images.

commemorating its occupants. While this example was made in Austria in c.1640, it was also used in England by the late seventeenth century. Some, such as figures 31-32 and 34, had hinged lids rather than conventional hoods, while figure 35 has a detachable side. Opening these would have reduced the danger that the infant would be knocked against the cradle as it was lifted in and out, and made cleaning easier. Of the twenty-eight cradles whose wood is identified across the three museum collections, twenty-two are oak; one is oak, cherry, walnut, rosewood, and sycamore; one is fruitwood; and two are mahogany, one with cane sides within a mahogany frame.



Figure 21 Cradle, England, c.1691, oak, Victoria and Albert Museum, 596-1886 © Victoria and Albert Museum, London



Figure 22 Cradle, England, 1690-1710, oak, Victoria and Albert Museum, CIRC.5-1958 © Victoria and Albert Museum, London



Figure 23 Cradle, England, 1700-1730, oak, Victoria and Albert Museum, CIRC.521-1919 © Victoria and Albert Museum, London

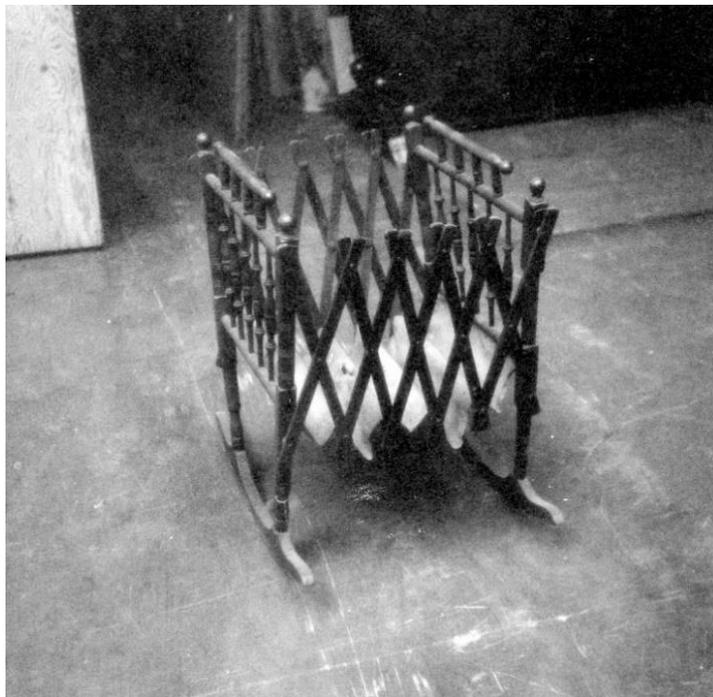


Figure 24 Cradle, England, 1700-1730, wood, Victoria and Albert Museum, W.13-1959 © Victoria and Albert Museum, London



Figure 25 Self-swinging cradle, England, c.1810, wood and iron, Victoria and Albert Museum, W.50-1952 © Victoria and Albert Museum, London



Figure 26 Cradle, England, 1800-1840, mahogany with metal fittings, Victoria and Albert Museum, W.35-1927 © Victoria and Albert Museum, London



Figure 27 Cradle, c.1661 with later elements, oak, Sizergh Castle, Cumbria, NT998004 © National Trust/Robert Thrift



Figure 28 Cradle, 1697, oak, 908 x 545 x 765 mm, York Castle Museum, YORCM:DA182



Figure 29 Cradle, 1650-1725, oak, 935 , 1000 x 640 mm, York Castle Museum, YORCM:AA1614



Figure 30 Cradle, 1800-1840, wood, 910 x 350 x 674 mm York Castle Museum, YORCM:AA1955



Figure 31 Cradle, 1722, oak, 610 x 355 x 860 mm, Rufford Old Hall, Lancashire, NT 783944, © National Trust / Robert Thrift



Figure 32 Cradle, 1722, oak, 610 x 355 x 860 mm, Rufford Old Hall, Lancashire, NT 783944, © National Trust / Robert Thrift



Figure 33 Cradle, Austria, 1640, inscribed Elizabeth and John 1680, dated 1740-1770, oak, cherry, walnut, rosewood, sycamore, 870 x 940 x 550 mm, Benthall Hall, Shropshire, NT 509691 © National Trust / Catriona Hughes



Figure 34 Cradle, c.1700-1740, oak, 830 x 920 x 535 mm, Ightham Mote, Kent, NT 825266 © National Trust / Charles Thomas



Figure 35 Cradle, c.1820 mahogany, cane, oak, iron, brass, 980 x 1200 x 600 mm, Erddig, Wrexham, Wales, NT 1147224.1 © National Trust

Wooden cradles were designed to be rocked, despite medical and moralist condemnation of the practice.¹⁰³ Most were suspended from stands or mounted on rockers that had to be operated manually. However, the cradle in figure 25, designed by Thomas Sheridan, has a clockwork mechanism that allows it to rock independently; V&A research suggests that it originally may have run for over an hour, although when tested in 1952 it only ran for 43 minutes.¹⁰⁴ Although a household able to afford such an elaborate object would undoubtedly also have been able to afford a dedicated nursemaid, this labour-saving contrivance would have freed her to attend to other children.

Solid wooden cradles were found in poorer homes too. While not low-status objects, figures 30 and 37 show plain wooden cradles of much simpler design. The cradle in figure 38, according to its catalogue entry at the V&A, probably belonged to a labourer in whose home there was minimal space; the entry suggests that its small size was

¹⁰³ See chapter three.

¹⁰⁴ 'Self-Swinging Cradle, c.1810, V&A Museum, W.50:1 to 5-1952', *V&A Online Catalogue*, accessed 4 May 2022, <https://collections.vam.ac.uk/item/O176466/self-swinging-cradle-hollinshed-william-mr/>.

helpful in storage and it could have been hung up or turned over and sat on when not occupied.¹⁰⁵ However, this cradle still required considerable skill to shape the curved slats, and access to the raw materials, so it was probably a rare design.¹⁰⁶ In visual culture, a sketch by Walter Geikie of a cottage interior shows what appears to be a smooth wooden cradle with a curved hood (figure 39), while the harried father in ‘The Welch Curate’ rocks his youngest child in a heavy, solid cradle despite the household’s poverty (figure 20).



Figure 36 Cradle, 1700-1800, oak, 1067 mm, Dunham Massey, Cheshire, NT 930571© National Trust / Robert Thrift

¹⁰⁵ ‘Cradle, 1770-1820, V&A Museum, B.56-1996’, *V&A Online Catalogue*, accessed 4 May 2022, <https://collections.vam.ac.uk/item/O38596/cradle/>.

¹⁰⁶ I am indebted to Mark Jenner for discussing this with me.



Figure 37 Cradle, 1800-1900, wood, 585 x 510 x 965 mm, Rufford Old Hall, Lancashire, NT 7839066 © National Trust / Mike Howells and Roger Johnson



Figure 38 Cradle, 1770-1820, mainly ash, Victoria and Albert Museum, B.56-1996 © Victoria and Albert Museum, London.

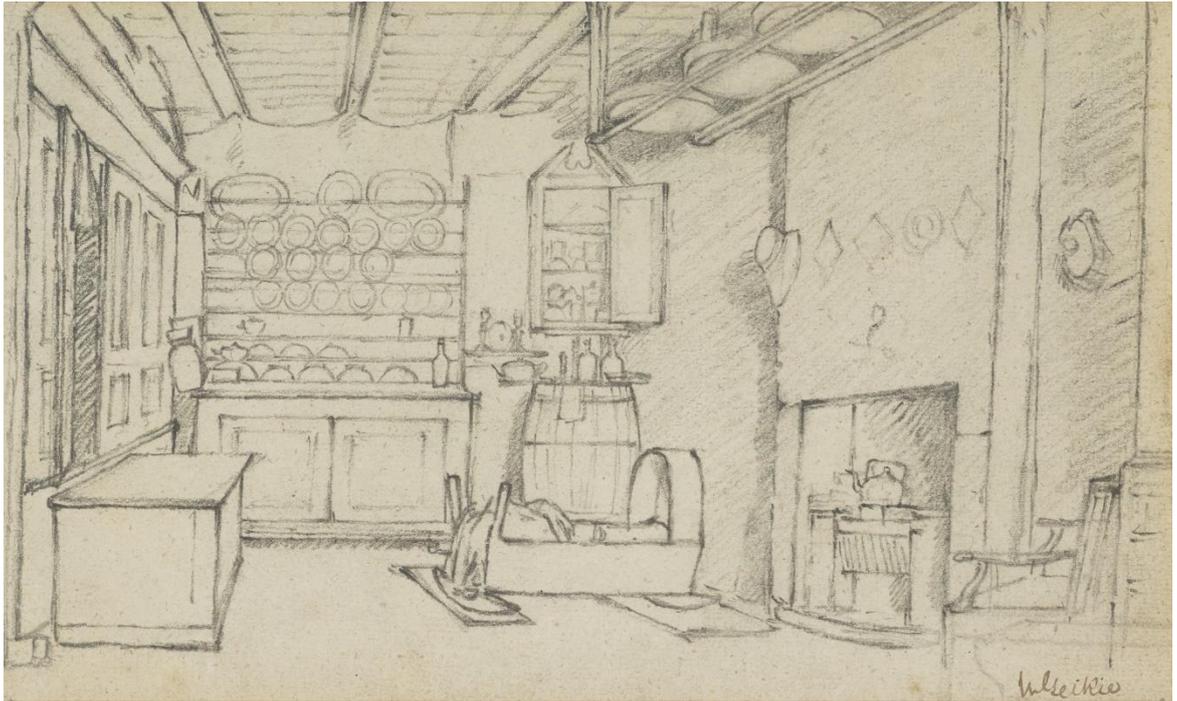


Figure 39 Walter Geikie (1795-1837), *Cottage Interior with a Cradle*, black chalk on paper, 121 x 201 mm, National Galleries Scotland, D 4427/13

Although most surviving cradles are wooden, it was probably more common to make them of woven cane, reed, or other tough, pliable materials. Figure 40 shows a rare surviving example of this type of cradle: 'made of straw and bound with briar', it was evidently strong enough to house an infant securely.¹⁰⁷ Inventories only occasionally specify the material cradles were made from; Helmingham Hall had a wicker one in both the 1597 and 1626 inventories, and Humphrey Soley in 1707 owned a 'twiggen cradle', whereas Thomas Hall in 1661 and Richard Gears in 1720 had joined (wooden) cradles.¹⁰⁸ Some pauper inventories from Norfolk also refer to 'Childs basket[s]'.¹⁰⁹ This may have been a regional term for cradle, reflecting their woven construction, or they may have been a makeshift repurposing of an ordinary basket. However, depictions of cradles by artists working in genres ranging from satire, to elite portraiture, to depictions of poor households, to conversation pieces and genre paintings, to illustrations for pocket books and woodcuts for cheap printed texts, all depict basketwork cradles. The range of social settings and artistic genres in which basketry cradles appear suggests that they were popular across society. Thomas Rowlandson

¹⁰⁷ 'Cradle, 1750-99, Museum of English Rural Life, 68/1', *Museum of English Rural Life Online Catalogue* (blog), accessed 4 May 2022, <http://www.reading.ac.uk/adlib/Details/collect/12285>.

¹⁰⁸ Coleman, *Household Inventories of Helmingham Hall*, 34, 77; Wanklyn, *Inventories of Worcestershire Landed Gentry*, 311, 182; Trinder and Cox, *Miners and Mariners*, 188.

¹⁰⁹ See for example Harley, *Norfolk Pauper Inventories*, 110, 199.

shows Death rocking the charge of a negligent nurse, with a well-off mother bursting into a squalid room to find her child lying in a woven cradle on wooden rockers (1816, figures 41-42). At the lower end of the socioeconomic scale, George Morland's *The Comforts of Industry* and *The Miseries of Idleness* (late eighteenth century, figures 43-46) depict cottages of the rural lower orders furnished with woven cradles, albeit of very different qualities. However, in Joseph Highmore's 1745 depiction of Pamela surrounded by her upper-middling-sort children, the youngest has a basketwork cradle, and both William Hogarth's portrait of William Anne Edwards Hamilton (1732) and Johan Zoffany's portrait of Hester Thrale (c.1766) show their wealthy sitters alongside woven cradles hung with elaborate drapery (figures 47-52). Even William, Duke of Gloucester was depicted in 1689 in a cradle which mixed woven sides with an elaborately carved footboard (figures 53-54). Woven textures abound in political satires of national leaders in cradles (figures 55-60); William Blake's plate accompanying the 'Cradle Song' in *Songs of Innocence and Experience* (1789, figure 61), and the cradle which headed the month of January in the 1820 *Royal Engagement Pocket Atlas* (figures 62-63). Basketwork cradles were clearly used even in the wealthiest households.¹¹⁰

¹¹⁰ Gal Ventura makes a similar suggestion about French cradles in this period: they were 'simple designs of wicker baskets or bassinets'. However, her only example is a 1450 Italian miniature of *Jesus in the Manger*, which represents a very specific religious context rather than usual cradle-usage. Ventura, "Ceci n'est Pas Un Berceau", 326, 337 fn. 22.



Figure 40 Cradle, England, 1750-1799, straw and briar, Museum of English Rural Life, 68/1 © Museum of English Rural Life, Reading



Figure 41 Thomas Rowlandson, *The Dance of Death: The Nursery*, (1816), coloured aquatint, 122 x 205 mm, Wellcome Collection, Wellcome Library no. 31860i

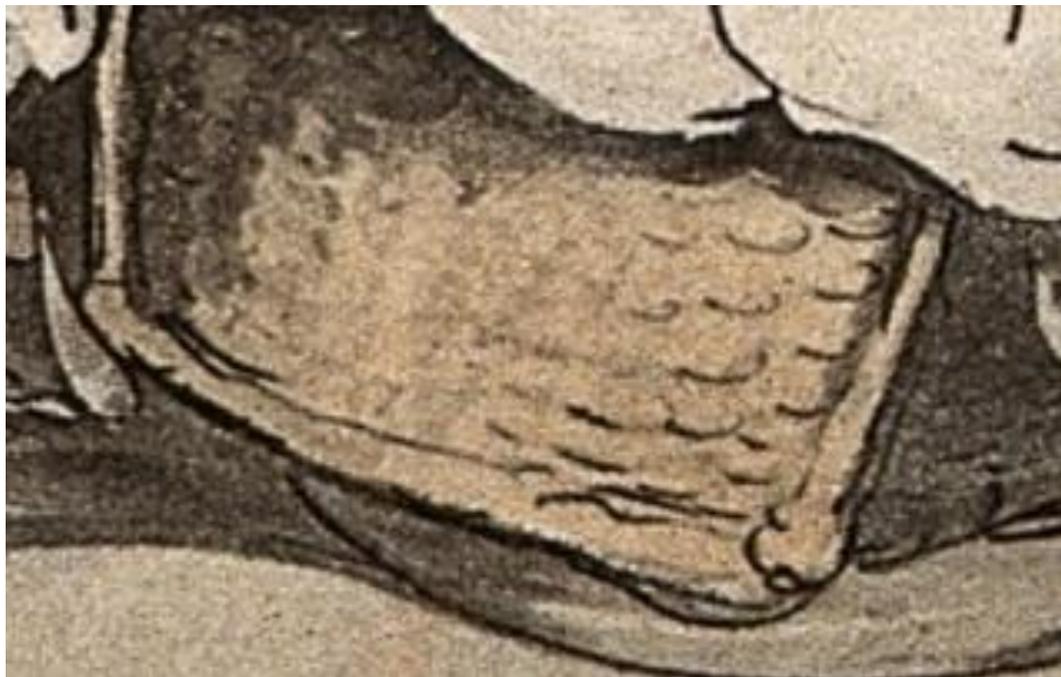


Figure 42 Detail of figure 40, Rowlandson, *Dance of Death*



Figure 43 George Morland, The Comforts of Industry, (before 1790), oil on canvas, 315 x 376 mm, National Galleries Scotland, NG 1835



Figure 44 Detail of figure 42, Morland, Comforts of Industry



Figure 45 George Morland (1763-1804), The Miseries of Idleness, oil on canvas, 316 x 373 mm, National Galleries Scotland, NG 1836



Figure 46 Detail from figure 44, Morland, Miseries of Idleness



Figure 47 Antoine Benoist after Joseph Highmore, Plate 12, *Pamela with her Children and Miss Goodwin*, Pamela, (London, 1745), etching and engraving, 269 x 375 mm, British Museum, London, 1847,0306.24 © Trustees of the British Museum

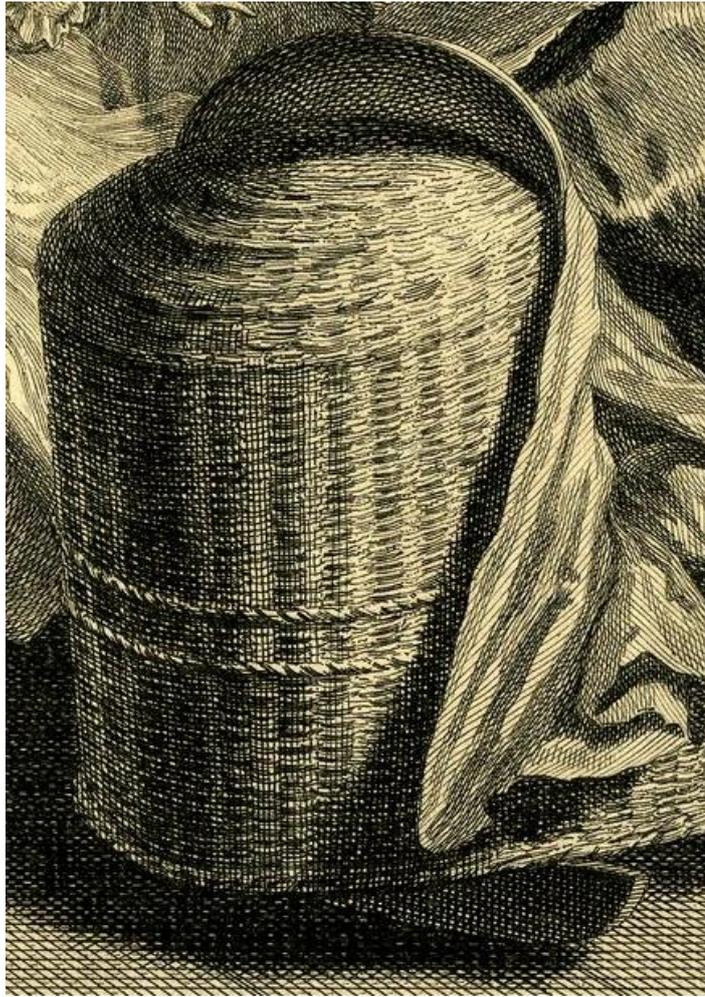


Figure 48 Detail of figure 46, Benoist after Highmore, Pamela with her Children



Figure 49 William Hogarth, William Anne Edwards Hamilton in his Cradle, c. 1732, oil on canvas, 317 x 397 mm, Upton House, Warwickshire, National Trust, NT 446679, © National Trust Images



Figure 50 Detail of figure 48, Hogarth, William Anne Edwards Hamilton in his Cradle



Figure 51 Giuseppe Marchi after Johan Joseph Zoffany, Hester Maria Thrale, aged 20 Months, c. 1766, mezzotint, 505 x 356 mm, British Museum, London, 1873,1213.800 © Trustees of the British Museum



Figure 52 Detail of figure 50, Marchi after Zoffany, Hester Maria Thrale, aged 20 Months



Figure 53 Bernard Lens II(?), William, Duke of Gloucester with his Nurse, (London: Stephen Lye, 1689), mezzotint, 247 x 182 mm, National Portrait Gallery, London, D32661 © National Portrait Gallery, London



Figure 54 Detail of figure 52, Lens II(?), William, Duke of Gloucester with his Nurse



Figure 55 James Gillray, *The Genius of France Nursing her Darling*, (London: Hannah Humphrey, 1804), hand-coloured etching, 345 x 254 mm, British Museum, London, 1868,0808.7303 © Trustees of the British Museum



Figure 56 Detail of figure 54, Gillray, *The Genius of France Nursing her Darling*



Figure 57 James Gillray, *The Nursery with Britannia Reposing in Peace*, (London, 1802), hand-coloured etching, 250 x 350 mm, British Museum, London, 1868,0808.7062 © Trustees of the British Museum



Figure 58 Detail of figure 56, Gillray, *The Nursery with Britannia Reposing in Peace*



Figure 59 William Heath, *A Political Reflection*, (London: Thomas McLean, 1828), hand-coloured etching, 262 x 376 mm, National Portrait Gallery, London, D48708 © National Portrait Gallery, London



Figure 60 Detail of figure 58, Heath, A Political Reflection



Figure 61 William Blake, *A Cradle Song*, from *Songs of Innocence and Experience*, copy T, plate 17, (London, 1789), hand-coloured etching, 125 x 83 mm, British Museum, London, 1856, 0209.353 © Trustees of the British Museum

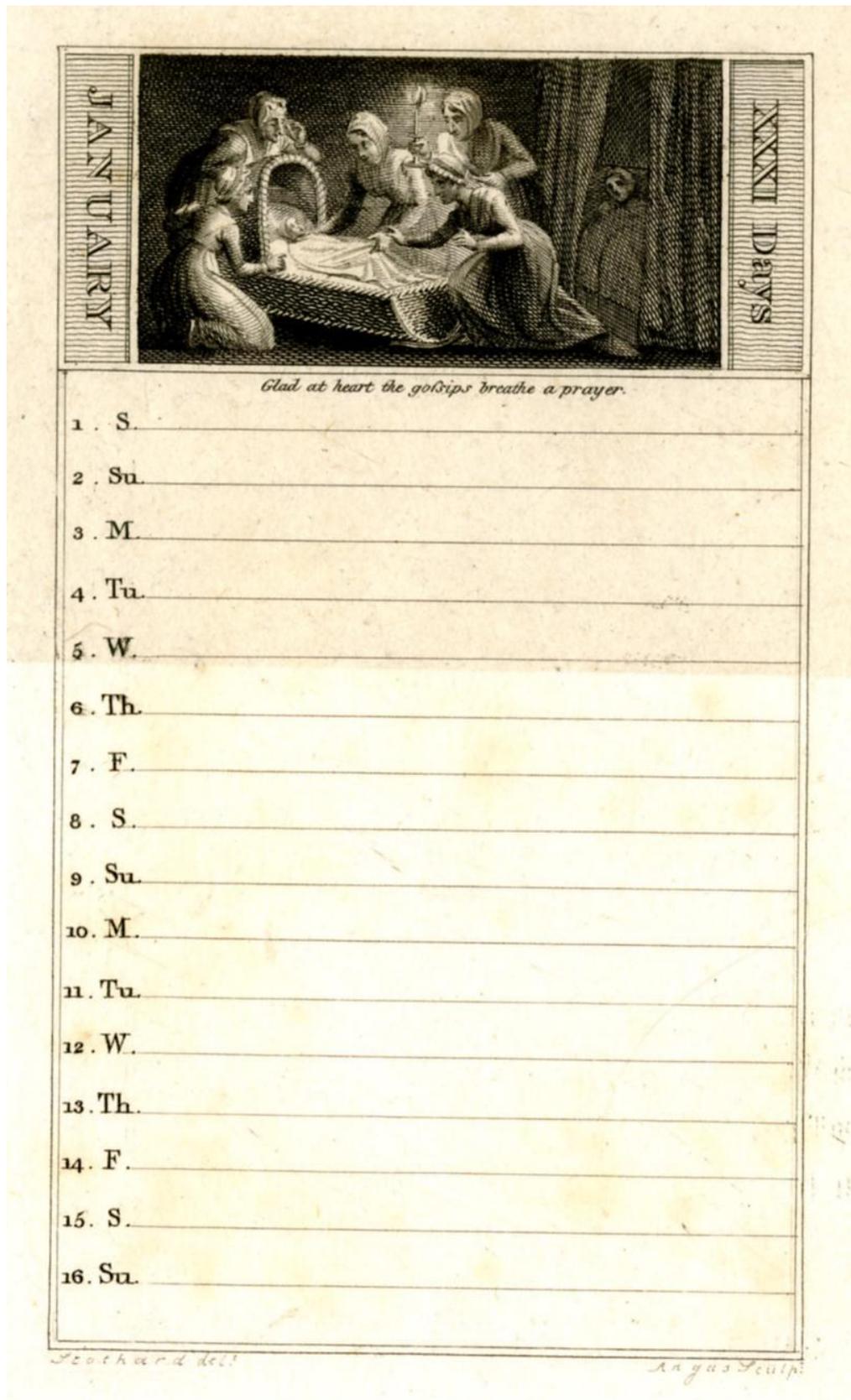


Figure 62 William Angus after Thomas Stothard, from Royal Engagement Pocket Atlas, (1820) etching, 24 x 59mm, British Museum, London, 1859,0514.604-626 © Trustees of the British Museum



Figure 63 Detail of figure 61, Angus after Stothard, from Royal Engagement Pocket Atlas

Basketry cradles had advantages over wooden ones, even for wealthy households, although of 36 British cradles between 1600 and 1830 in museum catalogues, only one example has survived, made from straw and brier (figure 40).¹¹¹ They may have been much cheaper than solid ‘joined’ cradles, although the National Trust has two with mahogany frames and woven cane sides (figures 35, 64). There is a dearth of scholarship on basketry, so I have been unable to ascertain the cost of basketry goods. Although there was a London Company of Basketmakers, it may also have been a domestic industry, especially if gleanable materials like straw, briars, canes, and similar plant-based substances were suitable for constructing cradles.¹¹² Even if most basketwork cradles were purchased rather than manufactured domestically, their cost would have been less than a comparable carpentry object.

¹¹¹ ‘Cradle’ (MERL catalogue).

¹¹² On the use of wild-growing materials or agricultural waste materials for domestic and commercial use, see Donald Woodward, ‘Straw, Bracken and the Wicklow Whale: The Exploitation of Natural Resources in England Since 1500’, *Past and Present* 159, no. 1 (May 1998): 43–76; Pamela Sharpe, ‘The Woman’s Harvest: Straw-Plaiting and the Representation of Labouring Women’s Employment, c. 1793-1885’, *Rural History* 5, no. 2 (1994): 130.



Figure 64 Cradle, 1800-1850, mahogany, canvas, and cane, 1290 x 1150 mm, Calke Abbey, Derbyshire, NT 287005 © National Trust / Ian Buxton, David Midgelow, and Brian Birch

Basketry cradles were strong but light; useful qualities in busy households without a dedicated nursemaid. Gal Ventura suggests that 'cradles were designed as mobile beds, with no fixed location in the house', which would have been facilitated by basketry designs.¹¹³ Baskets were strong enough to move building materials; there is even a print of Islington Church steeple which depicts basketry scaffolding, suggesting that basketwork cradles would have been able to withstand the weight of infant and

¹¹³ Ventura, "Ceci n'est Pas Un Berceau", 326-27, 335.

bedding.¹¹⁴ Some images of basketry cradles depict handles, suggesting that mobility was aided by cradle design; even the cradle depicted in the portrait of the young Hester Maria Thrale, from a family wealthy enough to employ a dedicated nursemaid, had handles to carry it, suggesting that her cradle was moved around the house rather than remaining in the nursery (figures 51-52, 57-58, 61, 65).¹¹⁵ Dorothy Wordsworth wrote that the Wordsworths used ‘a Meat Basket’ to carry their eldest son across Grasmere Water to visit friends, or to sit outside, ‘where he drops asleep beside us’, and Amanda Vickery quotes a new mother on a visit requesting a handled laundry basket so she could move her son around.¹¹⁶ Wicker cradles could also be used on journeys; *The Workwoman’s Guide* (1838) recommended a ‘travelling cot’ with a ‘stand... of strong beech-wood’ and a ‘crib... formed of five pieces of wicker-work... [for] the bottom and sides’, which could be disassembled.¹¹⁷ The author assured mothers that the structure, while needing careful assembly to be safe, ‘is extremely light, and can be put up in two minutes’.¹¹⁸ Even wealthy families could benefit from portable furniture that could appear beside them in public: Maria Nugent, wife of the Governor of Jamaica, made her first public appearance after giving birth alongside her new son George, who ‘was shewn in his little cot, and much admired’.¹¹⁹ Wooden cradles were too heavy and cumbersome to accompany nurses and mothers in this way. This may explain the mahogany and cane cradles (figures 35, 64): while the mahogany was expensive, the cane sides and canvas bottom made it lighter, facilitating portability.

¹¹⁴ Roger Barnes and Jonathan Pyzer, *The Worshipful Company of Basketmakers* (The Worshipful Company of Basketmakers, 2019), 72, image (no figure number).

¹¹⁵ M. Franklin, ‘Piozzi [Née Salusbury; Other Married Name Thrale], Hester Lynch (1741-1821), Writer’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-22309#odnb-9780198614128-e-22309>; Peter Mathias, ‘Thrale, Henry (1728-1781) m Brewer and Politician’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2009), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-50467#odnb-9780198614128-e-50467>.

¹¹⁶ Dorothy Wordsworth to Catherine Clarkson, Grasmere, 15 July [1803], in de Selincourt (ed.), *The Early Letters of William and Dorothy Wordsworth*, 329; Amanda Vickery, *The Gentleman’s Daughter: Women’s Lives in Georgian England* (New Haven: Yale University Press, 1998), 117.

¹¹⁷ Anon, *The Workwoman’s Guide, Containing Instructions to the Inexperienced in Cutting Out and Completing Those Articles of Wearing Apparel, &c., Which Are Usually Made at Home* (London: Simpkin, Marshall, and Co., 1838), 43.

¹¹⁸ Anon, *Workwoman’s Guide*, 43.

¹¹⁹ Maria Nugent, *A Journal of a Voyage To, and Residence in, the Island of Jamaica, from 1801 to 1805, and of Subsequent Events in England from 1805 to 1811, Vol. 1* (London, 1839), 314.



Figure 65 Detail of figure 78, David Wilkie, *Distraint for Rent*, (1815,) oil on panel, 813 x 1230 mm, National Galleries of Scotland, NG 2337

Basketry cradles' lack of long-term durability was not a significant drawback. Cradles were only needed during early infancy; even households with a long reproductive lifespan used them for a relatively short time. Fully made-up beds were items of financial and sentimental value, representing a large proportion of the wealth of poorer households, and were an important part of a family's inheritance, sometimes for generations.¹²⁰ Similar investment in infant bedding was unlikely to be repaid. Beds lasted over a lifetime, if well cared-for, whereas cradles were only used for infants. Cradles could be passed on to their former occupants when they began their own families, but in the interim they took up space without being useful. Lena Cowen Orlin cites an example where a cradle was lent to a neighbour, but even if cradles were lent, gifted, or sold, they would lose value very quickly from heavy daily use.¹²¹ Ventura also suggests that basketry cradles were easily repairable, and equally easily disposable not only in the event of soiling but of 'epidemic'.¹²² It seems unlikely that cradles were a significant financial outlay in many households.

Cradles were also subjected to more damaging use than other beds, reducing their value more quickly. Infants are incontinent, and young children are also prone to accidental soiling. Alice Dolan argues that inmates at the Foundling Hospital wore linen clouts made of a double layer of fabric to absorb as much liquid as possible, but this

¹²⁰ Gowing, 'Twinkling of a Bedstaff', 276; Handley, *Sleep in Early Modern England*, 123–25; Pennell, 'Making the Bed', 30; Sarti, *Europe at Home*, 119.

¹²¹ Orlin, 'Fictions of the Early Modern Probate Inventory', 71.

¹²² Ventura, "'Ceci n'est Pas Un Berceau'", 327.

cannot always have prevented leakages.¹²³ In households without doubled-up cloths or spare clothing, leakages would have been more frequent, copious, and damaging. Cradles were also vulnerable to vomit and saliva. Over time, textiles and cradles would have become badly stained, particularly in large families who reused their cradles. Cradle structures may gradually have softened or decayed from their proximity to damp bedding, and absorbed the smells of ordure. Wooden cradles would have been easier to clean with a cloth or buckets of water, whereas basketry cradles would have leaked cleaning fluids (and bodily fluids); snagged cloths used to wipe them; and may have trapped particles of polluting matter in the weave even if they were soaked or rinsed, despite being easy to repair.¹²⁴ Cleanliness problems probably contributed to the poor survival of cradles generally, and particularly of basketwork cradles, which must often have finished duty in such poor repair as to make their preservation unnecessary and undesirable. This may also explain the low valuation of the cradle Thomas Stevens stole; even with the reduced estimates of court valuations, cheap second-hand cradles may have been worth little more than a few shillings.¹²⁵

Cradles, like bedsteads, required a mattress; blankets and sheets; and sometimes pillows and curtains. As with adult beds, these were used both for comfort and safety, but infants' physical vulnerability magnified the need for an appropriate sleeping environment. After the decline of swaddling in the later eighteenth century, infants also needed cradles with solid enough design that they could not topple them or climb out if unattended.¹²⁶ Cradle design, and the bedding that accompanied them, had to accommodate these needs.

Handley suggests that children were often given mattresses made of horsehair, but 'chaff, seaweed or beech leaves that could better withstand bed-wetting' and which 'could be easily replaced, beaten and cleaned', while flock was also 'easily replaced'.¹²⁷ Evidence from the Foundling Hospital, discussed in chapter two, suggests that flock was seen as appropriate for child beneficiaries of philanthropy.¹²⁸ Children's bedding could also be recycled from items made for adults. Daniel Wells was found guilty of stealing a feather bed in 1771, which he claimed to have 'cut... up into bolsters, &c. to

¹²³ Dolan, 'Fabric of Life', 91.

¹²⁴ Ventura, 'Ceci n'est Pas Un Berceau', 327.

¹²⁵ 'Trial of Thomas Stevens'.

¹²⁶ Cunningham, *Children and Childhood*, 62; Foyster and Marten, 'Introduction', 4; Lindemann, 'Health and Science', 171.

¹²⁷ Handley, *Sleep in Early Modern England*, 47, 125; 59.

¹²⁸ Dolan, 'Fabric of Life', 116–17.

furnish a cradle'.¹²⁹ Wells was evidently not an adherent of John Locke's advice, at the turn of the eighteenth century, that children be accustomed to 'Hard Lodging [which] strengthens the Parts' and prepared children for uncomfortable lodgings in later life, 'whereas being buried every Night in Feathers' weakened the body.¹³⁰ Infants may have been thought particularly vulnerable to the heating effects of feathers because they were already humorally hotter and moister than adults; the cooling properties of alternative fillings could have helped counterbalance their natural heat.¹³¹ As Handley demonstrates, non-feather mattress-fillers were deemed cooler than feathers, as well as being cheaper, and were also promoted for adults as healthier and less self-indulgent.¹³² Handley also observes that medical authors worried that soft bedding, or bedding which supported the wrong parts of the body, would cause infants to become deformed.¹³³ The moisture of infants' bodies was believed to make them particularly malleable, which prompted practices like swaddling to promote straight bone-growth.¹³⁴ The cheap, absorbent, and comparatively cool mattress-fillings Handley lists were firmer than feathers, providing counter-pressure to prevent limbs from bending into exaggerated shapes from unsupportive mattresses or 'high bolsters' or 'melt[ing]' with added warmth.¹³⁵

Despite their warm constitutions, children were deemed incapable of regulating their own body temperature, so they were given layers of coverings. *The Workwoman's Guide* warned that its recommended wicker travelling cot required 'very warm [lining], on account of the open wicker-work sides', despite medical authors railing against parents and nurses who 'cover the child's face while asleep, [or]... wrap a covering over the whole cradle, by which means the child is forced to breathe the same air over and over all the time it is in it'.¹³⁶ I have found no records of blanket use in cradles, probably because, like beds, children's blankets were not differentiated from adults'. Blankets

¹²⁹ 'Trial of Daniel Wells, T17710911-4', in *Old Bailey Proceedings Online*, September 1771, <https://www.oldbaileyonline.org/browse.jsp?id=t17710911-4&div=t17710911-4&terms=cradle#highlight>.

¹³⁰ Locke, *Thoughts Concerning Education*, 32. Handley discusses Locke's work on children in more detail: Handley, *Sleep in Early Modern England*, 47.

¹³¹ Handley, *Sleep in Early Modern England*, 46–47; Newton, *Sick Child*, 31–32, 34–40; Newton, 'Children's Physic', December 2010, 458–59.

¹³² Handley, *Sleep in Early Modern England*, 46–47.

¹³³ Handley, *Sleep in Early Modern England*, 27.

¹³⁴ Newton, *Sick Child*, 31, 34–40; Astbury, 'Ordering the Infant', 91; Anne Buck, *Clothes and the Child: A Handbook of Children's Dress in England, 1500-1900* (Bedford: Ruth Bean, 1996), 24.

¹³⁵ Handley, *Sleep in Early Modern England*, 47; Nicolas Andry de Bois-Regard, *Orthopædia: Or, the Art of Correcting and Preventing Deformities in Children*, vol. 1 (London: A. Millar, 1743), 87–88.

¹³⁶ Anon, *The Workwoman's Guide*, 43; Buchan, *Domestic Medicine*, 35.

were also used as an extra layer of children's normal clothing to keep them warm during the day as well as at night.¹³⁷ Blankets may have been purpose-made, but were probably also made from recycled adult blankets, or even items of clothing. Old Bailey records show that gowns were quite often left in cradles; Margaret Smout used a gown 'to cover my child in the cradle', suggesting that other articles of clothing may also have been used as substitute blankets or cradle-curtains.¹³⁸ They may also have been dumped there while the cradle was not in use. Inventories and court records also listed 'cradle rugs', 'cradle cloths', and 'cradle quilts'.¹³⁹ Robert Stainbridge's mercer's shop sold '1 half piece of cradle cloth' as its own category of textile, valued at £1 7s in 1707.¹⁴⁰ What distinguished this from other cloth is unclear; the type of fabric is unlisted, as is its size; the high price for a mere 'half piece' suggests that this was a luxury textile, which may have been patterned; made of a hardwearing material; or shaped into cradle-appropriate furnishings.¹⁴¹

Cradle quilts offered an extra layer, especially when wadded.¹⁴² Of the twelve in the V&A collection, two cot covers are wadded; one is specified as unwadded, and the rest

¹³⁷ Buck, *Clothes and the Child*, 21, 26, 43–44; Dolan, 'Fabric of Life', 75, 78, 81.

¹³⁸ 'Trial of John Shroeder, T17950916-89', in *Old Bailey Proceedings Online*, September 1795, <https://www.oldbaileyonline.org/browse.jsp?id=t17950916-89&div=t17950916-89&terms=cradle#highlight>.

¹³⁹ See for example Williams and Thomson, *Marlborough Probate Inventories*, 172, 200; Moore, *Goods and Chattels of Our Forefathers*, 71, 112; Johnston, *Probate Inventories of Lincoln Citizens*, 84; Reed, *Buckinghamshire Probate Inventories*, 156; Trinder and Cox, *Miners and Mariners*, 155; Wanklyn, *Inventories of Worcestershire Landed Gentry*, 158, 310; Murdoch, *Noble Households*, 30, 31, 91, 95; 'Trial of Catherine Speedy, Mary Green, Elizabeth Chenery, T17841208-65', in *Old Bailey Proceedings Online*, December 1784, <https://www.oldbaileyonline.org/browse.jsp?id=t17841208-65&div=t17841208-65&terms=cradle#highlight>; 'Trial of John Richmond, Otherwise Browes, and Anne Richmond, T17790217-32', in *Old Bailey Proceedings Online*, February 1779, <https://www.oldbaileyonline.org/browse.jsp?id=t17790217-32&div=t17790217-32&terms=cradle#highlight>; 'Trial of John Cox, Thomas Horner, Thomas Brady Otherwise Breary, Elizabeth Pegrim, and Lazarus Jacobs, T17770702-56', in *Old Bailey Proceedings Online*, July 1777, <https://www.oldbaileyonline.org/browse.jsp?id=t17770702-56&div=t17770702-56&terms=cradle#highlight>; 'Trial of Richard Barnsby, T17691018-2', in *Old Bailey Proceedings Online*, October 1769, <https://www.oldbaileyonline.org/browse.jsp?id=t17691018-2&div=t17691018-2&terms=cradle#highlight>; 'Trial of Lazarus Jacobs, T18000402-14', in *Old Bailey Proceedings Online*, April 1800, <https://www.oldbaileyonline.org/browse.jsp?id=t18000402-14&div=t18000402-14&terms=cradle#highlight>; 'Trial of Ann Dennis, Otherwise Susannah Drew, T18000402-9', in *Old Bailey Proceedings Online*, April 1800, <https://www.oldbaileyonline.org/browse.jsp?id=t18000402-9&div=t18000402-9&terms=cradle#highlight>; 'Trial of Frances Robins, T17990220-31', in *Old Bailey Proceedings Online*, February 1799, <https://www.oldbaileyonline.org/browse.jsp?id=t17990220-31&div=t17990220-31&terms=cradle#highlight>.

¹⁴⁰ Vickers, *A Yorkshire Town*, 52.

¹⁴¹ Vickers, *A Yorkshire Town*, 52.

¹⁴² On quilts, see Clare Browne, 'Making and Using Quilts in Eighteenth-Century Britain', in *Quilts, 1700-2010: Hidden Histories, Untold Stories*, ed. Sue Pritchard (London: V&A Publishing,

do not mention wadding, although the level of detail in the catalogue entries varies so wadding may not always have been recorded. The two wadded covers both used wool between outer layers of linen, one of which was described as ‘uncarded’, meaning that the fibres would have been loose and disordered, allowing pockets of warm air to collect and providing greater insulation (figure 66).¹⁴³ This quilt was also probably made of a recycled silk dress, so unprocessed wool may also have been a cost-cutting measure, although as the outer fabric is a cotton/silk mix, it was still a luxury item.¹⁴⁴ The lack of wadding in some cradle quilts, and the elaborate decoration of their stitching, suggests that they may have been more for decoration than warmth.



Figure 66 Cot cover, 1750-1800, England, quilted silk satin and linen, silk thread, wadded with wool, 1150 mm x 870 mm, Victoria and Albert Museum, T.429-1966 © Victoria and Albert Museum, London

Cradles often had hoods for curtains, or hoops to place curtains over (figures 21-24, 26-27, 29-32, 34, 37, 40). As Handley notes, the *Art of Nursing* suggested creating a

2010), 24-47; John Styles, ‘Patchwork on the Page’, in *Quilts, 1700-2010: Hidden Histories, Untold Stories*, ed. Sue Pritchard (London: V&A Publishing, 2010), 49-51.

¹⁴³ “‘Cot Cover’, T.429-1966’, in *V&A Online Catalogue Record*, 7 October 2008,

<https://collections.vam.ac.uk/item/O168874/cot-cover-unknown/>.

¹⁴⁴ “‘Cot Cover’, T.429-1966’.

makeshift frame as temporary support for curtains.¹⁴⁵ All of the depictions of cradles except Morland's *Miseries of Idleness* show cradles with hoods, some of which support draperies (figures 2-4, 20, 39, 41-43, 47-63, 65, 80). The "cradle" in *Miseries* is more like a small basket lined with straw on which the infant has been placed than a genuine cradle, and denotes either parental neglect or poverty.¹⁴⁶

Curtains, hangings, or coverings on cradles, like on adult beds, kept the occupant warm; excluded drafts which could alter humoral balance; and provided decoration.¹⁴⁷ They were also thought to prevent children developing eye deformities.¹⁴⁸ It was believed that light falling on cradles obliquely caused children to develop squints, so cradles needed to be angled in line with light from windows or candles, but, as Handley observes, the *Art of Nursing* also suggested that cradle curtains could control the amount of light that fell on infants.¹⁴⁹ Handley also notes that as well as promising that curtains would prevent the habit of squinting, curtains 'shield[ed] the child's eyes from objects that might distract them from sleep'.¹⁵⁰ Curtains controlled the microclimate in the cradle; aided ocular development; and helped control infants' sleep and waking patterns.

Medical authors were suspicious of cradle coverings. William Buchan spoke for many mid-eighteenth century writers, railing against carers who 'cover the child's face while asleep, [or]... wrap a covering over the whole cradle, by which means the child is forced to breathe the same air over and over all the time it is in it'.¹⁵¹ Similar concerns were expressed about vapours emitted by the sleeping adult body.¹⁵² Infants, whose moist, warm constitutions had a particularly large proportion of excess humours to emit, seemed particularly at risk from the polluting effects of these emissions.¹⁵³ Such warnings were evidently not heeded by large portions of the population: despite the criticism of medical authors later in the century, visual and material evidence suggests

¹⁴⁵ Handley, *Sleep in Early Modern England*, 45; Anon, *Art of Nursing*, 47.

¹⁴⁶ With thanks to Mark Jenner for discussing this.

¹⁴⁷ On adult bedcurtains, see Handley, *Sleep in Early Modern England*, 132-34; David M. Mitchell, "My Purple Will Be Too Sad for That Melancholy Room": Furnishings for Interiors in London and Paris, 1660-1735', *Textile History* 40, no. 1 (2009): 5-11; Newton, 'Inside the Sickchamber', 550; Cavallo, 'Invisible Beds', 146.

¹⁴⁸ Handley, *Sleep in Early Modern England*, 45.

¹⁴⁹ Handley, *Sleep in Early Modern England*, 45; Anon, *Art of Nursing*, 47.

¹⁵⁰ Handley, *Sleep in Early Modern England*, 45.

¹⁵¹ Anon, *The Workwoman's Guide*, 43; Buchan, *Domestic Medicine*, 35.

¹⁵² Handley, *Sleep in Early Modern England*, 40-46.

¹⁵³ Newton, *Sick Child*, 34-36; Newton, 'Children's Physic', 458-59.

that cradles were usually hung or draped with textiles, which would have regulated temperature and airflow and kept the infant inside comfortable and safe.

Blankets and coverlets kept infants warm, and cradle quilts added both an extra layer of protection and a decorative finish. The 1626 inventory of Helmingham Hall listed a 'white wool cradle twilte'; a warm but impractical choice, because white fabric is particularly vulnerable to staining and wool was very difficult to wash.¹⁵⁴ Similarly unwashable were the '2 Cradle Quilts of black Silk' marked as 'very old' in the 1733 inventory of Montagu House, Bloomsbury, but apparently still present in the 1746 inventory of Montagu House, Whitehall.¹⁵⁵ 'Two holland Cradle Quilts' were in 'Good' condition in both inventories, and may have come from the 'Cradle lined wth: Curtains &c & Quilt of the Same & thre [*sic*] Quilts of Holland' listed in the 1709 Montagu House, Bloomsbury inventory.¹⁵⁶ Holland was 'high quality [linen] and the whitest in the world' in this period; assuming the quilts were undyed, they would have been white and vulnerable to staining, but at least they were washable.¹⁵⁷ The costly fabrics of these cradle quilts must have made them much more valuable than those reported in theft cases at the Old Bailey, which were valued between 4d and 5s.¹⁵⁸ The earliest was stolen in 1769 by Richard Barnsby, who attempted to sell 'a cradle quilt worked in the same manner' as 'a callico counterpane'.¹⁵⁹ Assuming Barnsby's stolen quilt was made of calico too, the fabrics that appear in the *Proceedings* were described as plain cotton; calico (cotton); dimity ('either pure cotton or a cotton-linen mix'); and (possibly) linen.¹⁶⁰ Stolen quilts also included homemade, adapted quilts: one was 'made of the bits of two beds', presumably former bedsheets or covers; and one was 'patched-worked'.¹⁶¹ Patchwork was a common means of recycling old cloth, to save items of

¹⁵⁴ Coleman, *Household Inventories of Helmingham Hall*, 80; Dolan, 'Fabric of Life', 50.

¹⁵⁵ Murdoch, *Noble Households*, 30, 91.

¹⁵⁶ Murdoch, *Noble Households*, 31, 95, 14.

¹⁵⁷ Dolan, 'Fabric of Life', 19, 26.

¹⁵⁸ 'Trial of Ann Dennis'; 'Trial of Lazarus Jacobs'; 'Trial of John Cox et Al'; 'Trial of John Richmond and Anne Richmond'; 'Trial of Catherine Speedy et al'; 'Trial of Benjamin Godhard, T17860426-104', in *Old Bailey Proceedings Online*, April 1786, <https://www.oldbaileyonline.org/browse.jsp?id=t17860426-104&div=t17860426-104&terms=cradle#highlight>; 'Trial of John Simpson, T17890114-64', in *Old Bailey Proceedings Online*, January 1789, <https://www.oldbaileyonline.org/browse.jsp?id=t17890114-64&div=t17890114-64&terms=cradle#highlight>.

¹⁵⁹ 'Trial of Richard Barnsby'.

¹⁶⁰ Dolan, 'Fabric of Life', 305, 307.

¹⁶¹ 'Trial of John Simpson'; 'Trial of John Cox et Al'; 'Trial of Catherine Speedy et Al'; 'Trial of Richard Barnsby'; 'Trial of Benjamin Godhard'; 'Trial of William Hickes and Henry Hall, T17930220-41', in *Old Bailey Proceedings Online*, February 1793, <https://www.oldbaileyonline.org/browse.jsp?id=t17930220-41&div=t17930220-41&terms=cradle#highlight>; 'Trial of John Toplis, T17950701-70', in *Old Bailey Proceedings*

sentimental value or make use of fabric from worn-out garments still good-quality enough to produce a decorative or functional object.¹⁶² The V&A houses eleven items from Britain dated 1650-1830 identified as cot or cradle covers or coverlets, one cot set (figures 66-78), and a few covers small enough to have probably been used for cradles. Of the quilted cradle covers in the collection, three were wholly linen (figures 67, 73); one linen backed with coarser linen, (figure 68); one linen backed with cotton (figures 75-76); one alternate stripes of linen and silk satin (figure 66); two silk; and one silk satin (figure 78).¹⁶³ Those in the V&A collection are higher-quality items than normal cradle quilts, given that they were deemed worthy of preservation by successive generations of owners.

Online, July 1795, <https://www.oldbaileyonline.org/browse.jsp?id=t17950701-70&div=t17950701-70&terms=cradle#highlight>.

¹⁶² Ariane Fennetaux, 'Sentimental Economics: Recycling Textiles in Eighteenth-Century Britain', in *The Afterlife of Things: Recycling in the Long Eighteenth Century*, ed. Ariane Fennetaux, Amélie Junqua, and Sophie Vasset (New York: Routledge, 2015), 131.

¹⁶³ For covers with no images, see 'Cradle Coverlet, 1730, T.28-1951', *V&A Online Catalogue* (blog), accessed 23 May 2022, <https://collections.vam.ac.uk/item/O1114514/cradle-coverlet-unknown/>; 'Cradle Cover, 1740-1770, B.94-2017', *V&A Online Catalogue* (blog), accessed 23 May 2022, <https://collections.vam.ac.uk/item/O1427143/cradle-cover/>.

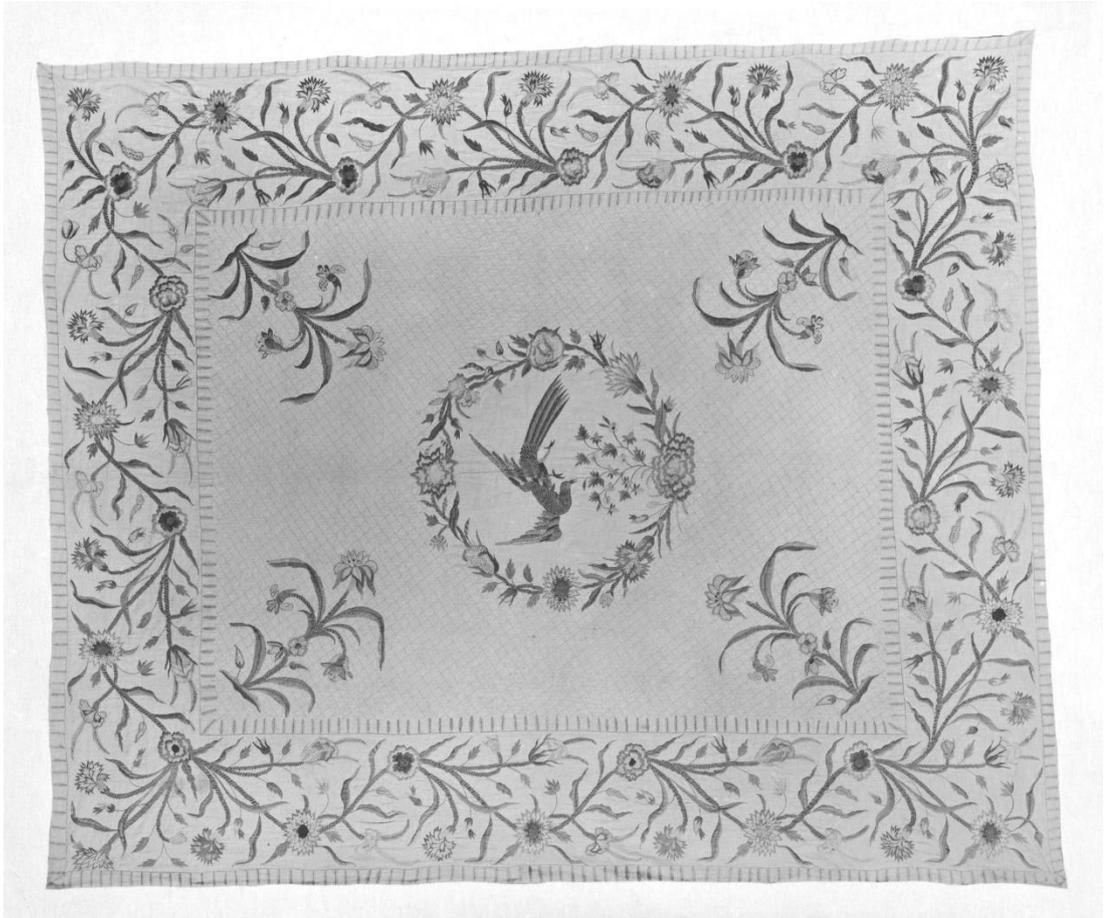


Figure 67 Cover, 1725-1750, England, linen embroidered with silks and silver-gilt thread, 62 x 52 in, T.144-1931 Victoria and Albert Museum © Victoria and Albert Museum, London



Figure 68 Cot cover, 1725-50, quilted fine linen backed with coarse linen, 650 mm x 800 mm, T.167-1978, Victoria and Albert Museum © Victoria and Albert Museum, London

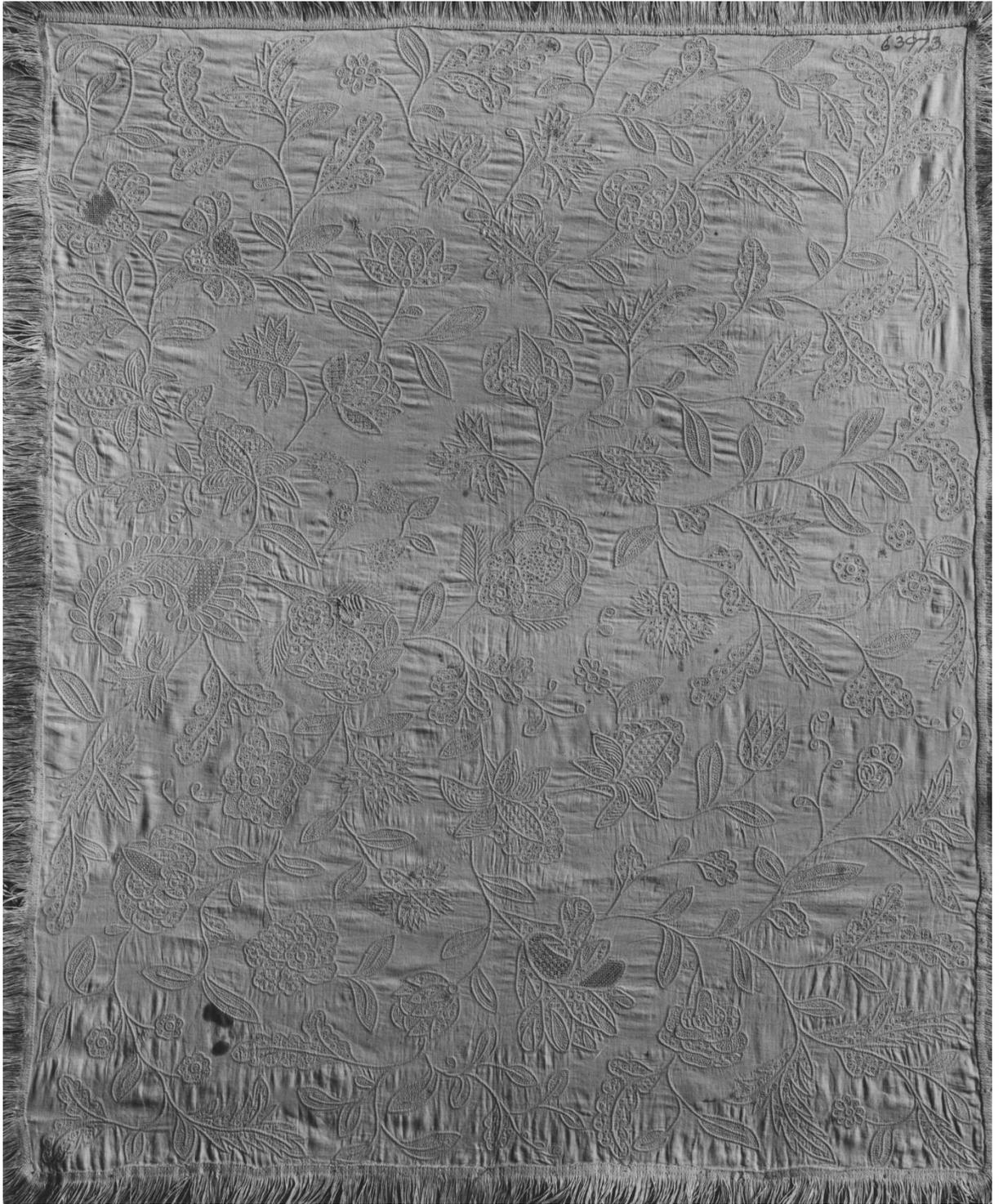


Figure 69 Cot cover, 1700s, quilted, T.6-1915 © Victoria and Albert Museum, London



Figure 70 Cot cover, 1700-1725, embroidered, 515-1877, Victoria and Albert Museum, © Victoria and Albert Museum, London



Figure 71 Cot cover, 1700-1725, embroidered, 553-1893, Victoria and Albert Museum, © Victoria and Albert Museum, London

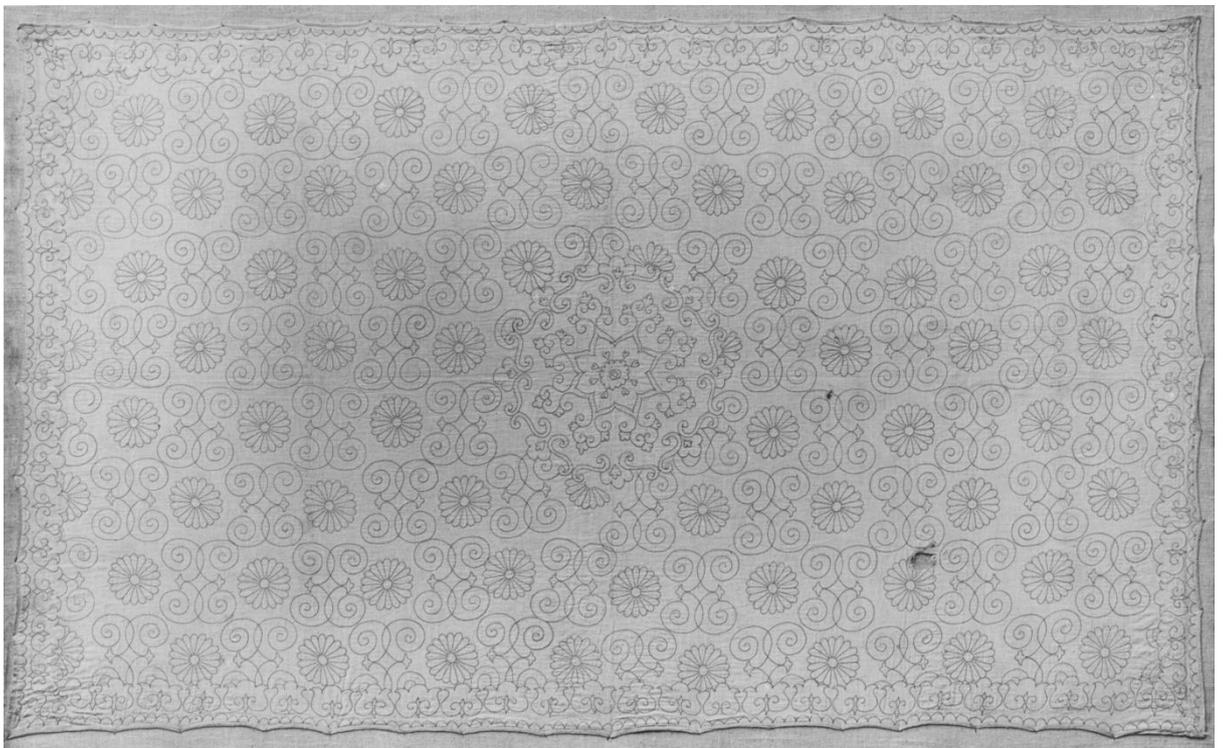


Figure 72 Alternative image of figure 71, which shows embroidery more clearly. Cot cover, 1700-1725, embroidered, 553-1893, Victoria and Albert Museum, © Victoria and Albert Museum, London

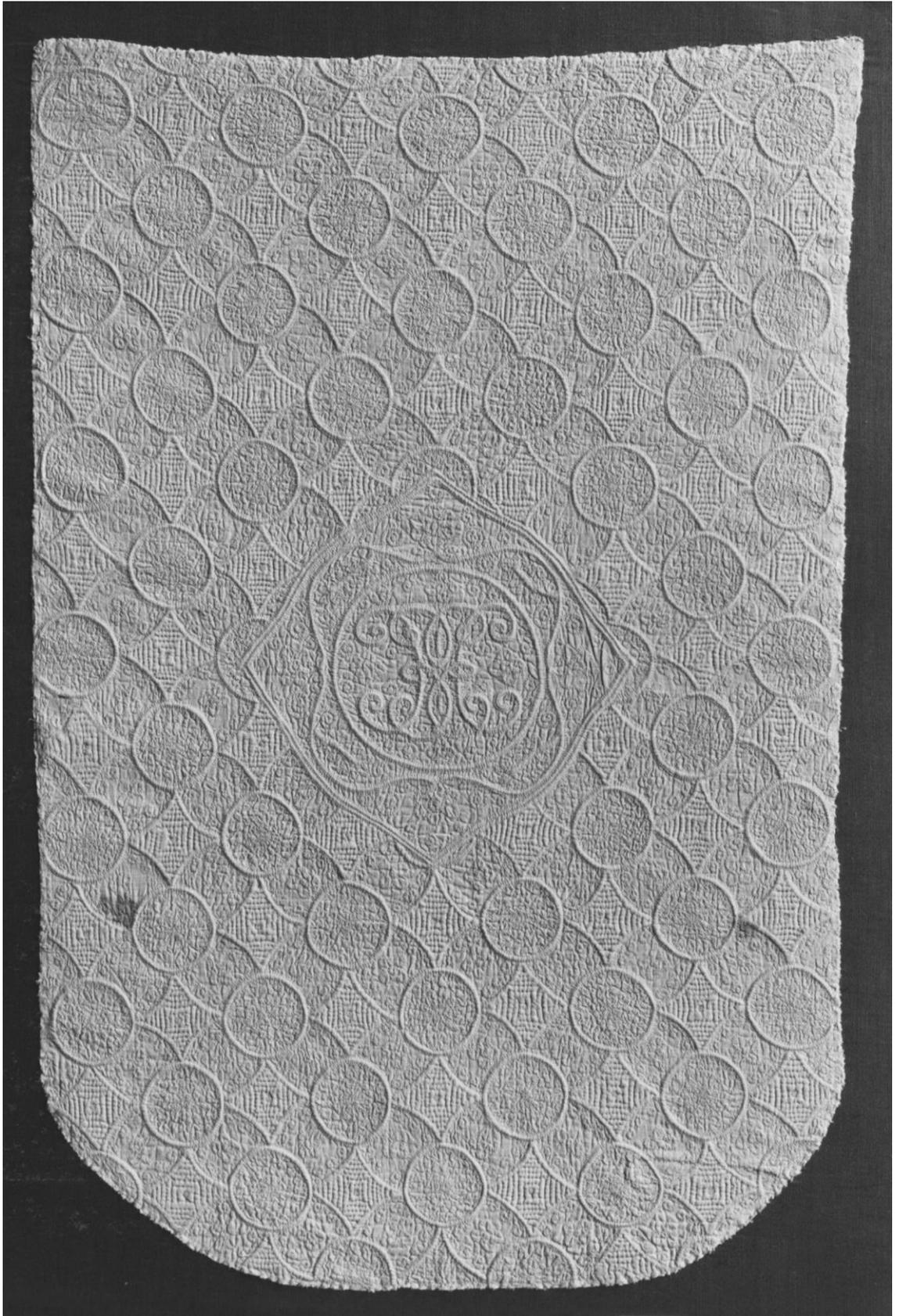


Figure 73 Cot cover, 1700-1729, England, quilted linen, 24.25 x 16.5 in, Victoria and Albert Museum, T.195-1931 © Victoria and Albert Museum, London



Figure 74 Cot cover, 1700-1729, embroidered, T.24-1926, Victoria and Albert Museum, London © Victoria and Albert Museum, London



Figure 75 Cot set, 1700-1750, England, quilted linen cot cover and two curtains, lined with cotton and bound with silk tape, 930 x 600 x 900 mm, Victoria and Albert Museum, CIRC.531-1923 © Victoria and Albert Museum, London



Figure 76 Cot set (reverse of figure 4)3, 1700-1750, England, quilted linen cot cover and two curtains, lined with cotton and bound with silk tape, 930 x 600 x 900 mm, Victoria and Albert Museum, CIRC.531-1923 © Victoria and Albert Museum, London



Figure 77 Cot cover, 1725-1750, embroidered, Victoria and Albert Museum, 295-1896, © Victoria and Albert Museum, London



Figure 78 Cot cover, 1730-1760, ivory silk satin embroidered with white silk twist with white silk cord, one side cut off and resewn, 660 x 865 mm, Victoria and Albert Museum, London, 726-1864, © Victoria and Albert Museum, London

The comparatively high number of cotton cradle-quilts in the list of stolen goods is unusual in eighteenth-century bedding. Handley argues that most bedding was made from linen, which could withstand early modern laundry methods; was smooth and cool and therefore soothing to the touch; and had religious connotations from its use in altar-cloths and shrouds.¹⁶⁴ The fabrics used in bedding have not been systematically studied, but Dolan observes that linen fibres were longer than cotton fibres, meaning linen could be woven into wider bolts of cloth.¹⁶⁵ This suggests that Handley is probably right that linen bedding dominated early modern bedchambers.¹⁶⁶ However, in the Old Bailey sample, three of the four cradle quilts whose fabric was identified were made of cotton or cotton mixes, and the fourth was described as ‘a cradle linen quilt’, which may suggest cradle-linen rather than a linen quilt.¹⁶⁷ Bedding for infants

¹⁶⁴ Handley, *Sleep in Early Modern England*, 49–51, 105–6; Dolan, ‘Touching Linen’, 145. On premodern laundry processes, see Falcini, ‘Cleanliness and the Poor’, 115–26.

¹⁶⁵ Dolan, ‘Fabric of Life’, 51.

¹⁶⁶ Handley, *Sleep in Early Modern England*, 49–51.

¹⁶⁷ ‘Trial of William Hickes and Henry Hall’.

was smaller than adult bedding, so problems of bolt size which restricted cotton use for adult bedding did not matter for cradle furnishings, while infants could also be given furnishings made from recycled clothes or bedding.¹⁶⁸ There is insufficient evidence to argue that cradles were earlier in adopting cotton bedclothing than other beds, partly because no research has been done on the adoption of cotton in adult bedding, but it is possible that the practice of recycling fabrics may have hastened the introduction of cottons into children's bedding.

The V&A collection of cradle covers consists of elaborately decorated textiles, some of which were purpose-made and others recycled. The cover in figure 66 was probably recycled from adult clothing, although the yellow stripes of silk in the fabric and the elaborate decorative stitching still projects taste, wealth, and the embroiderer's skill and leisure time.¹⁶⁹ All have flowers or leaves used as part of the pattern; figure 70 also has a repeated heart motif (figures 66-78). Although several have geometric designs in addition to the basic quilting pattern which secured the pieces of fabric to one another, none have depictions of people or toys, unlike modern baby equipment. Figure 77 has a stylised bird in the centre, which could be a cockerel or a pheasant, or perhaps a phoenix, with four more around the border of flowers that encircles it, but none of the others have animals or birds. Flowers and hearts are often found on tokens left with foundlings, which suggests that they were particularly associated with early life, especially because all of the embroidery on the quilts was the result of choice rather than the coincidence of the fabric available to a mother hoping to leave her child with the Foundling Hospital.¹⁷⁰ Flowers were associated with hope and new life, which made them an appropriate choice for infant bedding, while hearts symbolised love.¹⁷¹ Figure 73 has the initials 'C.E.C.' embroidered in the centre, but none of the others appear to bear either initials or dates, which were commonly attached to bedsheets.¹⁷² These quilts are all very distinctive. Coloured fabrics and decorative embroidery of floral, geometric, and other patterns is common on surviving eighteenth-century

¹⁶⁸ On recycling fabrics, see Fennetaux, 'Sentimental Economics'.

¹⁶⁹ "'Cot Cover", T.429-1966', 7 October 2008. See also Browne, 'Making and Using Quilts', 27; Vickery, *Behind Closed Doors*, 231-56.

¹⁷⁰ John Styles, 'Objects of Emotion: The London Foundling Hospital Tokens, 1741-1760', in *Writing Material Culture History*, ed. Anne Gerritsen and Giorgio Riello (London: Bloomsbury, 2015), 168; John Styles, 'Objects and Emotions: The London Foundling Hospital Tokens, 1741-1760', *Emotional Objects: Touching Emotions in History* (blog), 11 November 2013, <https://emotionalobjects.wordpress.com/2013/11/11/181/>; Dolan, 'Fabric of Life', 262.

¹⁷¹ Styles, 'Objects and Emotions'.

¹⁷² 'Cot Cover, T.195-1931', *V&A Online Catalogue* (blog), accessed 15 May 2022, <https://collections.vam.ac.uk/item/O319486/cot-cover-unknown/>.

bedding, as were decorative initials; scholars see their use as opportunities not only to brighten up the bedroom, but for women to display both their skill as needlewomen, and their affection for the sleepers who used the textiles.¹⁷³ They were also useful in identifying goods sent to be laundered, pawned, or recovered after thefts, as well as memorialising important events or affective relationships.¹⁷⁴ This affection could cross generations, as in the case of Elizabeth Beswick, who testified that “The cradle-quilt I know by the piece, and what it is made of; my mother made it me out of the bits of two beds’.¹⁷⁵ The distinctive nature of Beswick’s stolen quilt was not based solely on its appearance, but the connection with her own mother, which stitched together ties between grandmother and grandchild.

Most of the V&A quilts were made in the first half of the century, before the cult of childhood or the expansion in child-specific products had taken hold. There was evidently no culture that designated particular themes as “child-friendly”, at least for textile decoration. Comments in several V&A catalogue entries suggest that cradle quilts or cot sets decorated the cradle during the lying-in period, when the mother received visitors from her bed with the cradle beside her, as a display of wealth and taste, or be given as gifts to the new mother, while Handley identifies a number of quilts and coverlets made to mark births.¹⁷⁶ Both the audience and the beneficiary of attention in these circumstances was the adult, not the child, and so it is not surprising that the iconography of the quilts reflects adult fashions rather than images tailored to children, although infants may have been assumed to like bright floral patterns too. The elaborate cotton-backed linen cot set in figures 75-76 drew on adult fashions; its catalogue entry notes the similarity between its pattern and contemporary Indian chintz designs, and argues that it would have been professionally produced rather than

¹⁷³ Handley, *Sleep in Early Modern England*, 133–39; Antonia Brodie, ‘Marking and Memory: An Embroidered Sheet in the Collection of the Victoria and Albert Museum’, *Textile* 14, no. 2 (2016): 163–65; Mitchell, ‘Furnishings for Interiors’; John Styles, ‘Lodging at the Old Bailey: Lodgings and Their Furnishing in Eighteenth-Century London’, in *Gender, Taste, and Material Culture in Britain and North America, 1700-1830*, ed. John Styles and Amanda Vickery (New Haven: Yale University Press, 2006), 71–72; Newton, ‘Inside the Sickchamber’, 550–51; Ponsonby, ‘Towards an Interpretation of Textiles’, 174.

¹⁷⁴ Brodie, ‘Marking and Memory’, 167–73; Styles, ‘Lodging at the Old Bailey’, 68; Dolan, ‘Fabric of Life’, 420–41; Pennell, ‘Making the Bed’, 34–35; Dolan, ‘Touching Linen’, 154; Handley, ‘Objects, Emotions and an Early Modern Bedsheet’; Handley, *Sleep in Early Modern England*, 134, 136–37, 142–47.

¹⁷⁵ ‘Trial of John Simpson’.

¹⁷⁶ ‘Cot Set, 1700-1750, V&A Museum, CIRC.531-1923’, V&A Catalogue, accessed 10 May 2022, <https://collections.vam.ac.uk/item/O166978/cot-set-unknown/>; ‘Cot Cover, 1750-1800, V&A Museum, T.429-1966’, V&A Catalogue, accessed 11 May 2022, <https://collections.vam.ac.uk/item/O168874/cot-cover-unknown/>; Handley, *Sleep in Early Modern England*, 142.

homemade; an example of child-related conspicuous consumption.¹⁷⁷ While most of the quilts at the V&A are flat and designed to be laid on top of the infant, this set is shaped so that it could fit over the sides of its cradle. Its matching curtains, the lack of wadding for warmth, and the extensive use of brightly coloured silk embroidery thread indicates that this cot set was intended to display its owner's wealth and liven up the cradle it adorned, like the textiles on the high-status wicker cradles of William Anne Edwards Hamilton (figure 49) and Hester Maria Thrale (figure 51). The textiles in the Hamilton portrait were clearly also quilted, at least in the cover and hood cover, and had elaborate golden tassels. Cradles evidently had their own decorative culture before the boom in consumer culture and the cult of childhood in the mid-eighteenth century.

Symbolic bedding

Cradles, children's beds, and bedding also carried important sociocultural meanings. Because cradles were used in public areas of the house, they were particularly suitable for this purpose, especially as elaborate decorative textiles could easily hide cheap, functional cradle-frames. Decorative textiles displayed the family's wealth and status, and could have substituted for spending large amounts of money on an elaborate cradle with a limited useful lifespan. As the top layer of covering, quilts and curtains were less vulnerable to soiling than layers that lay closer to the infant's body. They were also easy to remove when the infant was unwell or if there was no need for formal display. Recycling fabric for infant clothes and bedding, using older but still expensive fabrics, perhaps embroidered to display the skill and leisure of the female household members, displayed taste and status while hiding the economies necessary to keep up appearances, and, as Ariane Fennetaux suggests, also displayed affective relationships between the old and new users.¹⁷⁸

Middling- and upper-sort families used cradles to display their taste, wealth, and affection for their children. Wealthy babies luxuriated in cradles hung with costly fabrics, such as the 'rich Crimson Damask Cradle imbroider'd' advertised for sale from the estate of Daniel Sevil, who died in 1713.¹⁷⁹ Damask would have been difficult to wash, but decorating the outside of the cradle meant its appearance remained in keeping with the rest of Sevil's house, which was filled with 'rich Mohair Beds and Bedding... Cushions and Window-Curtains... Tapestry Hangings... and several other

¹⁷⁷ 'Cot Set, CIRC.531-1923'; Plumb, 'New World of Children', 90.

¹⁷⁸ Fennetaux, 'Sentimental Economics', 123, 126–33.

¹⁷⁹ 'Advertisements and Notices', *Flying Post*, 12 May 1713, Issue 3374.

choice and pretty Goods'.¹⁸⁰ Sevil's cradle may have been on display to visitors, or it may have been a private performance of fond parenting. In other cases, such displays were necessary to a family's public role. Maria Nugent's responsibilities as wife of the Governor of Jamaica meant she needed to return to her role as hostess to the Jamaican elite as soon as she finished her lying-in period.¹⁸¹ Nugent crafted her identity as mother, both in privately expressed reluctance to be away from her children, and in her determination for them to accompany her to as many formal events as possible. As we have seen, the first time her son George was taken to such a gathering, he 'was shewn in his little cot, and much admired; the gauze curtains and bows of ribbon being particularly becoming'.¹⁸² Such conspicuous consumption not only constructed a private domestic idyll, but a public display of sentimental motherhood and social status befitting the Governor's devoted wife. It perhaps also assuaged Nugent's regret that her duties regularly took her away from her children; if she had to split her attention between them and her social responsibilities, she could at least ensure they were provided with luxury. Children's bedding constructed familial social status, but was also a matter of private choice. Plumb argues that over the eighteenth century, 'Children... [became] luxury objects upon which their mothers and fathers were willing to spend larger and larger sums... In a sense they had become superior pets', while their 'exceptionally dress- and fashion-conscious' parents bedecked their bodies and cradles in extravagant outfits.¹⁸³ While elaborate cradle decoration pre-dated the period to which Plumb dated this development, he was right that families invested in dressing up cradles both to construct family status in public, and as a private performance of affection.

Depictions of cradles confirm how they projected messages about the quality of the family's childcare and social status. The final plate of Joseph Highmore's illustrations to Samuel Richardson's *Pamela, or Virtue Rewarded* shows a scene, not in the novel, in which Pamela sits surrounded by the rewards of her virtue: her many children, her now-husband's illegitimate daughter whom she has evidently adopted; and the servants from whose ranks she has risen (figure 47). Pamela holds her youngest child,

¹⁸⁰ 'Advertisements and Notices', *Flying Post*, 12 May 1713.

¹⁸¹ Rosemary Cargill Raza, 'Nugent [Née Skinner], Maria, Lady Nugent (1770/71-1834), Diarist', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-47677?rskey=xJKjDr&result=1>.

¹⁸² Nugent, *Journal of a Voyage to Jamaica, Vol. 1*, 314.

¹⁸³ Plumb, 'New World of Children', 90.

its face just visible in the crook of her arm (figure 79), leaving its cradle behind her turned away from the viewer; its ruffled appearance indicates that she has taken the infant in her arms to include it in the family circle. Temporarily redundant, the cradle occupies an otherwise empty space, displaying its fine textiles and domed (though uncurtained) hood. Its disorder contrasts with the smooth marital bed in the background; although this is the source of her fertility, Pamela remains a pure, almost virginal mother, the once-threatening bed tamed. Pamela's newly opulent life, surrounded by her children (and not Mr B-) is symbolised by the cradle: empty because she has the time and energy to enjoy spending time with her offspring. A similar effect is created in Morland's *Comforts of Industry* (figure 43), in which the cradle is clearly visible but relegated to the back of the scene. This family can afford suitable furniture for their children, but the mother has the time and affection to keep her infant on her lap rather than deputing care to the cradle.



Figure 79 Detail of figure 47, Benoist after Highmore, Plate 12, Pamela with her Children and Miss Goodwin
Cradles' final symbolic act was to mark the transition from infancy to childhood, when their occupants graduated to a bed. The age of seven is normally cited as an important developmental milestone, when children reached the age of reason, and boys were

breeched and began formal education.¹⁸⁴ However, moving out of the cradle signified a stage of growth and strength that no longer necessitated, or even fitted into, the small protective shell cradles offered. On 2 September 1803, when George Nugent was eleven months old, his mother Maria complained that she ‘Had a bad night, for my dear little boy fell out of his cot; and though he was not hurt, I could not sleep for fear of a repetition of the disaster. Secure the net, &c. better in future’.¹⁸⁵ Nugent evidently had little trust in these precautions, because on 4 September, she recorded that ‘Little G. slept last night, for the first time, in his new bed, and my mind is much easier about him’.¹⁸⁶ Nugent also referred to adult beds on ships as ‘cots’, but on land they were beds, and the distinction she made between George’s ‘cot’ and his ‘new bed’, and references elsewhere to decorating his ‘cot’ for display when he was new-born, suggests that here she meant a transition between different types of furniture.¹⁸⁷

When Charles, Lord Linton left his cradle on 7 November 1782 aged nearly two, the occasion was marked with much more ceremony.¹⁸⁸ The previous day, he ‘had the new White sattin lining of his Cradle put in & sattin Quilt’, and on this staggeringly impractical fabric he slept one night before he ‘left his Cradle for good & slept for the first night in his new Bed’.¹⁸⁹ White satin would have been vulnerable to soiling: pale-coloured but not washable. However, Linton was heir to the earldom of Traquair, and descended from the Stuarts; the family still owns an elaborately carved cradle inlaid with different woods believed to have been used by the future James VI of Scotland, I of England.¹⁹⁰ Assuming this was the cradle Linton used, the luxurious (if impractical) relining may have been meant for display, and making Linton sleep one night there established symbolic continuity between infant heir and royal ancestors. This statement would primarily have been visible only to the household; the Traquairs, a Catholic household, mixed less in society than other nobles, and not long afterwards left Scotland for the continent for an extended period.¹⁹¹ While extravagant cradle-

¹⁸⁴ Foyster and Marten, ‘Introduction’, 10; Houlbrooke, *English Family*, 150; Pollock, *Forgotten Children*, 24; Dekker, *Childhood, Memory and Autobiography*, 75. See also Nicholas Orme, *Medieval Children* (New Haven: Yale University Press, 2003), 68.

¹⁸⁵ Nugent, *Journal of a Voyage to Jamaica*, Vol. 1, 449. George Nugent was born on 13 October 1802. Nugent, *Journal of a Voyage to Jamaica*, Vol 1, 318-319.

¹⁸⁶ Nugent, *Journal of a Voyage to Jamaica*, Vol 1, 449.

¹⁸⁷ See for example Nugent, 15, 23, 314-15, 449.

¹⁸⁸ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 2.

¹⁸⁹ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 2.

¹⁹⁰ ‘Traquair’s Mary Queen of Scots Connection’, *Traquair House Website* (blog), accessed 5 May 2022, <https://www.traquair.co.uk/mary-queen-of-scots/>.

¹⁹¹ Catherine Maxwell Stuart and Margaret Fox, *A Family Life Revealed: The Stuarts at Traquair, 1491-1875* (Traquair: Privately published, 2012), 74-81.

furnishings were important in displaying wealth and status, as well as performing investment in their users' upbringing, this could be a private spectacle.

Bedding also projected moral status: inadequate beds and cradles denoted failed parenting and poverty. The 1817 'Report from the Committee on Employment of Boys in Sweeping of Chimnies' described how the children 'have to sleep in a shed exposed to the different changes of the weather, their only bed a soot bag, and another to cover them', as evidence of the neglect and abuse children suffered.¹⁹² Witnesses in the prosecution of Mr Shaw's school in 1823 used the flea-infested bedding and the overcrowded beds as evidence of mistreatment, although there was disagreement on what an appropriate number of bedfellows and roommates was.¹⁹³ In both cases, inadequate bedding signalled disapproval of children's treatment.

Even extreme poverty could not excuse poor bed-provision, or at least, makeshift sleeping arrangements in the context of severe child neglect heightened condemnation of children's treatment. Sixteen-month-old Mary Page died of neglect while being cared for by Lucy Acor in 1790.¹⁹⁴ The indictment against Acor alleged that she 'did place, lay, and keep the said Mary Page in a certain drawer, on the floor... and during all the time... did feloniously keep her in filth, and the excrements of said Mary Page; and without sufficient and necessary covering to protect her from the cold and inclemency of the weather'.¹⁹⁵ Witnesses emphasized the inappropriateness of this cradle-substitute. Barbara Cass, on being asked whether the drawer 'was like a cradle?' replied firmly 'It was a drawer; it was only three feet and a quarter long'.¹⁹⁶ According to modern growth charts, an eighteen-month girl on the fiftieth centile of growth is 45cm (1.5 feet) tall, so the drawer would have been long enough for sixteen-month-old Mary's body, especially given her malnourished state.¹⁹⁷ The disgusting bedding may have been what made the drawer so upsetting to Cass, who 'was obliged to set up with [Mary] all night, to get [her] clean enough to take [her] into bed' when she took over her care.¹⁹⁸ Sarah Death, another witness, explained that the child's dirt extended to the bed: she was 'laid... on an old stuffed pillow-case... with a pair of old blue breeches

¹⁹² House of Commons, 'Report on Employment of Boys in Sweeping Chimnies', 26.

¹⁹³ 'Jones v Shaw'.

¹⁹⁴ 'Trial of Lucy Acor, T17900424-26', in *Old Bailey Proceedings Online*, April 1790, <https://www.oldbaileyonline.org/browse.jsp?id=t17900424-26&div=t17900424-26#highlight>.

¹⁹⁵ 'Trial of Lucy Acor'.

¹⁹⁶ 'Trial of Lucy Acor'.

¹⁹⁷ *Girls UK-WHO Growth Chart 0-4 Years* (Royal College of Paediatrics and Child Health, 2009), https://www.rcpch.ac.uk/sites/default/files/Girls_0-4_years_growth_chart.pdf.

¹⁹⁸ 'Trial of Lucy Acor'.

covered over... it smelt very disagreeable', and she 'was forced to cut [Mary's cap] with the scissars' because it 'was eat into the head... it was very disagreeable, and quite devoured with vermin'.¹⁹⁹ In such an impoverished family, sleeping in a drawer does not sound impossibly bad in itself, but the disgusting state of the bedding and its occupant may have heightened the neighbours' intolerance of arrangements enforced by necessity, and confirmed the poor treatment Mary received from her supposed carers.

Cradles also signified bad care or straightened circumstances in visual culture. Rowlandson's depiction of Death in the nursery from his *Dance of Death* sequence (1814-16, figure 41) depicts a cause of infant death: abandonment to a nurse.²⁰⁰ As the caption makes clear, 'Death rocks the cradle' while the nurse has drunk herself into a stupor. Death sits tenderly attentive compared with the nurse, who slumps bare-breasted, her shortened nose and the cat above her chair hinting that she may have caught pox from selling sex. Death's spear points at the clock, indicating the brevity of life. The handled pot and spoon kicked over on the floor indicate that, despite her ample bosom, the nurse has been dry-feeding the child.²⁰¹ The distraught mother bursts in, her fine clothes indicating that she has purchased this appalling woman's negligent care for her infant in the same way she purchased her feathered hat. Her diaphanous dress leaves her nipples clearly visible, indicating that this decision was based on concern for her own appearance and comfort rather than an inability to breastfeed. The vials around the room could contain alcohol, opiates, or other drugs; they might indicate illness, either the nurse's syphilis or whatever caused the infant's death; or they could suggest that the nurse has been drugging her charge as well as herself. The cradle sits in the centre of this squalid mayhem, curtains flying and blankets rumpled, while the infant reaches hopelessly out to the viewer to remove it from its nurse and family.

The "cradle" in Morland's *Miseries of Idleness* (figures 45-46) shows a different sort of failed parenting. The rural labourers here are both asleep; the whole family is dressed in rags; the tattered bed-hangings echo its occupants' clothes. The son gnaws a bone, for which the dog competes. The daughter tries uselessly to get her mother's attention, while the half-naked baby lies on what is only a cradle because it has rockers and is

¹⁹⁹ 'Trial of Lucy Acor'.

²⁰⁰ On suspicion of nurses, see chapter three.

²⁰¹ On dry-feeding, see Fildes, *Breasts, Bottles and Babies*, 262-350; Fildes, *Wet Nursing*, 116-18. Dry-feeding involved giving infants food other than breast milk.

occupied by an infant: it has no sides, hood, or hangings.²⁰² The baby will fall out at any moment. The cradle is as inadequate as the rest of the furnishings, which indicates the inadequacy of the parents who provided it. By contrast, the painting's companion, *Comforts of Industry*, has a joint of meat on the side and a comfortable cradle in the background, which renders the cradle obsolete because the mother cares for her infant rather than ignoring it (figure 43).

Where Rowlandson and Morland use cradles to depict neglectful parents, the cradle in David Wilkie's *Distraint for Rent* (1815, figure 80) occupies centre stage to represent all that the family is about to lose through misfortune. The painting was seen as 'an attack on landlords', although Nicholas Tromans argues that this was probably unintentional.²⁰³ The mother holds her infant on her lap; the cradle sits in the foreground, empty, its bedding spilled across the floor like entrails. Next to it is the spinning wheel, which together symbolise the mother's duty to care for her children, and her means of earning money to do so.²⁰⁴ These, the mother's main tools for caring for the family, will soon be taken by bailiffs. A stranger sits on the most intimate item of furniture, the marital bed, making notes. The father, head in hand, leans on the table in despair, and the mother slumps in a chair attended by her maid while her young daughter helps support her weight. Moreover, the empty cradle is not just sitting waiting to be taken. The mother leans on her daughter for support and comfort, her arm hanging uselessly towards the infant, which the maid appears to be supporting or taking from her. She can no longer care for her baby, and soon the cradle will be empty not because it has been seized, but because the child may die. The cradle's loss symbolises the destruction of the whole family.

²⁰² I am indebted to Mark Jenner for discussing this with me.

²⁰³ Nicholas Tromans, 'David Wilkie: Painter of Everyday Life', in *David Wilkie: Painter of Everyday Life*, ed. Nicholas Tromans (London: Dulwich Picture Gallery, 2002), 20.

²⁰⁴ I am indebted to Mark Jenner for discussing this.



Figure 80 Wilkie, *Distraint for Rent*

Conclusion

While Handley offers cursory references to children's bedding, this chapter represents the first in-depth study of children's and infants' sleeping environments.²⁰⁵ Adults and children slept in broadly similar beds, made up in similar ways, which remained remarkably stable from the late medieval period until today even if not all beds incorporated every item of furnishing.²⁰⁶ The major sleep-milestone was the transition from the cradle, a space designed for the perceived needs of the infant body, to the bed, a more generic item of sleep furniture, as the infant's vulnerable body became stronger and more mobile. Although it was not as culturally or socioeconomically important as breeching and apprenticeship respectively, to individual families the transition could be an important marker of child development, just as weaning and teething were.²⁰⁷

The cradle was used not only as an item of sleep furniture, but also as an alternative to intensive daytime supervision by a parent, nurse, or servant. This created a

²⁰⁵ See Handley, *Sleep in Early Modern England*, 27, 45, 47, 54, 59-60, 98-99, 117, 119-20, 122, 125.

²⁰⁶ Morgan, 'Between the Sheets', 31-47.

²⁰⁷ On weaning, see Fildes, *Breasts, Bottles, and Babies*; 351-97; on teething, see Newton, *Sick Child*, 52; Newton, 'Children's Physic', 464.

synecdochic relationship between infancy and the cradle, and had important implications for childcare arrangements. Although the eighteenth century saw increasing emphasis on “natural” childrearing and intensive caring input, particularly from mothers, the realities of running a household meant that adults needed to have safe ways to keep children from under their feet while they undertook chores, or even socialised.²⁰⁸ Cradles offered a safe, practical, and traditional space in which infants could be left in these situations; as Nicholas Orme shows, they had been used since at least the medieval period.²⁰⁹ Swaddling in earlier periods probably also contributed to this, by immobilising infants, but the cradle both provided an extra layer of protection from accidents and also allowed a slightly freer but still enclosed space for infants to occupy once swaddling had declined by the later eighteenth century.²¹⁰ It is possible that cradle designs changed between the seventeenth and nineteenth centuries, as new domestic arrangements and ideals around motherhood coincided with the decline of swaddling to alter the roles that cradles were used for. For example, the decline of swaddling may have encouraged production of cradles with higher sides or sturdier bases to allow for the freer movement of infants no longer restrained by tight swaddling bands, but more research is needed to establish such developments. Given the importance of the cradle in daily infant care, its absence from previous histories of childhood obscured an important aspect of the material history of infancy, and also of the ways that childcare and domestic labour were arranged, something this chapter has begun to account for.

Cradles also raise questions about domestic economy and the projection of socioeconomic and moral status. The suggestion that cradles may routinely have been made from basketwork raises questions around production, including around whether basketwork could be a domestic craft, and around the use of gleaned or very cheap materials.²¹¹ Cradles may also have been made from recycled containers made for other purposes. Given the relatively short useful life of cradles, it is possible that using cheaper, less-durable production techniques created objects that played their part adequately without wasting money, even in the wealthiest households. However, the cultural requirement to demonstrate adequate levels of care and affection for infants

²⁰⁸ On “natural” childrearing, see introduction, footnote 103, p.35.

²⁰⁹ Nicholas Orme, *Medieval Children*, (New Haven: Yale University Press, 2003), 62.

²¹⁰ Cunningham, *Children and Childhood*, 62; Foyster and Marten, ‘Introduction’, 4; Lindemann, ‘Health and Science’, 171.

²¹¹ On the use of freely available or very cheap materials for domestic purposes, see Woodward, ‘Straw, Bracken and the Wicklow Whale’, 43–76; Sharpe, ‘The Woman’s Harvest’, 130.

made their decoration not merely an aesthetic but also a social necessity, with elaborate decorations hiding economies in cradle-frame design. Medieval and early modern beds were important status-symbols, when bedrooms were semi-public spaces, but as social and sleep spaces were increasingly differentiated over the late seventeenth and eighteenth centuries, cradles were the main object of sleep-furniture that remained in public view.²¹² This may have given them even higher importance in projecting family claims to wealth, taste, and domestic bliss.

While the eighteenth century was also a period of immense change in domestic consumption, children's and infants' beds probably experienced this change much less than other areas of domestic material culture. Plumb's argument that eighteenth-century children were the focus of discretionary spending that displayed families' wealth and affection, spurred on by both the cult of childhood and the 'consumer revolution', does not really apply to their sleeping environments.²¹³ The stability of both beds and cradles from the late medieval period meant that the basic components of child and infant bedding did not alter much, while the tradition of conspicuous displays of wealth and taste in the design of bedding and bed- and cradle-frames in previous centuries meant that the tradition of elaborate bedding spaces was well-established.²¹⁴ The major possible change to children's bedding in this period came from the gradual adoption of cotton in place of linen, which was used in most adult beds throughout this period.²¹⁵ Although the shift in fabric choice has not been studied in the context of adult beds, Dolan's evidence about the restrictions on bolts of cotton suggest that it may have been adopted for adult beds later than for children.²¹⁶ Child and infant bedding could be smaller and therefore was less reliant on large lengths of fabric, and could also be made of recycled fabric, especially from adult clothing; cradle furnishings may particularly have used such cloth.²¹⁷ However, the effects of new forms of fabric production have yet to be established for bedding in general.

Finally, this chapter raises questions about the timing and causes of the shift away from bedsharing, a practice ubiquitous in the medieval and early modern periods but almost

²¹² On beds, see chapter 1, footnote 2, page 56.

²¹³ Plumb, 'New World of Children', 64-95.

²¹⁴ Morgan, 'Between the Sheets', 31-51.

²¹⁵ Handley, *Sleep in Early Modern England*, 49-51, 129-30.

²¹⁶ Dolan, 'Fabric of Life', 51.

²¹⁷ On recycling fabric, see Fennetaux, 'Sentimental Economics', 122-41.

unheard-of outside adult romantic or sexual relationships today.²¹⁸ Stearns et al account for this by pointing to shifts in attitudes to child sexuality, and changes in domestic technology and adult leisure time, to account for the decline in child bed- and room-sharing, although they support none of these with primary evidence.²¹⁹ However, their study focusses on the late nineteenth and early twentieth centuries, while the roots of the shift towards sleeping alone evidently lie in the earlier nineteenth century.²²⁰ The evidence presented in this chapter suggests that pious middling-sort families may have been among the first to raise concerns about their children sharing beds with strangers, but whether this was also contentious within families is unclear. A study of conduct literature and residential institutions would provide preliminary evidence about the timing of this shift among the general population, and the reasons it took place. The decline in bedsharing among all ranks and all age groups (possibly excluding the very poorest) may have been related to greater material wealth, better heating technologies, changing sexual mores, or new patterns of religious teaching. Examining evidence of middling-sort moralist thinking, including authors of conduct books and those involved in reforming and managing residential institutions, would help uncover the roots of this shift in attitude. As the next chapter demonstrates, residential institutions such as the Foundling Hospital were run by men interested in providing basic furnishings for inmates' slumber, balanced against the need for financial efficiency and running an orderly, moral institutional household.

²¹⁸ On bedsharing, see for example Gowing, "The Twinkling of a Bedstaff", 279, 288-95; Handley, *Sleep in Early Modern England*, 176-80; Handley, 'Sociable Sleeping', 101-103; Ekirch, *At Day's Close*, 279-82; Ekirch, 'Sleep We Have Lost', 360-61; Bray, *The Friend*, 153-54.

²¹⁹ Stearns, Rowland, and Giarnella, 'Children's Sleep', 357-60.

²²⁰ Stearns, Rowland, and Giarnella, 'Children's Sleep', 345-66.

Chapter Two: Disciplined Sleep at the Foundling Hospital

Just as private sleeping arrangements reflected household respectability, residential institutions were expected to maintain decent sleeping spaces (although not all succeeded). The components of these spaces were similar to domestic bedchambers, but constrained by finances; the subordinate social and moral status of inmates; their anticipated future beyond the institution; and the need to maintain order and hygiene among tens or hundreds of individuals. Of the institutions founded during the long eighteenth century to provide charitable support to the poor or incapacitated, the Foundling Hospital was the only one dedicated solely to the long-term residential care of children.¹ Founded in 1739 after a long campaign led by Thomas Coram, a sea captain, the Hospital took in unwanted children to prevent infanticide or neglect among the poorest Londoners.² From 1741 it admitted only infants under two months taken in on selected days and chosen randomly from among those presented, but between 1756 and 1760, a 'General Reception' of all infants brought to the institution was initiated in exchange for government funding.³ After raising the maximum age infants would be accepted to six months and then one year, the Hospital's population and running costs became unmanageable and its mortality rate unacceptably high, leading to a period when no children at all were accepted and government funding was phased out.⁴

The Hospital cared for children from early infancy until being apprenticed or put into domestic or military service, which was usually around the age of eleven.⁵ This meant that there were no adult inmates to assist with childcare; all the children's needs had to be catered for by hired nursing and teaching staff or older children. The Hospital was committed to raising as many of its inmates as possible, and its governors and patrons were influenced by fashionable childrearing theories.⁶ Unlike parish authorities' habit

¹ Dolan, 'Fabric of Life', 71.

² McClure, *Coram's Children*, 16–51; Levene, *Childcare, Health and Mortality*, 4–9; Pugh, *London's Forgotten Children*, 20–31; Clark, 'Introduction', xi; Alys Levene, 'Introduction: The London Foundling Hospital: History and Approaches', in *Narratives of the Poor in Eighteenth-Century Britain, Vol 3: Institutional Responses: The London Foundling Hospital*, ed. Alys Levene (London: Pickering and Chatto, 2006), viii; Berry, *Orphans of Empire*, 3–25.

³ See for example McClure, *Coram's Children*, 76–114; Andrew, *Philanthropy and Police*, 98–100; Levene, *Childcare, Health and Mortality*, 7.

⁴ McClure, *Coram's Children*, 76–123; Levene, *Childcare, Health and Mortality*, 7–9.

⁵ McClure, *Coram's Children*, 125–26, 220, 224, 244–45; Levene, *Childcare, Health and Mortality*, 9; Crawford, *Parents of Poor Children*, 229; Falcini, 'Cleanliness and the Poor', 200.

⁶ On the Foundling Hospital's childrearing, see for example Levene, 'Introduction', xiii–iv; McClure, *Coram's Children*, 47, 190–235, 244–45; Valerie Fildes, 'The English Wet-Nurse and

of fostering infants with pauper women to care for as best they could, which resulted in a very high mortality rate for children under parish care, the Hospital had a large and widely distributed network of rural wetnurses who cared for foundlings, overseen by local inspectors until they were ready to return to the Hospital aged five.⁷ This meant foundlings had distinct sleeping environments as they progressed from adoption, to wetnurse foster families, to the Hospital's main site in London (or, between 1757 and 1773, one of the provincial satellite Hospitals), and within the Hospital itself through different wards until they were finally discharged into apprenticeships or other occupations.⁸

To accommodate the children, the Foundling Hospital provided sleeping quarters, and incorporated preparing for bed and waking up into its routine. Sleeping spaces and the routines that governed them were designed to provide environments that met standards the governors believed would keep foundlings safe and healthy, and prepare them for their duties when they left its care. The governors drew on leading medical professionals for advice, which influenced all aspects of foundling life and ensured that the foundlings' upbringings was at the forefront of moves towards the medicalisation of childhood and the expansion of "natural" childrearing methods.⁹ This atmosphere also pervaded decisions about their sleeping environments. This chapter examines these provisions, to explore the governors' priorities for foundlings' sleep, and reconstruct some of the effects of these decisions.

The Hospital's governors had to balance the children's perceived physical needs with limited financial resources. Beds and bedding were costly and, as recipients of charity of ambiguous social and moral status, the children were not intended to live in luxury.¹⁰ As Tom Crook argues about nineteenth-century institutions, 'environment shaped the mind', so 'space and the... sensory variables it permitted were crucial determinants of

Her Role in Infant Care, 1538-1800', *Medical History* 32, no. 2 (April 1988): 163; Berry, *Orphans of Empire*, 55-57; Pugh, *London's Forgotten Children*, 39, 57-60; Clark, 'Introduction', xiii.

⁷ Crawford, *Parents of Poor Children*, 65-66, 68; McClure, *Coram's Children*, 13-14, 87-88; Fildes, 'English Wet-Nurse', 152-53, 161; Fildes, *Breasts, Bottles and Babies*, 277-87; Clark, 'Introduction', xi-lxii; Levene, *Childcare, Health and Mortality*, 90-97. On nursing and inspectors, see also McClure, *Coram's Children*, 88-95.

⁸ McClure, *Coram's Children*, 121-23.

⁹ On medical professionals associated with the Foundling Hospital in this period, see McClure, *Coram's Children*, 191-93, 212-15; Levene, *Childcare, Health and Mortality*, 146-47, 167; Pugh, *London's Forgotten Children*, 57-59, 61; Levene, 'Introduction', xiv-xv.

¹⁰ McClure, *Coram's Children*, 9-15, 74-75, 194; Laura Gowing, "'The Twinkling of a Bedstaff': Recovering the Social Life of English Beds, 1500-1700', *Home Cultures* 11, no. 3 (2014): 276; Clark, 'Introduction', xii; Levene, *Childcare, Health and Mortality*, 5; Levene, 'Origins of the Children of the London Foundling Hospital', 201-2.

morality'.¹¹ This was just as true in eighteenth-century thought. Sleeping conditions were believed to affect physical and moral health, threatening "'moral contagion'" of 'bad habits, as much as ill health'.¹² Sasha Handley describes a culture of 'sleep-piety' characterised by temperate hours of sleep and waking and prayer before and after sleep.¹³ This combined with the general industriousness and self-control demanded of the pious and the lower orders to form a bed-culture designed to create a healthy environment; a disciplined routine; and an orderly atmosphere to support the physical, moral, and social development of its charges.

The Foundling Hospital kept a detailed archive of its activities and purchases, so it is possible to reconstruct aspects of the provision made for the children's slumber. Like other eighteenth-century charities, the Foundling Hospital relied on private contributions for much of its income from its foundation until the 1770s apart from during the General Reception.¹⁴ This chapter focusses on the General Committee Minute Books for the period between 1739, when the Hospital received its royal charter and planning for the Hospital began, and 1758 (the first five volumes of minutes), as well as the *Regulations for Managing the Hospital for the Maintenance and Education of Exposed and Deserted Children* (1757).¹⁵ The Hospital took in the first infants in March 1741, so nearly the first two decades of operations is covered, until halfway through the General Reception period (1756-60), which significantly changed the nature of the Hospital's operations.¹⁶ The cut-off for the minutes was chosen partly because while there were frequent references to beds, bedding, and bedtime routines in the earlier period, these became increasingly rare and there was insufficient material found after 1756 to justify the outlay in research time.¹⁷ The *Regulations* come from the archive of the Ackworth, Yorkshire branch of the Hospital, and contains nearly verbatim passages from minutes recorded a decade earlier. They were obviously

¹¹ Tom Crook, 'Norms, Forms and Beds: Spatializing Sleep in Victorian Britain', *Body and Society* 14, no. 4 (2008): 18.

¹² Crook, 'Norms, Forms and Beds', 18.

¹³ Handley, *Sleep in Early Modern England*, 69–70, 72–81; Handley, 'Sleep-Piety and Healthy Sleep', 188–95; Handley, 'From the Sacral to the Moral', 28, 32–37.

¹⁴ McClure, *Coram's Children*, 37, 40, 76–123, 179–81; Levene, 'Introduction', vii, x; Levene, *Childcare, Health and Mortality*, 7; Pugh, *London's Forgotten Children*, 43–45, 48. '[I]nvestments and rents' also contributed to the Hospital's income. McClure, *Coram's Children*, 179.

¹⁵ 'General Committee Minutes', Vols. 1-5, 1739-58, Foundling Hospital Archive, London Metropolitan Archive, A/FH/K02/001-005, X041/014-015; *Regulations for Managing the Hospital for the Maintenance and Education of Exposed and Deserted Children* (London: No publisher, 1757).

¹⁶ McClure, *Coram's Children*, 49; Levene, *Childcare, Health and Mortality*, 6–7.

¹⁷ The pandemic prevented this decision being reconsidered.

printed to ensure that the London and Ackworth sites ran in similar ways, and covered governance, staffing, and the daily timetable. Ackworth Hospital was opened in 1757 to cope with the increased workload caused by the General Reception, and was the most successful branch of the organisation, surviving until 1773.¹⁸ The regulations at Ackworth were, at least theoretically, the same as those governing the London Hospital; there was no need to alter them for the branches, and the London site's reputation might have suffered if large changes were required in branch Hospitals. I therefore assume that the Ackworth *Regulations* indicate the routine in London too, at least as envisaged by the governors. The chapter also examines an account book from the Ackworth branch of the Hospital covering 1757-74, which was the branch's entire period of operation.¹⁹ These documents indicate how the governors designed the foundlings' material environment and routine; sleeping quarters were one of the principal concerns of the governing committee from the outset. The regulations surrounding the children's routine when it came to bedtime, and the care of sleeping areas also demonstrate the importance of maintaining what was deemed to be a clean, disciplined environment in an organisation dealing with large numbers of young children destined for humble occupations. Gillian Clark's collection of letters from inspectors of the Hospital's wetnurse network to the governors were also consulted, and yielded no useful references to sleep, and few references to bedding, so these have not been used.²⁰

Sleeping environments

The children's sleeping environment was considered from nearly the first meeting of the General Committee, although at this stage it was an abstract shorthand for the intended capacity of the Hospital rather than a physical space. The number of beds was pivotal to discussions in 1739 over whether to alter an existing building, Montagu House, or construct a new one to house the Hospital.²¹ It was calculated that the alterations and repairs needed to adapt Montagu House would provide a site housing

¹⁸ McClure, *Coram's Children*, 121-23.

¹⁹ 'Inventory Book of Household and Farm Goods', 1757-1774, Foundling Hospital Archive, London Metropolitan Archive, A/FH/Q/01/058.

²⁰ Gillian Clark, ed., *Correspondence of the London Foundling Hospital Inspectors in Berkshire, 1757-68*, vol. 1 (Reading: Berkshire Record Society, 1994).

²¹ 'Minutes', Vol. 1, 10-11. Montagu House, Bloomsbury, eventually became the British Museum; it was rejected by the Foundling Hospital because although the Duke of Montagu was one of the Hospital's first supporters, he did not own the building and so had no legal authority to permit a change of use that would require such extensive alterations to the fabric of the building. McClure, *Coram's Children*, 37-39.

'637 Beds to hold 521 Women, and 1,668 Children'.²² This would have left each bed with between three and four occupants, with women unevenly distributed between children. Adults in workhouses and other residential institutions were generally made to share beds, as did private individuals (see chapter 1).²³ One proposed newly-built structure would 'contain as many Beds as Montagu House', while another proposal for a new building would 'contain 24 Wards' and '270 Beds', for £11,000.²⁴ Assuming that each bed was meant to contain three people in this third building, 810 individuals could have lived in the Hospital; if only two, 540; what proportion of these would have been children was not specified. In 1742, when it was time to choose an architect, sleeping quarters remained a central concern, but the governors' ambitions for the size of the Hospital had reduced. It was decided that it should 'be capable of containing Four hundred Children' in the long term, and 200 in the first phase.²⁵ The number of children per bed had also reduced to two; one rejected plan 'proposed to contain 224 Beds or 448 Children'.²⁶ Bed numbers stood for the capacity of the Hospital, to which other considerations such as staffing and food would be adapted, much as current discussions of hospital capacity consider the problem in terms of patient bed capacity.

By 1742, abstract calculations about the number of children represented by bedspace were replaced by concerns about the design and arrangement of wards. Four designs were considered; Mr. White's was dismissed as 'much too small' and Mr. Dance's was 'too expensive and stands on too much Ground'.²⁷ Of Mr. White and Mr. James, the third, nothing is known beyond what the minutes record, although Mr. Dance was George Dance the Elder.²⁸ The fourth, whose design was selected, was Theodore Jacobsen, a merchant and amateur architect who did not charge for his services and who became a governor of the Hospital.²⁹ The Committee only examined Jacobsen and

²² 'Minutes', Vol. 1, 10

²³ On workhouse beds, see *An Account of Several Work-Houses for Employing and Maintaining the Poor... As Also of Several Charity Schools for Promoting Work, and Labour* (London: Jos. Downing, 1732), 54, which records that the workhouse at St James Westminster had 302 inmates and 'above 150 Beds'. On domestic bedsharing, see Handley, *Sleep in Early Modern England*, 2016, 114, 176–80; Ekirch, *At Day's Close*, 279–84; Ekirch, 'Sleep We Have Lost', , 360–61; Gowing, "'The Twinkling of a Bedstaff'", 279, 288–90.

²⁴ 'Minutes', Vol. 1 10-11.

²⁵ 'Minutes', Vol. 1, 218.

²⁶ 'Minutes', Vol. 1, 226.

²⁷ 'Minutes', Vol. 1, 226; McClure, *Coram's Children*, 63. Emphasis original.

²⁸ Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven: Yale University Press, 2000), 176.

²⁹ S.P. Parissien, 'Jacobsen, Theodore (d.1772), Architect and Merchant', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb->

James's designs in detail. Jacobsen's plan proposed 'Double Wards... for the reception of Children of different Ages', while James's wards were 'without any distinction for the different Ages of Children'.³⁰ Children's sleep cycles shift as they age, so segregating by developmental stage might have reduced disturbance caused by mismatches between the children's diurnal rhythms, although in wards with a large number of inhabitants, such disturbances must have been common anyway. Age-based arrangements might also have reduced infection a little, although all the children lived in close proximity to each other, and infection control cannot have been easy. However, mixed-age wards also had potential benefits. While it was not specified that older children should help with their juniors, girls were expected to undertake domestic duties including cleaning the wards and making the beds to prepare them for domestic service.³¹ Gaining childcare experience by helping with younger foundlings would also have been deemed useful experience for the girls, and could easily have been incorporated into their duties.³² In James's unsegregated ward these skills could have been developed by intentionally mixing older and younger children, which could also have reduced the workload for the nurses once there were enough older children at the Hospital. As Jacobsen's design was selected, these advantages were evidently not found to outweigh other factors, which suggests the limitations on the tasks the governors were willing to assign to girls: while they would learn practical chores, they were not responsible for all female-associated tasks.

Although it was not mentioned in these plans, children were also segregated by gender, as were workhouse inmates. The *Regulations* ordered that 'The Girls are to be kept in Wards, entirely separate from the Boys', and by 1753 the boys and girls were housed in separate wings.³³ As there was little need to train boys in childcare duties, not officially relying on older girls for supervision of younger ones not only created a clear demarcation of responsibility between staff and foundlings, but meant that there could be uniform procedures for both genders.

9780198614128-e-14577?rskey=tQv7ep&result=1; McClure, *Coram's Children*, 63, 67, 169; Stevenson, *Medicine and Magnificence*, 108.

³⁰ 'Minutes', Vol. 1, 227.

³¹ *Regulations for Managing the Hospital*, 39, 41.

³² For discussion of the role of servants in childcare, see Carolyn Steedman, *Labours Lost: Domestic Service and the Making of Modern England* (Cambridge: Cambridge University Press, 2009), 229.

³³ *Regulations for Managing the Hospital*, 41; 'Minutes', Vol. 4, 94.

The layout of the beds within the wards had implications for the children's health as well as their sleep quality. Jacobsen's open-plan layout was anticipated to offer a healthy sleeping environment that would be easier to create and maintain, while 'the Method of placing four Beds together as proposed by Mr James' was deemed 'too close, liable to be kept dirty especially if divided by Partitions'.³⁴ Moreover, Jacobsen's 'double Wards' would 'be warmer in Winter, cooler in Summer and easier kept clean'.³⁵ Handley shows that clean, well-ventilated sleeping areas were seen as important for everyone, but medical authors were particularly concerned that children should sleep in these conditions.³⁶ Jacobsen's design provided a safer, more stable, and less work-intensive environment in which the foundlings could sleep.³⁷ This required adequate maintenance, and the original designs did not adequately provide the ventilation necessary anyway. In 1756, after the General Reception relaxed entry conditions, nurses had to travel from further afield to pick up infants, so they were accommodated at the Hospital overnight.³⁸ In April 1757, they were moved to the ward below 'the Garret Ward' they had originally occupied because it was 'thought necessary to give the Young Infants Space and Air', and in May it was ordered 'that the Sashes in the Wards be made to Slide down, to give Air to the Rooms'.³⁹ This evidently failed, because in 1759 William Cadogan's inspection of wards found them 'dirty, poorly aired, [malodorous], and... overcrowded'.⁴⁰ Trapping noxious airs in the children's sleeping chambers therefore risked causing illness should they be reabsorbed, and Buchan warned against keeping children in unventilated bedchambers and infants in cradles that were completely covered to prevent unwholesome air being replaced by fresh.⁴¹ Moreover, many infants taken in during the General Reception were much less healthy than previous cohorts, and many died very fast.⁴² Sick infants may have made the

³⁴ 'Minutes', Vol. 1, 227.

³⁵ 'Minutes', Vol. 1, 228.

³⁶ Handley, *Sleep in Early Modern England*, 40–46; Buchan, *Domestic Medicine*, 35, 87. See also Stevenson, *Medicine and Magnificence*, 155–71; Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination*, ed. Roy Porter and Christopher Prendergast, trans. Miriam L. Kochan (Cambridge, Massachusetts: Harvard University Press, 1986), 11–56.

³⁷ On the rival plans, see also McClure, *Coram's Children*, 63.

³⁸ 'Minutes', Vol. 5, 65.

³⁹ 'Minutes', Vol. 5, 229, 233.

⁴⁰ McClure, *Coram's Children*, 103. Quotation omitted.

⁴¹ Buchan, *Domestic Medicine*, 35. See also Corbin, *The Foul and the Fragrant*.

⁴² McClure, *Coram's Children*, 87–88; Levene, *Childcare, Health and Mortality*, 75, 99–100; Pugh, *London's Forgotten Children*, 46, 50; Clark, 'Introduction', xlv; Berry, *Orphans of Empire*, 91, 95–97.

wards smell worse than previously, especially as before it had not been necessary to accommodate infants for long.

Open-plan wards offered greater opportunities for supervising children to prevent misbehaviour and the formation of bad habits. This was particularly important given the dubious background ascribed by some observers to the foundlings.⁴³ It was also necessary to keep control of a large group of children by relatively few staff. James seems to have had a greater interest in the children's (comparative) privacy than Jacobsen: he proposed 'to set four Beds together on each side... and to divide them from the Ward by Screens or Partitions'.⁴⁴ This was unusual given that even in private households children were likely to share beds, and there was no explanation for why partitions were suggested.⁴⁵ Such divisions would have impeded nurses' ability to supervise the whole ward at once, and created semi-private spaces where the children could have mixed in smaller groups. This would have undermined discipline, although it could have been useful to reduce infection and disturbance across the ward.

James was also unusual in anticipating only '1 Child in a Bed', which was out of keeping with all of the other designs and earlier theoretical debates.⁴⁶ Jacobsen and one of the other architects assigned '2 Children in a Bed'.⁴⁷ Given that bed-sharing was standard practice, it is surprising that James's design was the only one not to make use of it, however logical it might be to separate children in terms of health and sleep quality.⁴⁸ There is no indication that single-occupant beds were seen as uneconomical, but individual beds meant individual bedsteads and sets of bedding to be purchased and maintained, whereas shared beds used about the same area of fabric, but fewer individual sheets, blankets, mattresses and so forth to be made up, washed, and maintained. Moreover, bedsharing was the norm in many of the occupations the foundlings were intended for, including domestic, agricultural, and military service.⁴⁹ James's design seems to have been more efficient in its use of space, however; he

⁴³ McClure, *Coram's Children*, 9–10; Levene, *Childcare, Health and Mortality*, 5; Clark, 'Introduction', xi–xii; Levene, 'Origins of the Children of the London Foundling Hospital', 201–2.

⁴⁴ 'Minutes', Vol. 1, 227.

⁴⁵ Handley, *Sleep in Early Modern England*, 176.

⁴⁶ 'Minutes', Vol. 1, 227.

⁴⁷ 'Minutes', Vol. 1, 226–27.

⁴⁸ Handley, *Sleep in Early Modern England*, 114, 176; Gowing, "'The Twinkling of a Bedstaff'", 288.

⁴⁹ McClure, *Coram's Children*, 126–28; Falcini, 'Cleanliness and the Poor', 200.

quoted '212 Children' per wing, whereas Jacobsen's only 'contains 192 Children', so despite the need for more equipment, James promised a larger capacity.⁵⁰

There were also minimum sleeping standards prescribed by the governors for foundlings at nurse in the countryside. In April 1741, the Committee ordered 'That the Children of this Hospital do lye inside Beds or Cradles and not in the beds with the Nurses', which had implications both for the policing of nursing care, and for the development of the children's character.⁵¹ Ruth McClure believes the order was sparked by the attribution of one of the first foundlings' deaths to overlaying, which was believed to be a significant danger, especially for children sent out to wetnurses, whose bodies posed physical and moral threats to their charges.⁵² The order could also be interpreted as a veiled comment on the type of woman who would be accepted as a wetnurse. Foundlings were sent to wetnurses with a change of clothes and two blankets, so foster families theoretically could not fail to clothe them and keep them warm, but no provision for a bedframe or other equipment was made.⁵³ By stipulating that the foundling must sleep separately from the nurse, only families with appropriate bed space could be chosen as fosterers. Selection of women to nurse foundlings was based on a system of inspection and oversight, so this would have been easy to add to the pre-fostering evaluation process.⁵⁴ As almost all the rural nurses were chosen for their ability to breastfeed foundlings, they would necessarily have had at least one previous infant to care for, so it could be expected that they would have at least some of the necessary equipment for their care, even if the foundling had to share with another child (something that was not prohibited). However, most wetnurses took in foundlings to support their households, so some may not have been able to provide separate bed-space.⁵⁵ The order could also have been designed to accustom infants to self-reliance during sleep, to develop strong bodies and minds accustomed to austere conditions in preparation for a heathy and industrious adulthood.⁵⁶ Once back in the Hospital, foundlings were separated from their foster families, and while it seems doubtful that the ordinance intended to minimise emotional attachment between

⁵⁰ 'Minutes', Vol. 1, 227.

⁵¹ 'Minutes', Vol. 1, 132.

⁵² McClure, *Coram's Children*, 205; Fildes, *Breasts, Bottles and Babies*, 169, 203; Fildes, *Wet Nursing*, 93–100; Lindemann, 'Health and Science', 169; Perry, 'Colonizing the Breast', 219–23.

⁵³ 'Minutes', Vol. 1, 103–104.

⁵⁴ Levene, *Childcare, Health and Mortality*, 92.

⁵⁵ Perry, 'Colonizing the Breast', 208.

⁵⁶ Handley, *Sleep in Early Modern England*, 47; Armstrong, *Account of the Diseases Most Incident to Children*, 172.

foundling and foster mother, denying children the presence of an adult while they slept may have been intended to encourage independence in sleep from an early age.⁵⁷

Infants were also sent with 'Two White Bays Blanketts' alongside their clothing.⁵⁸ Blankets were often used as an extra layer of infant clothing for warmth.⁵⁹ White blankets, while showing dirt more than coloured fabric, would presumably have been cheaper because they would not have needed dyeing, and as baize was woollen, it would have been almost impossible to wash anyway should it become soiled.⁶⁰

The Committee also proscribed the use of opiates, which was in keeping with cultural suspicion of hired wetnurses.⁶¹ In 1740 the minutes recorded that 'The Committee has been Informed that it is a very frequent, if not Universal Custom among Nurses, to give Opiates to quiet the Children when restless', and a decision was taken to ask the Royal College of Physicians for an opinion on 'whether that Custom is pernicious, and ought to be prevented'.⁶² Correctly anticipating the College's response, the minutes recorded that it had been decided to dismiss any nurse found to be administering 'strong Liquors or Opiates to any child', or even to own such substances.⁶³ The passage in the *Regulations* prohibiting nurses from giving children opiates was worded nearly identically to the passage in the minutes seventeen years earlier.⁶⁴ The order reproduces the trope that hired nurses used drugs to control children's sleep and waking patterns for their own comfort rather than allowing the child to develop its own natural rhythm.⁶⁵ The governors' expectations of rural wet nurses were in keeping with the anxieties in medical and didactic literature of the period explored further in chapter three.

On their return to the Hospital, children slept in wooden beds. The first order in 1745 requested that they 'be two Inches wider and half an Inch higher' than the 'Pattern

⁵⁷ For discussion of the emotional effects of the foundling experience, see Levene, 'Introduction', 108–10; Clark, 'Introduction', liii, lv–lvii; Berry, *Orphans of Empire*, 113–16.

⁵⁸ 'Minutes', Vol. 1, 104.

⁵⁹ Buck, *Clothes and the Child*, 43–44, 26. See also Dolan, 'Fabric of Life', 75–78, 71.

⁶⁰ Dolan, 'Fabric of Life', 50, 304.

⁶¹ 'Minutes', Vol. 1, 43, 45, 55; *Regulations for Managing the Hospital*, 27; Lindemann, 'Health and Science', 169.

⁶² 'Minutes', Vol. 1, 43.

⁶³ 'Minutes', Vol. 1, 45.

⁶⁴ 'Minutes', Vol. 1, 55; *Regulations for Managing the Hospital*, 27.

⁶⁵ Armstrong, *Account of the Diseases Most Incident to Children*, 171; Underwood, *Treatise on the Diseases of Children*, 265, 272.

delivered to the Hospital'.⁶⁶ Restless children, particularly when sharing space, risked falling out of bed, so while the extra width would have been both safer and more comfortable, the extra height could have been dangerous, as well as requiring extra wood to make, even if this would have made little difference in cost. In 1752, the Hospital received anonymous advice 'that the Children's Bed-Posts be immediately rounded', which the governors implemented, presumably to prevent foundlings from cutting their heads if they knocked against them rather than for aesthetic reasons.⁶⁷ The same year, the governors considered three rival bed designs for the new wing, two in iron and one in wood, and chose the latter as 'the most proper for the Use of this Hospital', although what made it so was not recorded.⁶⁸ It may have been cheaper, although this was arguably a false economy, because from 1753, a bedbug-exterminator was engaged to treat the beds and wards for pests, an increasing problem in eighteenth-century houses generally and a particularly acute issue in such a populous residential setting.⁶⁹ The pest-killer attended regularly, first offering his services at 4s per bed.⁷⁰ He treated at least sixty beds in 1754; was 'paid ten Pounds' in September 1755 and asked 'to examine the old Beds & Floor, and wash them over again, so as to be entirely clear', for which he billed the Hospital a further £8 8s in November for 'curing Ninety-two Beds... of Buggs'; and treated a further ninety beds in 1756.⁷¹

The children's sleep furniture changed while under the Hospital's care. In 1741, 'Forty six large Pillow Cases, and Sixty Cradle Pillow Cases' were ordered, the former presumably for the nurses and other staff, and the latter for the first intake of infants, presumably for use while infants awaited placement with a wet-nurse.⁷² On 22 May 1745, in anticipation of the first cohort's return to London aged five, 'Twenty Bedsteads' were ordered, and on 19 June 'twenty more small Bedsteads and six large ones for Nurses and Servants and six Bedsteads for the Children for the Infirmary'.⁷³ This would have accommodated eighty children, assuming all were healthy, given that

⁶⁶ 'Minutes', Vol. 2, 42.

⁶⁷ 'Minutes', Vol. 4, 8.

⁶⁸ 'Minutes', Vol. 4, 13.

⁶⁹ 'Minutes', Vol.4, 73. See also Sarasohn, 'That Nauseous Venemous Insect'; Handley, *Sleep in Early Modern England*, 60–61; Handley, 'Sleep-Piety and Healthy Sleep', 199; Pennell, 'Making the Bed', 39–41; Ekirch, *At Day's Close*, 294–95; Ekirch, 'Sleep We Have Lost', 353–55.

⁷⁰ 'Minutes', Vol. 4, 69, 73.

⁷¹ 'Minutes', Vol. 4, 166, 318; 'Minutes', Vol. 5, 7, 169.

⁷² 'Minutes', Vol. 1, 147; Levene, 'Introduction', x; Levene, 'Origins of the Children of the London Foundling Hospital', 206.

⁷³ 'Minutes', Vol. 2, 42.

Jacobsen intended beds to hold two children.⁷⁴ Beds in the infirmary may have been single-occupancy to reduce contagion and disturbance when sheets were soiled. Payments for beds were recorded in the minutes in June 1748 (£16.8.6), April 1749 (£3.12.0), and May 1751 (£40.15.6).⁷⁵ The beds were also adapted to the children's developmental stages. In the 1739 consultations on building design, the Montagu House proposal for '637 Beds to hold 521 Women, and 1,668 Children' would have left 116 beds not containing 'Women'; presumably some of these were intended for older boys, who could not with propriety have shared with women.⁷⁶ Faced with growing children, the governors purchased different sizes of bed. In 1750, 'Ten Beds of the larger sort for Children... and Bedding for the same' were ordered, by when the first intake of foundlings were about ten and would have grown considerably.⁷⁷ These were to 'be placed in the Roof in the Garret' for 'the Larger Boys'; no mention was made of new furniture for the girls.⁷⁸ The use of a separate space could have been to provide sufficient room for the new beds, or a reflection of the different behavioural and developmental needs expected of the different age groups. In 1752, 'Twenty more Bedsteads of a larger sort, & Twenty more of a smaller sort' were ordered for 'the New Wing', providing for up to 160 foundlings of different ages, assuming that they were all for children rather than attendants.⁷⁹ There was thus a clear progression in the bedding foundlings encountered: cradles as infants before fostering; small beds on their return to London; and finally larger beds to accommodate growing bodies. All of this furniture was purchased in anticipation of the needs of the first group of foundlings, spreading the cost over ten years and leaving the Hospital fully equipped for its entire population.

The governors ordered what they believed to be safe, high-quality bedding for the foundlings. In 1740, it was ordered 'That the Bedding to be used in this Hospital be Mattresses [*sic*] filled with the best Flock', although Alice Dolan argues that some mattresses at Ackworth were straw, and shows that in 1762 the branch ordered lower-quality flock, perhaps because of the price.⁸⁰ On top were 'upper Blanketts... under Blanketts..., And... Coverlet', and Dolan adds that two bolsters per bed 'support[ed] the

⁷⁴ 'Minutes', Vol. 1, 227.

⁷⁵ 'Minutes', Vol. 2, 282; 'Minutes', Vol. 3, 2, 222.

⁷⁶ 'Minutes', Vol. 1, 10.

⁷⁷ 'Minutes', Vol. 3, 169.

⁷⁸ 'Minutes', Vol. 3, 169.

⁷⁹ 'Minutes', Vol. 3, 294.

⁸⁰ 'Minutes', Vol. 1, 111; Dolan, 'Fabric of Life', 117.

children's heads'.⁸¹ This may have allowed children to sleep head-to-toe rather than side-by-side. In the Ackworth inventory, orders for blankets referred to them as coming in pairs, as in June 1757, when £6.9.0 was paid for '20 p of Blankets at 6/6 p', which might suggest that the blankets were doubled over for extra warmth and comfort.⁸² In 1745, 'Twenty Sutes of Bedding' costing £2.3.0 per set, and 'six Sutes' costing £2.0.6 were ordered to furnish the fifty-two beds for foundlings, nurses, and the infirmary.⁸³ While the twenty sets at the higher price were presumably for some of the forty children's beds purchased around this time, the six lower-priced sheets could have been for the infirmary or the servants. Using cheaper sheets for sick children would make sense, because they would have been more at risk of becoming soiled, as well as requiring more regular and rigorous washing. If infirmary beds were designed to only accommodate one child, they could have been smaller and required less fabric for the bedding. Given that the foundlings were the recipients of charity, there is no obvious reason servants' bedding would have been of worse quality than that of their charges, although servants may have slept singly, in which case they may also have had smaller beds despite being larger than the children. This order for bedding accommodated only half of the ordinary beds for the children, and either the nurses or the infirmary, so presumably other orders were made but not recorded.

Maintenance of furniture, linen, and bedding fell under the Matron's jurisdiction, with the oversight of the Steward, so presumably routine purchases of replacement furnishings as everyday use wore them through did not need ratifying by the General Committee in the way that big investments in large amounts of bed furnishings did.⁸⁴ Between 1757 and 1773, fifty-nine references to purchases or 'Carrige' of flock were made in the Ackworth inventory.⁸⁵ Handley argues that flock was 'cheap... [and] easily replaced, beaten and cleaned'.⁸⁶ This would have been ideal for mattresses intended for a large group of young children, especially because the trauma of separation from foster families may have increased their risk of bed-wetting.⁸⁷ Cheap, absorbent, disposable bedding may, therefore, have been particularly important for foundlings. The frequency of references to flock in the Ackworth inventory suggests that

⁸¹ 'Minutes', Vol. 1, 111; Dolan, 'Fabric of Life', 117.

⁸² 'Inventory', n.p.

⁸³ 'Minutes', Vol. 2, 61.

⁸⁴ 'Minutes', Vol. 1, 45; *Regulations for Managing the Hospital*, 23.

⁸⁵ 'Inventory'.

⁸⁶ Handley, *Sleep in Early Modern England*, 59.

⁸⁷ Wm. Lane M. Robson and Alexander K.C. Leung, 'Secondary Nocturnal Enuresis', *Clinical Pediatrics* 39, no. 7 (July 2000): 380; Berry, *Orphans of Empire*, 116.

mattresses may have been replaced or restuffed regularly.⁸⁸ This may have been in response to soiling or general wear, although the flock may have been bought for other reasons too, because there is no commentary on the purchases.

A disciplined bed-culture

The governors demanded a tightly regulated routine in which sleep, waking, and housework associated with the bedroom were all prescribed in detail. A disciplined approach to sleep was part of daily performances of piety, while long periods in bed were associated with luxury and the sin of sloth.⁸⁹ Given popular perception that foundlings had dubious social and moral origins, accustoming them to early rising and immediate application to work was an appropriately ascetic regime.⁹⁰ It was also necessary to ensure that all the children were doing the same thing at the same time, to enforce supervision and discipline. Ward nurses were responsible for ensuring that children rose on time: 'Five o'Clock in Summer, and Seven in the Winter', and that they left the wards within fifteen minutes for their first chores.⁹¹ Many workhouses, and day and boarding schools, also had different start-times: Shrewsbury School, founded in 1552, ordered that

scholars shall come to school in the morning from the Feast of the Purification of Our Lady [2 February] to the Feast of All Saints [1 November] at six of the clock, and from the Feast of All Saints until the Feast of the Purification at seven of the clock[,]

and at Sidcot School, founded by the Society of Friends in 1807, boys were 'To rise at six o'clock during eight months in the year and at seven in the four winter months', while girls were to rise at the same time, 'or earlier if required for domestic employments'.⁹² The workhouse at Allhallows, London, required

⁸⁸ Dolan, 'Fabric of Life', 116.

⁸⁹ Handley, *Sleep in Early Modern England*, 72–81; Handley, 'From the Sacral to the Moral', 32–37; Handley, 'Sleep-Piety and Healthy Sleep', 188–95.

⁹⁰ Levene, 'Origins of the Children of the London Foundling Hospital', 201–2; Clark, 'Introduction', xi–xii; Levene, *Childcare, Health and Mortality*, 5; McClure, *Coram's Children*, 9–10.

⁹¹ *Regulations for Managing the Hospital*, 39.

⁹² *An Account of Several Work-Houses*, which also described a number of charity schools, lists nine examples which had different summer and winter sleeping periods. *Account of Several Work-Houses*, 18, 29, 39, 40, 50, 75, 107, 138–39, 176; quoted in Philip Cowburn, "'Near unto the Castle Gate... upon a Goodly Prospect": Some Records of the Early Years', in *A Salopian Anthology: Some Impressions of Shrewsbury School during Four Centuries*, ed. Philip Cowburn (London: Macmillan and Co. Ltd, 1964), 7–8; 'Extracts from the Minutes of Sidcot School, 1808–

That all healthful and strong people... rise in the Summer at 5 or 6, and go to Bed at 9 a Clock; and in Winter be up by 8, and go to Bed by 8, or sooner, to save Firing and Candle.⁹³

Both medical and moralist literature tended to prescribe a maximum of eight hours' sleep for adults, and many considerably less.⁹⁴ The Allhallows inmates would have got this in summer, but in winter they would have had up to twelve hours' slumber. This was an extreme example, but as institutions designed to extract labour and instil discipline in their inmates, the savings in heating and lighting evidently outweighed the moral imperative to be awake and working.

Foundlings were to breakfast 'At 8 in Summer, and 9 in Winter', by when they were to have already started their housework or gardening, depending on gender.⁹⁵ Girls' pre-breakfast chore was helping each ward's nurse 'clean the House, make the Beds, and do the Houshold [sic] Business'.⁹⁶ A Shrewsbury school alumnus recalled how in his 1860s childhood, 'First Lesson 8 to 9... was endured under a cloud of hunger', because chapel began at 7.30 and breakfast was not until 9; for foundlings, employed in physical chores rather than sedentary lessons, this must have been more acute.⁹⁷ The early start, followed by work before breakfast, prepared foundlings for their futures in domestic or military service, or other employment in the 'lower ranks' of society.⁹⁸ The strict discipline of this timetable also reflected the governors' concern to demonstrate that the children were not offered a more privileged lifestyle than the children of the hardworking poor outside the Hospital's walls.⁹⁹

65', quoted by Roberts, *Sidcot Pageant*, 86, 88; Norman G. Brett James, *The History of Mill Hill School, 1807-1907* (London: Andrew Melrose, 19??), 34; David W. Bolam, *Unbroken Community: The Story of the Friends' School, Saffron Walden, 1702-1952* (Saffron Walden: Friends' School, 1952), 15; M. Claire Cross, *The Free Grammar School of Leicester* (Leicester: University College of Leicester, 1953), 26-28; Margaret M. Kay, *The History of Rivington and Blackrod Grammar School* (Manchester: Manchester University Press, 1931), 127.

⁹³ *Account of Several Work-Houses*, 75.

⁹⁴ Buchan, *Domestic Medicine*, 97; Handley, 'From the Sacral to the Moral', 32-33; Handley, *Sleep in Early Modern England*, 77-81. See also Handley, 'Sleep-Piety and Healthy Sleep', 192; Schmidt, 'Wasted Days and Wasted Nights'.

⁹⁵ *Regulations for Managing the Hospital*, 39-41.

⁹⁶ *Regulations for Managing the Hospital*, 41.

⁹⁷ Derek Hudson, 'Eminent Salopians. A Nineteenth-Century Study', in *A Salopian Anthology: Some Impressions of Shrewsbury School during Four Centuries*, ed. Philip Cowburn (London: Macmillan and Co. Ltd, 1964), 83.

⁹⁸ McClure, *Coram's Children*, 125-28.

⁹⁹ McClure, *Coram's Children*, 9, 47-48, 126-28.

Despite being prescribed as healthy, practical, and educationally and morally sound, this tight schedule may have fitted uncomfortably with the children's needs. As bedtime was at nine, and children were expected to rise at 'Five o'Clock in Summer, and Seven in the Winter', they theoretically had eight hours to sleep in summer, and ten hours in winter.¹⁰⁰ In practice, most children would probably have had less than this, when time taken to drop off and the possibility of sleep disturbances are accounted for.¹⁰¹ Medical authors rarely prescribed exact amounts of sleep for children, much less tailoring this to different ages. William Cadogan, whose *Essay Upon Nursing, and the Management of Children* was adopted by the Hospital as its guide to bringing up infants, did not discuss how long children should sleep, although his ambiguous advice that 'Nurses [should] keep the Children awake by day, as long as they are disposed to be so' suggested that he recognised that children naturally have a different sleep rhythm to adults.¹⁰² By the time they returned to the Hospital, foundlings were over the age of five and could be expected to have acclimatised to the rhythm of waking in the day and sleeping at night with which young infants cannot comply.¹⁰³ Buchan cautioned that 'lying a bed for nine or ten hours' did not make for high-quality sleep, but this referred to adults rather than children.¹⁰⁴ Buchan advised that 'Children may always be allowed to take as much sleep as they please', and gave no advice on when or how this should be reduced, although for adults he prescribed a maximum of eight hours.¹⁰⁵ Buchan's suggestion that children be allowed to choose how much sleep they had was clearly impractical for an institution which had to care for a large number of children.¹⁰⁶ In practical terms, a regular sleeping pattern was necessary to ensure both the Hospital's smooth running, and adequate supervision of foundlings; there was not capacity to permit flexibility in the children's timetables. Furthermore, foundlings were trained to occupy the lowest tier in society; they were expected to work as labourers, servants, and in the military, and the governors intended that they be acclimatised early to their future lifestyles.¹⁰⁷ Discipline, understood both as work ethic and maintaining order, was thus both an institutional and an ideological necessity.

¹⁰⁰ *Regulations for Managing the Hospital*, 40.

¹⁰¹ *Regulations for Managing the Hospital*, 40.

¹⁰² William Cadogan, *An Essay Upon Nursing and the Management of Children from the Birth to Three Years of Age* (London: Robert Horsfield, 1772), 40; McClure, *Coram's Children*, 172, 191–93.

¹⁰³ Clark, 'Introduction', xiii, lv.

¹⁰⁴ Buchan, *Domestic Medicine*, 97–98.

¹⁰⁵ Buchan, *Domestic Medicine*, 97.

¹⁰⁶ McClure, *Coram's Children*, 125–28, 219–21, 223, 233.

¹⁰⁷ McClure, *Coram's Children*, 47, 126–28.

Like many households, the foundlings' days were bracketed with morning and evening prayers, which were instituted before they were resident at the London site. Domestic piety required a strict regime of prayer in the morning and at night, with at least nightly prayers held as a household.¹⁰⁸ In April 1742, while all the foundlings in the Hospital's care would still have been with wet nurses, the governors mandated morning and evening prayers; in November it was confirmed that they were held.¹⁰⁹ Whether these required a special gathering or were held in the wards is unclear; it seems likely that they were formal, whole-community prayers that might have been supplemented by prayers immediately before bed. Schools incorporated prayer into the timetable too, either on arrival departure in day-schools, or before breakfast and bed in boarding establishments, and workhouses also had morning and evening prayers.¹¹⁰ In 1753, 'a very eminent & learned Clergyman' recommended a set form of prayers which the Foundling governors had printed, either for internal use or to raise funds or public awareness of the Hospital.¹¹¹ The 'Morning Prayer' thanked God for the foundlings' advantages; begged help in behaving well; asked for protection during the day; and thanked the governors and the Hospital's 'Benefactors'.¹¹² The 'Evening Prayer' thanked God for 'preserv[ing] me this Day' and 'beg[ged] Forgiveness of every Sin'.¹¹³ It continued 'May nothing disturb my Rest this Night; vouchsafe me such refreshing Sleep, as may fit me for the Duties of the following Day', and meditated on the possibility of death.¹¹⁴ These were conventional sentiments; many evening and midnight prayers in religious handbooks advocate similar reflections on mortality.¹¹⁵

The routines prescribed by the governors seem orderly and detailed; even the hospital's morning and evening prayers were instituted before any children returned there. In practice, bedtimes were more chaotic, doubtless partly because of the difficulties of organising large groups of children, but also because the Hospital's popularity as a tourist attraction had not been anticipated or legislated for. In 1746,

¹⁰⁸ Handley, *Sleep in Early Modern England*, 72–74, 86–94; Handley, 'From the Sacral to the Moral', 29–32; Handley, 'Sleep-Piety and Healthy Sleep', 189–92.

¹⁰⁹ 'Minutes', Vol. 1, 210, 255.

¹¹⁰ See for example Cowburn, 'Near unto the Castle Gate', 8, 14–15; *Account of Several Work-Houses*, 17, 138, 154.

¹¹¹ 'Minutes', Vol. 4, 138–40.

¹¹² 'Minutes', Vol. 4, 138–39.

¹¹³ 'Minutes', Vol. 4, 139.

¹¹⁴ 'Minutes', Vol. 4, 139–40.

¹¹⁵ On prayer, see Handley, *Sleep in Early Modern England*, 86–90; Handley, 'From the Sacral to the Moral', 30–32; Handley, 'Sleep-Piety and Healthy Sleep', 188–92.

when the first intake of children were newly returned to the Hospital, it was recorded that

The Committee having been Informed That several Persons come to see the Children after they were in Bed which disturbing their Rest

Resolved

That the Bell be rung for the Children in this Hospital to go to Bed at Seven in the Evening and the Wards to be cleared and locked up at half an hour after Seven, and no person is to be admitted to the said Wards after that Hour[.]¹¹⁶

It is notable that the bedtime here was two hours earlier than that prescribed in the *Regulations*, printed eleven years after this discussion; presumably the bedtime hour had been pushed back once the lack of visitors had become part of the routine, or perhaps these two hours were required for the children's bedtime preparations.¹¹⁷ Visitors interested in the Foundling Hospital were allowed to watch the children doing everyday activities, especially attending the chapel; visiting was a popular pastime among the rich and philanthropic, raising the Hospital's profile and encouraging donations.¹¹⁸ It also demonstrated that funds were used responsibly. However, it seems obvious that allowing strangers to observe children trying to rest would be disruptive, especially as I have found no evidence that sleeping children were a particular source of sentimental interest even at the height of the cult of sensibility later in the century.¹¹⁹ The 1746 prohibition was evidently insufficient, because in 1753 the governors again

Resolved

That no Man be permitted to go into the Girls' Ward but in the Presence of a Governor[.]

and again in 1755

¹¹⁶ 'Minutes', Vol. 2, 106-107.

¹¹⁷ *Regulations for Managing the Hospital*, 40.

¹¹⁸ McClure, *Coram's Children*, 65-72; Berry, *Orphans of Empire*, 70-79; Steward, *New Child*, 164; Pugh, *London's Forgotten Children*, 31-32, 71-78.

¹¹⁹ There are almost no depictions of children in beds in any museum or art gallery catalogue consulted, and few of children sleeping in pastoral or other settings.

That the Matron & Steward do order all y^e Nurses not to allow any person, either Man or Woman, to come into the Wards, or have any conversation with the Boys or Girls... out of the Sight of the Nurses, except in the Presence of a Governor.¹²⁰

The tone of these later prohibitions, particularly the former, suggests that some visitors to the wards had sinister intentions beyond voyeurism. An unexpected side-effect of the Hospital's popularity with visitors was that they interfered with the smooth running of daily tasks, and even threatened the children's safety. While other institutions such as Bethlem Hospital and Christ's Charity School also received visitors who viewed the inmates, the Foundling Hospital was unique as an institution dedicated to children's residential care, which meant visitors could impose new types of disruption. The governors had to find new ways to balance visitors' demands with the children's needs.¹²¹

Conclusion

While Handley has established how domestic sleeping spaces for adults were arranged and used, institutions had very different problems and needs when preparing spaces that could be kept appropriately clean, ordered, and house enough inmates.¹²² However, apart from Crook's study of nineteenth-century prisons, workhouses, and hospitals, sleep has been treated as a footnote to more general studies of institutions, even though it took up the largest proportion of inmates' time.¹²³ Although the standards adhered to (and deemed acceptable) varied depending on the moral status of the inmates and the priorities of those running and funding the institution, the need for slumber had to be built into the design and routine of institutions. Workhouse, school, prison, hospital, and military and naval records could all usefully supplement this study and extend its conclusions to institutions that housed adults alongside or instead of children, as well as establishing how inmates of different moral and social standing were expected to sleep together. This would supplement existing research into other aspects of institutional life, such as discipline and routine, as well as accounting for one of the most important capital outlays required of residential institutions which have generally been studied only in the context of laundry regimes

¹²⁰ 'Minutes', Vol. 4, 97, 311.

¹²¹ On visitors to London hospitals, see Stevenson, *Medicine and Magnificence*, 38–44.

¹²² On domestic sleeping spaces, see Handley, *Sleep in Early Modern England*.

¹²³ Crook, 'Norms, Forms and Beds', 15–35.

rather than quotidian experience.¹²⁴ As the previous chapter suggested, extending research into nineteenth-century residential institutions' provision for slumber would also assist in dating and explaining the decline of bedsharing, which was the norm in most eighteenth-century institutional contexts.

As the sole eighteenth-century British institution dedicated specifically to the residential care of infants and children, and a new foundation which kept meticulous records of its decision-making and expenditure, the Foundling Hospital is particularly useful in establishing some of the parameters of institutional slumber. Because its decision-making is so meticulously preserved from the very first meeting of its governing committee, it is possible to trace at least the intended parameters of the material and disciplinary provisions for inmates from the Hospital's inception; an observation of particular importance because details about sleep decline in the records once it was part of the routine and environment to be maintained rather than established. In setting up the new institution, sleep briefly became a novel problem, drawing aside the veil of mundanity and custom which often obscures the practice of slumber in documents dedicated to the everyday both in domestic and institutional contexts.

The Foundling Hospital's governors replicated many of the cultural attitudes to children's sleep held by the middling sort, from whom their most active members were drawn.¹²⁵ This included suspicion of the conditions provided by wet-nurses, a graduated environment where children moved from cradle to bed, and a regular timetable supposedly balancing sufficient rest bracketed by prayer with the imperative to activity. This was supposed to prepare the children for their futures in lowly employment rather than engendering luxurious, slothful habits. Material provision for the foundlings was adapted to their stage of physical development, which had the side-effect of spreading the cost of equipping the Hospital over ten years.

Despite its apparently meticulous planning, the governors' intentions sometimes broke down when dealing with unexpected challenges like the unprecedented influx of visitors interested in seeing the children's bedtime.¹²⁶ That this problem arose in the first place demonstrates that the common-sense decision that the children's sleeping

¹²⁴ On institutional laundry regimes, and bedding, see for example Dolan, 'The Fabric of Life', 107-46; Falcini, 'Cleanliness and the Poor', 140-297.

¹²⁵ On the Foundling governors, see McClure, *Coram's Children*, 167-70.

¹²⁶ 'Minutes', Vol. 2, 106-107; 'Minutes', Vol. 4, 97, 311; McClure, *Coram's Children*, 72.

quarters needed to be kept away from prying visitors could only be taken as a reaction to a situation that had arisen in which this needed to be explicitly decided. Such decisions must have been common in other newly founded eighteenth-century institutions writing their own norms on how internal affairs should function. Attention to perceived needs for sleep, or other provisions like food, religious observances, and so forth, and the challenges institutions faced in providing these, sheds light on the growth of managerial expertise in the expanding philanthropic sphere and the changing ways that inmates, staff, and visitors used these spaces.

The sleep-related evidence in the documents examined here also suggests some aspects of the foundlings' possible experiences of sleep in the Hospital. While the governors evidently tried to provide an adequate material environment for slumber, shared beds and large wards filled with children must have led to frequent sleep-disturbances from misbehaviour, illness, or distress. Although the timetabled sleep period appeared to provide adequate time for foundlings' rest, in practice, disturbances must have reduced sleep quality and quantity for many inmates. While these conclusions about foundling experience can easily be overstated, and some of those proposed here are heavily informed by current thinking about sleep and child development, historians interested in the subjective experience of institutional life may gain insight by reading against the grain of minutes and other records to examine the possible implications of particular material provision and regulations, such as bedtimes or numbers of sleepers in a given space, to inform their understanding of how institutions functioned and how this affected inmates.

The Foundling Hospital governors were influenced by contemporary medical theory, drawing on advice from professionals both in the infirmary and advising the governors.¹²⁷ The following chapter explores medical advice about sleep in the 1780s, to establish the medical controversies and concerns that parents were encouraged to consider in their children's sleep.

¹²⁷ Pugh, *London's Forgotten Children*, 58–59; McClure, *Coram's Children*, 167, 169, 175, 205–18.

Chapter Three: 'If It is But a Right Sleep': Medical Advice on Infant Sleep

Treating young children, George Armstrong claimed in 1783, 'is working in the dark': infants 'are not capable of expressing their complaints by words', and even after learning to speak, they 'will very likely give you no answer at all, or one that you can make nothing out of'.¹ Children's inability to communicate posed particular problems for physicians who relied on patient descriptions of their symptoms rather than physical examinations to make diagnoses.² Fortunately, Armstrong had a solution: 'the very symptoms themselves will... speak for them in so plain a manner as to be easily understood'; 'even the nurses about them know' the cause of some symptoms.³ Armstrong depicted children's bodies as communicative objects that could be "read" for insight into their wellbeing. Early modern and nineteenth-century childrearing, midwifery, and medical advice manuals often advised parents to examine infants' and children's bodies closely for visible, audible, and tactile evidence about their physical state.⁴

This chapter explores how adults attempted to evaluate children's sleep as evidence for their state of health and the quality of their nursing care. It also examines the role of sensibility in medical advice about children's sleep. Sasha Handley shows that sensibility made some sleep disorders fashionable, as sleep disruption came to signify particular sensitivity to emotional or sensory disturbances.⁵ This chapter explores the interaction between medical theory and fashionable sensibility in interpretations of a contested childhood disease, the 'inward fits'.⁶ Where Clark Lawlor and Ashleigh Blackwood argue that medical poetry made regimen advice palatable and comprehensible to popular audiences, this chapter demonstrates that cultural

¹ Armstrong, *Account of the Diseases Most Incident to Children*, 3–7.

² Newton, *Sick Child*, 64–65; Roy Porter and Dorothy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), 74–76; Wayne Wild, *Medicine-By-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature* (Amsterdam: Rodolphi, 2006), 17; Armstrong, *Account of the Diseases Most Incident to Children*, 3–8; Underwood, *Treatise on the Diseases of Children*, 4.

³ Armstrong, *Account of the Diseases Most Incident to Children*, 5.

⁴ Astbury, 'Ordering the Infant', 83–96; Kathleen Brown, 'The Maternal Physician: Teaching American Mothers to Put the Baby in the Bathwater', in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles E. Rosenberg (Baltimore: Johns Hopkins University Press, 2003), 100–102.

⁵ Handley, *Sleep in Early Modern England*, 37, 181–210; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', 310.

⁶ Armstrong, *Account of the Diseases Most Incident to Children*, 12–20.

movements like the cult of sensibility also affected medical advice.⁷ The ‘fits’ disrupted sleep, but they were the result of improper digestion and evacuation.⁸ Finally, the chapter extends the discussion about routine begun in chapter two. Where the Foundling Hospital’s sleep and waking practices were inflected by practical and ideological considerations about morality and status, medical advice about children’s sleep was concerned with the best ways of instilling a regular diurnal rhythm that allowed children to conform with adult timetables.

The chapter focusses on three advice manuals published by medical professionals, all of whom practised in London and spent time working for philanthropic organisations which catered for infants or children. George Armstrong (1719/20-1789) was born in Scotland, trained in Edinburgh, and moved to London without taking his M.D.⁹ He initially practised under the radar of the Royal College of Physicians, obtaining his degree in 1769.¹⁰ Armstrong founded and ran the London Dispensary for the Infant Poor, and in 1767 published *An Essay on the Diseases Most Fatal to Infants* which went through two editions before being republished under the title *An Account of the Diseases Most Incident to Children, from the Birth Till the Age of Puberty*, the second and final edition of which was published in 1783.¹¹ Despite their different titles, the *Account* is an expanded version of the *Essay*; it is more complete, better organised, and has a contents page that enables its use as a reference work. The 1783 edition of the *Account* used here was effectively the fourth edition of Armstrong’s work on child health. Despite nominally discussing ‘*Children, from the Birth till the Age of Puberty*’, much of the text retains its original focus on infant health and regimen.¹²

⁷ Clark Lawlor and Ashleigh Blackwood, ‘Sleep and Stress Management in Enlightenment Literature and Poetry’, *Interface Focus* 10, no. 3: Sleep and Stress, Past and Present (June 2020): 5, 8–9.

⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 12, 14–15.

⁹ William J. Maloney, *George and John Armstrong of Castleton: Two Eighteenth-Century Medical Pioneers* (Edinburgh: E and S Livingstone, 1954), 11, 16–17, 25; Margaret DeLacy, ‘Armstrong, George (1719/20-1789)’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <http://www.oxforddnb.com/view/article/656>; P.M. Dunn, ‘George Armstrong MD (1719-1789) and His Dispensary for the Infant Poor’, *Archives of Diseases in Childhood - Fetal and Neonatal Edition* 87 (2002): F228.

¹⁰ Maloney, *George and John Armstrong of Castleton*, 33–37, 61; DeLacy, ‘Armstrong, George’; Dunn, ‘George Armstrong’, F230.

¹¹ George Armstrong, *An Essay on the Diseases Most Fatal to Infants. To Which Are Added Rules to Observed in the Nursing of Children, With a Particular View to Those Who Are Brought Up by Hand* (London: T. Cadell, 1767); Armstrong, *Account of the Diseases Most Incident to Children*.

¹² Armstrong, *Account of the Diseases Most Incident to Children*.

William Buchan (1729-1805) was also an Edinburgh-trained Scottish physician, who did receive his medical degree.¹³ He spent his early career working for the Ackworth branch of the Foundling Hospital, then practised in Sheffield and Edinburgh before moving to London in 1778.¹⁴ His *Domestic Medicine: Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* was first published in 1767, the same year as Armstrong's *Account*, but was on its eighth edition the year after Armstrong published his fourth, and continued in print into the later nineteenth century, with over 100 editions in Britain, America, and seven European languages.¹⁵ Buchan's text remained fairly stable after the third edition, and was structured for ease of use by a lay reader.¹⁶ Buchan gave advice for adults and the elderly as well as for children, meaning his work was more generally useful than Armstrong's specialist volume, which is one reason for the significantly higher number of editions *Domestic Medicine* went through in almost the same period.¹⁷ Buchan devoted two chapters to children, as well as making distinctions between adult and child diseases and treatment in general chapters.¹⁸ *Domestic Medicine* indicates how child sleep was believed to differ from that of adults, and offers a contrast to the other texts examined here.

Michael Underwood, 1737-1820, born in Surrey, was apprenticed as a surgeon, specialising as a man-midwife, receiving a College of Physicians licence in 1784 and working at the British Lying-in Hospital, London.¹⁹ Underwood trained briefly in Paris, but never attended a university or became a physician, although his *Treatise* contains

¹³ Christopher Lawrence, 'Buchan, William (1729-1805), Physician and Author', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), www.oxforddnb.com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-3828; C.J. Lawrence, 'William Buchan: Medicine Laid Open', *Medical History* 19, no. 1 (January 1975): 20–21.

¹⁴ Lawrence, 'Buchan, William'; Lawrence, 'William Buchan', 21.

¹⁵ Buchan, *Domestic Medicine*; Lawrence, 'Buchan, William'; Lawrence, 'William Buchan', 20; Charles E. Rosenberg, 'Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*', *Bulletin of the History of Medicine* 57, no. 1 (Spring 1983): 22.

¹⁶ Lawrence, 'Buchan, William'; Rosenberg, 'Medical Text and Social Context', 24, 39–42; Lawrence, 'William Buchan', 32, and 32 fn. 1.

¹⁷ Rosenberg, 'Medical Text and Social Context', 24, 36, 38.

¹⁸ Buchan, *Domestic Medicine*, 1–41, 601–28; see also 97, 347, 705 for examples of Buchan's child-specific advice in the context of general health advice.

¹⁹ Michael Bevan, 'Underwood, Michael (1737-1820), Man-Midwife and Surgeon', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <http://www.oxforddnb.com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28000>; W.J. Maloney, 'Michael Underwood: A Surgeon Practising Midwifery from 1764 to 1784', *Journal of the History of Medicine* V, no. Summer (July 1950): 290, 294, 296–99, 303, 305, 308–10.

mainly medical rather than surgical advice.²⁰ He published his *Treatise on the Diseases of Children, with Directions for the Management of Infants from the Birth* in 1784, and remained popular into the nineteenth century.²¹ Most biographers of Armstrong agree that Underwood ‘borrowed many of Armstrong’s ideas... supplanted Armstrong’s book and damaged his reputation’, and it is true that Underwood took issue with much of Armstrong’s approach to children’s medicine, and that he included advice very similar to Armstrong’s, although Underwood’s biographers do not acknowledge this alleged plagiarism.²² Armstrong’s ill health may be the reason he never responded to Underwood’s criticism or published another edition of the *Account* during his lifetime.²³

The chapter uses the 1783 edition of Armstrong’s *Account*, and the 1784 editions of Buchan’s *Domestic Medicine* and Underwood’s *Treatise*, because they reflect the state of debate about infant sleep in a very narrow period, and Underwood was responding, however disingenuously, to Armstrong’s work.²⁴ As Hannah Newton observes, it is impossible to know how far printed medical advice was followed, but the number of editions of all three texts indicates that they were popular with the public.²⁵ While all three use the word ‘child’ in their discussions of youthful sleep, they mostly refer to infants rather than to older children. Although the boundary between infant and child is blurred, here it refers to youngsters at or below the age of weaning. The exception is when Armstrong, Buchan, or Underwood discussed sleep in the context of disease; although some of the diseases discussed were infant-specific, others could be caught by children of any age. In this chapter, ‘child’ may be read synonymously with ‘infant’ unless otherwise specified.

²⁰ Bevan, ‘Underwood, Michael’; Maloney, ‘Michael Underwood’, 297.

²¹ Underwood, *Treatise on the Diseases of Children*; Maloney, ‘Michael Underwood’, 289.

²² DeLacy, ‘Armstrong, George’; see also Maloney, *George and John Armstrong of Castleton*, 84, 88; Dunn, ‘George Armstrong’, F231. On Underwood, see Bevan, ‘Underwood, Michael’; Maloney, ‘Michael Underwood’, 289–314.

²³ DeLacy, ‘Armstrong, George’; Maloney, *George and John Armstrong of Castleton*, 82, 84–85; Dunn, ‘George Armstrong’, F231. Ernest Caulfield suggests that the 1783 edition of Armstrong’s *Account*, was published posthumously, having died in 1782 or 1783, but the consensus in more recent research is that Armstrong survived until 1789, despite having had a stroke in 1781. Ernest Caulfield, *The Infant Welfare Movement in the Eighteenth Century* (New York: Paul B Hoeber, 1931), 172–74.

²⁴ Armstrong, *Account of the Diseases Most Incident to Children*; Buchan, *Domestic Medicine*; Underwood, *Treatise on the Diseases of Children*.

²⁵ Newton, ‘Children’s Physic’, 458; Newton, *Sick Child*, 15; Rosenberg, ‘Medical Text and Social Context’, 22, 41; Lawrence, ‘William Buchan’, 20, 32.

Sickly sleep

Underwood attacked Armstrong about the latter's chapter on 'Inward Fits', which Armstrong claimed were 'the first complaint that appears in children... most, if not all, infants... are more or less liable to them'.²⁶ A child with this disease 'appears as if it was asleep, only the eyelids are not quite closed'; the face was pulled into 'something like a simper or a smile'; the breathing was irregular; the face developed 'pale circle[s] about the eyes and mouth'; and 'the child starts, especially if you go to stir it, though never so gently. Thus disturbed, it sighs, or breaks wind.... but presently relapses into the dozing'.²⁷ Although the child might grow out of them, if not brought under control, the fits were 'a certain prelude to something worse'.²⁸ Armstrong warned that nurses must be attentive to the initial symptoms, and take care either to prevent their onset by ensuring that the child 'has broken wind upwards or downwards two or three times' between feeding and lying it down to rest, or intervening to procure 'a gentle puke' when the first symptoms appeared.²⁹

Armstrong's description of the inward fits demonstrates that the quality of sleep was as important in medical advice as material preparations for it. Buchan, Armstrong, and Underwood all noted that medical professionals were often wary of treating child patients, whose ability to communicate their ailments was limited or non-existent, and all three advised close attention to the child's physical behaviours for insight into its state of health.³⁰ For Armstrong, the inward fits was one of the more urgent instances where children's sleep gave insight into physical health, a conclusion confirmed in the section on healthy sleep, in which Armstrong qualified his assertion that 'the more [an infant] sleeps at first the better' with the proviso 'if it is but a right sleep, and not the inward fits'.³¹ This, in Armstrong's work, set a standard of ideal, healthy sleep, with unhealthy or "wrong" sleep as its opposite, of which the inward fits were the most dramatic example.

²⁶ Armstrong, *Account of the Diseases Most Incident to Children*, 12–20.

²⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 12–13.

²⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 16–17.

²⁹ Armstrong, *Account of the Diseases Most Incident to Children*, 15–17.

³⁰ Armstrong, *Account of the Diseases Most Incident to Children*, 3–8; Buchan, *Domestic Medicine*, 6–7; Michael Underwood, *A Treatise on the Diseases of Children, with Directions for the Management of Infants from the Birth* (London: J. Mathews, 1784), 4–9. See also Levene, 'Childhood and Adolescence', 326–28, 332; Caulfield, *Infant Welfare Movement*, 21; Benzaquén, 'The Doctor and the Child', 19.

³¹ Armstrong, *Account of the Diseases Most Incident to Children*, 170.

Inward fits were a contested diagnosis. Contemporary medical authors disagreed with Armstrong's assessment of the condition. Buchan only mentioned in passing that infants sometimes suffered from 'what the good women call inward fits', with no comment on their seriousness, their symptoms, or their treatment, evidently assuming that what 'the good women' recognised was sufficiently familiar and unimportant as to require no elaboration, despite his general opposition to female medical treatment of children.³² He also did not link the fits with sleep. By contrast, Underwood spent several pages explaining why the inward fits 'scarcely deserves the name of a disease'.³³ In Underwood's view, Armstrong needlessly 'alarm[ed] many a fond mother' over a harmless episode of wind, which, 'if this... should arise from constant over-feeding, it were endless to administer emetics' to resolve.³⁴ Worse, Armstrong endangered children's lives by encouraging nurses to over-react when 'children are perfectly well', while 'treating the true convulsion, whilst slight, in the same way'.³⁵ Underwood's attack undermined Armstrong's professional credibility by accusing him of misdiagnosis and confusing those responsible for childcare. Underwood also took the opportunity to demonstrate his own superior sensibility, and to encourage his readers in the indulgence of their own.³⁶ In his view, 'the most agreeable smile' so mistakenly denounced by Armstrong was one 'which whoever has noticed [it], must have beheld it with pleasure': to reassure his readers of the validity of this emotion, Underwood attested to personally having 'always gazed at it with delight'.³⁷ Kate Retford argues that artists and their audiences used pictures depicting displays of affection between parents and their children to display their own 'sensitiv[ity]'.³⁸ Similarly, Underwood's display of his emotional reaction to children's features, combined with his assumption that his readers experienced similar feelings, demonstrated his natural sympathy with the emotions parents would feel in a perfectly safe, non-pathological context. Nonetheless, Underwood acknowledged that 'If the child should sleep too long, and this smile should often return', it was proper to intervene to 'bring a little wind from its stomach', so it could 'sleep again quietly'.³⁹ Underwood implicitly acknowledged that children could be subject to sleep disturbances that were

³² Buchan, *Domestic Medicine*, 602.

³³ Underwood, *Treatise on the Diseases of Children*, 26–31.

³⁴ Underwood, *Treatise on the Diseases of Children*, 26–27, 30.

³⁵ Underwood, *Treatise on the Diseases of Children*, 28.

³⁶ Underwood, *Treatise on the Diseases of Children*, 30.

³⁷ Underwood, *Treatise on the Diseases of Children*, 27–28.

³⁸ Retford, *Art of Domestic Life*, 98–99, 121.

³⁹ Underwood, *Treatise on the Diseases of Children*, 28–29.

linked with digestive problems, even if this was a less severe condition in his view than in Armstrong's.

The 'inward fits' were still discussed in William Nisbet's *Clinical Guide* (1800), which claimed that their 'symptoms are most severe in sleep, when they are often attended with an appearance of smiling, or else an expression of grief and pain'.⁴⁰ However, in Nisbet's description of the 'inward fits' in his *Clinical Pharmacopoeia* of the same year there was no mention of sleep, and many other works on child health also omitted either slumber as a contributing symptom, or the disorder in its entirety.⁴¹

Underwood's concern to convince parents that the inward fits were not a real disease, and Buchan's acknowledgement of their existence, indicates that they were a popularly recognised disorder among parents and nurses, regardless of professional medical opinion, which either discounted the severity of the disorder or ignored it completely.

The inward fits are an extreme example of the way disordered sleep could be interpreted as a symptom of disease in children, but their symptoms were subtle: changes in facial appearance and breathing which a carer would need to pay consistent attention to notice.⁴² Other sleep symptoms were more obvious. Underwood's chapter on 'WANT OF SLEEP' claimed sleeplessness was 'frequently a symptom of... complaints' discussed in the previous chapter on 'COSTIVENESS and WIND', which would 'be removed by opening the belly' with medicines.⁴³ Armstrong had no chapter on costiveness or related disorders, but given the relation between wind and the inward fits, Underwood probably used this as camouflage for the similarity between his own advice and Armstrong's, despite his criticism of Armstrong's passage on the inward fits.⁴⁴ Similarly, among the many symptoms of worms, Armstrong included 'grinding the teeth in the sleep, starting and calling out while asleep, [and] sleeping with the eyes half open'; Buchan identified 'starting and grinding of the teeth in sleep'; and Underwood mentioned 'startings in the sleep', although 'grinding of the teeth' was not

⁴⁰ William Nisbet, *The Clinical Guide; or, A Concise View of the Leading Facts on the History, Nature, and Treatment, of the State and Diseases of Infancy and Childhood... Part 4* (London: J. Johnson and Edinburgh: J. Watson, 1800), 46.

⁴¹ William Nisbet, *The Clinical Pharmacopoeia; or, General Principles of Practice and Prescription* (London: J. Johnson and Edinburgh: J. Watson, 1800), 273.

⁴² Armstrong, *Account of the Diseases Most Incident to Children*, 12.

⁴³ Underwood, *Treatise on the Diseases of Children*, 31–36.

⁴⁴ DeLacy, 'Armstrong, George'; Maloney, *George and John Armstrong of Castleton*, 84, 88; Dunn, 'George Armstrong', F231; Underwood, *Treatise on the Diseases of Children*, 26–30.

uniquely associated with slumber in his text.⁴⁵ All of these conditions were ones to which children of any age were potentially subject, unlike the inward fits. Armstrong's mechanism for the inward fits, Underwood's discussion of the relationship between wind and sleep disturbance, and the sleep problems associated with worms demonstrate that despite a shift towards framing sleep as a neurological phenomenon, Handley is right that the digestive system remained important in eighteenth-century sleep.⁴⁶

Altered sleep was also a symptom of other disorders. Both Buchan and Underwood included 'startings in [the] sleep... [and] watchings' as symptoms of teething.⁴⁷ Armstrong did not list any symptoms of teething at all, probably because unlike the other two authors, he did not see teething as a disease (another cause of Underwood's criticism).⁴⁸ Excessive sleep was also a symptom of disease: Armstrong claimed that the cycle of 'dosing' caused by untreated inward fits was seen 'as a forerunner of the thrush' by 'experienced nurses', and while denying the existence of inward fits, Underwood agreed 'that very long sleeping, in the course of the first week or two [after birth], is often a fore-runner of [thrush]'.⁴⁹ Unusual sleeping patterns or behaviours were scrutinised for evidence of the child's health; some were highly visible or audible, while others were more subtle. Such "wrong" sleep provided clues to children's internal wellbeing.

Although Armstrong initially ignored any link between teething and sleep disturbance, he claimed that rickets could be triggered when, 'from the pain occasioned by teething, the child's rest is disturbed'.⁵⁰ Despite the severity of the disease, Armstrong recommended no cure either for the pain or the wakefulness it produced, although the chapter on teething included suggestions for how to rebalance the humours or make it easier for teeth to erupt when they 'do not pierce the gum so readily'.⁵¹ By comparison,

⁴⁵ Armstrong, *Account of the Diseases Most Incident to Children*, 137; Buchan, *Domestic Medicine*, 405; Underwood, *Treatise on the Diseases of Children*, 148.

⁴⁶ Handley, *Sleep in Early Modern England*, 31–32, 37.

⁴⁷ Buchan, *Domestic Medicine*, 618–19; Underwood, *Treatise on the Diseases of Children*, 91–94.

⁴⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 75–77. Newton observes that teething was both 'regarded as a disease in itself, and as a process which 'caused [other] diseases by producing pain' that 'unsettled the humours'; Armstrong inclined to the latter view, so it is unsurprising that he did not include sleep loss as a symptom of teething. Newton, 'Children's Physic', December 2010, 461, 464; Armstrong, *Account of the Diseases Most Incident to Children*, 77–78.

⁴⁹ Armstrong, *Account of the Diseases Most Incident to Children*, 16; Underwood, *Treatise on the Diseases of Children*, 45.

⁵⁰ Armstrong, *Account of the Diseases Most Incident to Children*, 130.

⁵¹ Armstrong, *Account of the Diseases Most Incident to Children*, 78, 80.

Buchan did not mention teething at all in his section on rickets, while Underwood only did so to warn that ‘dentition is commonly late’ in such patients.⁵² Buchan consistently identified ‘night-watching’, which disrupted sleep routines, as a cause of disorders including consumption, ‘PHRENITIS, OR INFLAMMATION OF THE BRAIN’, and a contributor to gout; while ‘want of sleep’ contributed to ‘THE SLOW OR NERVOUS FEVER’ and ‘excessive watching’ was a cause of ‘the miliary fever’.⁵³ For Buchan, disturbed sleep was a cause of illness in adults. Given this, it is perhaps surprising that Buchan never expressed concern for secondary complications caused by the disrupted sleep he described in children with worms or during teething, although the length of the disruption was shorter than in cases of adult sleeplessness, which was often caused by an unhealthy lifestyle rather than a temporary illness, as in child sleep loss.⁵⁴ Nonetheless, both Armstrong and Buchan saw disrupted sleep as a potential cause of disease.

Evaluating the nurse

Children’s sleep also functioned in all three texts as a yardstick against which to measure the quality of a child’s nurse. Over the eighteenth century, increasing emphasis was placed on women breastfeeding their own infants, in the interests of maternal and infant health, supported by the cult of maternal affection.⁵⁵ This positive advice was matched by a negative strain: suspicion of the skills, health, and morals of potential wetnurses, who were believed to pose a danger of physical or spiritual contamination to the infants entrusted to them.⁵⁶ Armstrong, Buchan, and Underwood shared these concerns and promoted maternal involvement in the nursery, although all three also acknowledged that some women were unable to breastfeed adequately, and Buchan was more willing than his colleagues to accept nurse rather than maternal breastfeeding.⁵⁷ Armstrong in particular advocated direct maternal involvement in

⁵² Armstrong, *Account of the Diseases Most Incident to Children*, 130; Buchan, *Domestic Medicine*, 621–24; Underwood, *Treatise on the Diseases of Children*, 119–23.

⁵³ Buchan, *Domestic Medicine*, 195, 209, 228, 282, 421.

⁵⁴ See also Rosenberg, ‘Medical Text and Social Context’, 26, 38–40; Handley, *Sleep in Early Modern England*, 2016, 162–63.

⁵⁵ Houlbrooke, *English Family*, 132–35; Perry, ‘Colonizing the Breast’, 214–16, 218, 220–24, 231, 234; Retford, *Art of Domestic Life*, 83–87; Foyster and Marten, ‘Introduction’, 4; Lindemann, ‘Health and Science’, 166, 181; Cunningham, *Children and Childhood*, 59, 62, 64; Crawford, *Parents of Poor Children*, 13, 117–18.

⁵⁶ Houlbrooke, *English Family*, 132–34; Perry, ‘Colonizing the Breast’, 219, 221–22; Lindemann, ‘Health and Science’, 169–70; Benzaquén, ‘The Doctor and the Child’, 16–17, 20–22; Crawford, *Parents of Poor Children*, 59, 118.

⁵⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 153–57; Buchan, *Domestic Medicine*, 2–5, 17, 19, 38 (footnote); Underwood, *Treatise on the Diseases of Children*, 214–18, 238–39.

infant care, providing instructions for 'dry-feeding' as an alternative to hiring a wetnurse.⁵⁸ Despite this, when referring to those primarily caring for a child or infant, all three authors almost always named the nurse rather than the mother. Underwood referred more frequently to the mother being directly involved in infant care rather than superintending the care of the child by another, perhaps because the first edition of the *Treatise* was published in 1784, when the mid-century trend advocating maternal breastfeeding and denouncing wet-nursing was well established, which may indicate that these exhortations were being heeded.⁵⁹ Rosenberg argues that Buchan's main audience was drawn from the middling sort, given his criticism of elite lifestyles and his 'condescending' attitude to the practises of labourers.⁶⁰ It seems reasonable to assume that Armstrong and Underwood also envisaged an educated audience with the disposable income to invest in books of contemporary medical advice.⁶¹ Ruth Perry claims that in the early eighteenth century, wetnurses may have been available to families even from the less affluent ranks of the middling sort who had 'an extra three shillings a week', and despite the growing cultural movement against it, wet-nursing was still widespread.⁶² Most households from this tier of society would also have had domestic servants who would have helped with childcare even if the mother remained heavily involved. It is therefore unsurprising that, despite their exhortations to mothers to undertake personal charge of their offspring, in practice all three authors assumed that their readers would hire a nurse or other employee to provide assistance or undertake much of the care. Because of the damage a nurse could inflict on a child, it was essential that parents be advised on how to assess the quality of nursing care their child received. Evaluating the child's sleep was part of this process.

⁵⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 153–62. Underwood condemned this method of feeding infants, but still included 'DIRECTIONS for the Proper MANAGEMENT of Infants... [who] are brought up by Hand', which he allowed as a supplement if there was insufficient breast milk available. Underwood, *Treatise on the Diseases of Children*, 213–14, 238–51.

⁵⁹ Perry, 'Colonizing the Breast', 208, 214–22; Rosenberg, 'Medical Text and Social Context', 28; Retford, *Art of Domestic Life*, 85; Foyster and Marten, 'Introduction', 4; Lindemann, 'Health and Science', 166, 169–70; Benzaquén, 'The Doctor and the Child', 20–22; Cunningham, *Children and Childhood*, 62, 64–65.

⁶⁰ Rosenberg, 'Medical Text and Social Context', 25–26, 39–40.

⁶¹ Rosenberg, 27–28; Porter and Porter, *Patient's Progress*, 10–11, 23, 26–29, 33–35, 39–40, 42–47, 53.

⁶² Perry, 'Colonizing the Breast', 208, 214–22; Rosenberg, 'Medical Text and Social Context', 28; Retford, *Art of Domestic Life*, 85; Foyster and Marten, 'Introduction', 4; Lindemann, 'Health and Science', 166, 169–70; Benzaquén, 'The Doctor and the Child', 20–22; Cunningham, *Children and Childhood*, 62, 64–65.

For Armstrong, the outcome of the inward fits was entirely determined by the care provided to the infant: ensuring that the child was properly wined before being laid to sleep was the main preventative measure, and those whom the fits 'kept almost always in a dose' were condemned to this state because 'nurses, either through laziness or want of skill, do not take care to rouse them, when they perceive that it is not a right sleep'.⁶³ Good nurses, Armstrong implied, either prevented the fits absolutely by proper prophylaxis, or, because 'most... infants' experienced them to some extent, took appropriate therapeutic action where necessary.⁶⁴ By providing parents with detailed information, Armstrong gave them the opportunity to compensate for any 'want of skill' on the part of an inexperienced nurse, although his reference to 'experienced nurses' implied that it would be better for a parent to find a nurse with sufficient knowledge to keep the child safe.⁶⁵ However, the juxtaposition of 'laziness' with 'want of skill' demonstrates that Armstrong saw lack of care rather than of knowledge as the primary cause of inattention to the inward fits.⁶⁶ Moreover, the subtlety of the inward fits' facial and respiratory symptoms would be easy to miss.⁶⁷ By attending to the quality of a child's sleep, parents could evaluate the skill and attitude of their attendant.

Although the inward fits were, for Armstrong, the perfect case study of bad nursing, sleep provided other ways of measuring the adequacy of care. Buchan denounced the 'indolent nurse who does not give a child sufficient exercise in the open air to make it sleep, and does not chuse to be disturbed by it in the night', preferring to 'dose children with stupefatives'.⁶⁸ Health relied on a good regimen, in which exercise played a central part, and Buchan agreed with the general view that infancy was when 'the foundations of a good or bad constitution are generally laid'.⁶⁹ By refusing their charges their exercise, and replacing it with unhealthy drugs, nurses not only undermined infants' immediate health, but also jeopardised their future strength and potential

⁶³ Armstrong, *Account of the Diseases Most Incident to Children*, 15–16.

⁶⁴ Armstrong, *Account of the Diseases Most Incident to Children*, 12, 15–17.

⁶⁵ Armstrong, *Account of the Diseases Most Incident to Children*, 15–16.

⁶⁶ Armstrong, *Account of the Diseases Most Incident to Children*, 15.

⁶⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 12.

⁶⁸ Buchan, *Domestic Medicine*, 38.

⁶⁹ Buchan, *Domestic Medicine*, 1, 24–34, 90–97; Roy Porter and Dorothy Porter, *In Sickness and In Health: The British Experience, 1650-1850* (London: Fourth Estate, 1988), 26–28, 30, 33–35; Iris Ritzmann, 'Children as Patients in German-Speaking Regions in the Eighteenth Century', in *Fashioning Childhood in the Eighteenth Century: Age and Identity*, ed. Anja Müller (Aldershot: Ashgate, 2006), 32.

usefulness to the nation.⁷⁰ Buchan saw the threat as sufficiently alarming as to warn in a footnote that ‘If a mother on visiting her child at nurse finds it always asleep, I would advise her to remove it instantly; otherwise it will soon sleep its last’.⁷¹ This not only indicates that Buchan’s middling-sort readers sent their children away to nurses; it also assumes that they had sufficient interest in them to visit regularly, despite Lawrence Stone’s assertion that sending children away for wet-nursing weakened parental interest in offspring.⁷² The phrase ‘always asleep’ is ambiguous; it could imply a single sleep over the course of one visit, given that elsewhere Buchan argued that ‘Children may always be allowed to take as much sleep as they please’, but it may also refer to repeated visits during which the child was never awake.⁷³ In denouncing the substitution of opiates for appropriate exercise and rest cycles, Buchan made sleep a way parents could evaluate the nurse’s care of their offspring: whichever interpretation the parent chose, too much sleep implied too little attention.

Similarly, Armstrong complained that ‘some careless nurses use too much freedom with [opiates], by giving them to children in the day as well as the night, in order to... prevent their disturbing them in their business’.⁷⁴ He also complained that nurses exploited the soporific effect of the cradle for ‘their own ease’.⁷⁵ As chapter one explored, one of the major problems facing less wealthy women was what to do with their children whilst they worked.⁷⁶ For nurses, other claims on time might include caring for other children, fostered or biological; domestic chores; and other economic activities, like the curate’s laundress wife discussed in chapter one. Perry claims that even during the period when the Foundling Hospital relaxed its entry requirements during the 1750s, wetnurses were paid ‘less than half of what a skilled (male) labourer might earn’, while ‘that segment of the population with an extra three shillings a week or more’ might afford a wetnurse; neither figure could have supported a woman and infant alone.⁷⁷ However, both Valerie Fildes and Patricia Crawford argue that wet-

⁷⁰ Buchan, *Domestic Medicine*, 7, 24–33. See also Tanya Evans, ‘Unfortunate Objects’: *Lone Mothers in Eighteenth-Century London* (Basingstoke: Palgrave Macmillan, 2005), 89, 129; Benzaquén, ‘The Doctor and the Child’, 24.

⁷¹ Buchan, *Domestic Medicine*, 38.

⁷² Rosenberg, ‘Medical Text and Social Context’, 25–26, 39–41; Stone, *Family, Sex and Marriage*, 107.

⁷³ Buchan, *Domestic Medicine*, 38, 97.

⁷⁴ Buchan, *Domestic Medicine*, 38; Armstrong, *Account of the Diseases Most Incident to Children*, 171.

⁷⁵ Armstrong, *Account of the Diseases Most Incident to Children*, 172.

⁷⁶ Evans, *Unfortunate Objects*, 130, 134–35, 137; Crawford, *Parents of Poor Children*, 57–60, 139–40, 150, 242.

⁷⁷ Perry, ‘Colonizing the Breast’, 208, 220.

nursing could bring in a reasonable income.⁷⁸ Regardless, wetnurses would almost certainly have had other claims on their time. Neither Buchan nor Armstrong exhibited any awareness of the need to fit childcare around other commitments. Armstrong's acknowledgement that nurses might need to 'prevent [infants] disturbing them in their business' was offset almost immediately by his claim that nurses encouraged children to sleep during the day because they 'study[ied] their own ease', implying that nurses were lazy and irresponsible.⁷⁹ Buchan, in addition to his criticism of 'indolent nurse[s]', also condemned 'Mothers of the poorer sort [who] think they are great gainers by making their children lie or sit while they themselves work', whereas in fact they retarded their children's development, in keeping with the trend Rosenberg identifies in Buchan of criticising the effect poor people's lifestyle had on their health, regardless of their ability to alter it.⁸⁰ Armstrong and Buchan were united in their use of children's sleeping patterns to denounce the use of opiates and, in Armstrong's case, the cradle, to evaluate the quality of nursing care children received from biological or foster carers, and they did so from a position that failed to recognise the practicalities of bringing up young children.

Underwood was mild in his criticism of drugs by comparison: while opiates were 'useful in their place, [they] act always as a slow poison'; moreover, 'narcotic medicine' for child sleeplessness was 'exceedingly hurtful, as the watchfulness is a mere symptom and not a disease'.⁸¹ Opiates masked rather than cured the underlying problem, but Underwood did not go on to explain the damaging consequences of failing to address the true cause of wakefulness. Although the use of opiates was generally an indication of inadequate nursing, it did not point to any fundamental carelessness. Moreover, while Underwood understood that night-time sleeplessness might be caused by daytime oversleeping, 'which may be remedied by keeping [the child] moving, and playing with it throughout the day', unlike Buchan and Armstrong, he did not explicitly link this lack of daytime stimulation to inadequate nursing.⁸² Underwood's tone implied that he expected more direct maternal involvement in infant care more than Armstrong and Buchan. For instance, his suggestion that children be fed last thing at night claimed that this would be 'a most pleasant employment to the nurse, and how much more to a mother', displaying again his sentimental tone about the emotional

⁷⁸ Fildes, 'English Wet-Nurse', 153, 159–61; Crawford, *Parents of Poor Children*, 140.

⁷⁹ Armstrong, *Account of the Diseases Most Incident to Children*, 171–72.

⁸⁰ Buchan, *Domestic Medicine*, 26, 38; Rosenberg, 'Medical Text and Social Context', 25, 39–40.

⁸¹ Underwood, *Treatise on the Diseases of Children*, 37.

⁸² Underwood, *Treatise on the Diseases of Children*, 37.

response of both nurse and mother, and indicating that the latter could reasonably be expected to undertake this duty.⁸³ In the case of keeping the child awake by day so it would sleep at night, Underwood's less critical tone may have been chosen because he assumed that the mother would be better able and more inclined to play with their children than a hired nurse, especially if he anticipated that his readers were wealthy enough to hire servants to undertake domestic work, like Buchan's.⁸⁴ Underwood may have concluded that criticising women for their lack of attention would be less welcome than suggesting the pleasant cure of 'playing': all three authors referred to 'exercise' as the correct means to procure sleep for infants, but only Underwood qualified this by prescribing 'playing'.⁸⁵ Though agreeing with the fundamental criticism Armstrong and Buchan both made about procuring child sleep with inappropriate use of opiates rather than health-giving daytime activity, Underwood couched his advice in a less judgemental and more encouraging tone, reflecting the cultural shift towards direct maternal involvement in child care.⁸⁶

If children's sleep quality was a means of evaluating the nurse, Buchan made the nurse's own sleeping pattern a matter of concern to parents. Much advice was available on the qualities a good nurse should possess: physical and moral health were essential to ensure the child was properly nourished and protected from infectious disease or bad habits.⁸⁷ In the realm of sleep, there was one particular danger posed by nurses to their charges: overlaying, or children being smothered by adults sleeping in the same bed.⁸⁸ Buchan was the only one to discuss this problem, and even then only briefly: in a footnote, he recounted a case of 'an infant over-layed by its mother being seized in the night with an hysteric fit', before describing in the main text 'a plan for the recovery of infants who are suffocated, or over-laid'.⁸⁹ Buchan's prophylactic advice was simple: he gave 'a caution against employing hysteric women as nurses', and added that 'such

⁸³ Underwood, *Treatise on the Diseases of Children*, 262–63.

⁸⁴ Rosenberg, 'Medical Text and Social Context', 25–26, 28, 39–41.

⁸⁵ Underwood, *Treatise on the Diseases of Children*, 269; Armstrong, *Account of the Diseases Most Incident to Children*, 171; Buchan, *Domestic Medicine*, 38.

⁸⁶ Foyster and Marten, 'Introduction', 4; Benzaquén, 'The Doctor and the Child', 21; Cunningham, *Children and Childhood*, 59, 62, 64–65; Perry, 'Colonizing the Breast', 205, 214–18, 220–21, 234; Retford, *Art of Domestic Life*, 83–87.

⁸⁷ Lindemann, 'Health and Science', 169–70; Perry, 'Colonizing the Breast', 219, 222–23; Cadogan, *Essay Upon Nursing*, 36–38; Armstrong, *Account of the Diseases Most Incident to Children*, 154; Buchan, *Domestic Medicine*, 37; Underwood, *Treatise on the Diseases of Children*, 264–65.

⁸⁸ Buchan, *Domestic Medicine*, 691, and footnote, 691.

⁸⁹ Buchan, *Domestic Medicine*, 691–92, and 691, footnote.

women [ought] never to lay an infant in the same bed as themselves'.⁹⁰ The prevalence of bedsharing gave great scope for this kind of accident.⁹¹ Given the fatal but avoidable nature of overlaying, it is surprising that Buchan devoted so little space to preventing the danger, and limited his precautions to keeping infants away from 'hysterical women', while Armstrong and Underwood omitted it completely.⁹² Ernest Caulfield claims that overlaying was often associated with drunken nurses, and Ralph A. Houlbrooke suggests that it was even used as a means of infanticide.⁹³ Buchan did not describe overlaying as a result of improper nursing, implying that he saw it as the result of inherent health problems rather than bad care, or perhaps he wanted to avoid giving his readers infanticidal ideas. Nonetheless, it was another factor to look for when hiring a nurse: as well as physical health, she must have strong nervous health.

Good sleep-citizens

While Buchan was concerned with the effect of the nurse's sleep on the child, Underwood was concerned about the effect of the child's sleep on the nurse. When advising parents of the physical and personal characteristics desirable in a nurse, he added that she needed to be 'watchful in the night, or at least, not liable to suffer in her health from being robbed of her sleep'.⁹⁴ Almost anything could affect the quality of a woman's breast milk, including strong emotion, illness, and diet.⁹⁵ However, Underwood here appears primarily concerned with the nurse's health, rather than making a correlation between sleep and the quality of either milk or care. This conclusion is supported a few pages later, when Underwood advised encouraging children to sleep through the night at the earliest opportunity, 'which is mutually beneficial to the child and the mother; who, especially if she suckles, will be much less disturbed, when she herself particularly requires this refreshment'.⁹⁶ Underwood indicated not only that no other form of 'refreshment' could be substituted for adequate sleep, but also that the child's sleeping pattern could disrupt that of its carer, to her detriment, a theme chapter five examines further.⁹⁷ It is notable that Underwood

⁹⁰ Buchan, *Domestic Medicine*, 691, footnote.

⁹¹ Stearns, Rowland, and Giarnella, 'Children's Sleep', 357; Handley, *Sleep in Early Modern England*, 176; Gowing, 'Twinkling of a Bedstaff', 282, 288; Crawford, *Parents of Poor Children*, 126.

⁹² Buchan, *Domestic Medicine*, 691, footnote.

⁹³ Caulfield, *Infant Welfare Movement*, 12–13; Houlbrooke, *English Family*, 139; Fildes, *Wet Nursing*, 47–48, 62–63.

⁹⁴ Underwood, *Treatise on the Diseases of Children*, 264–65.

⁹⁵ Cadogan, *Essay Upon Nursing*, 38; Armstrong, *Account of the Diseases Most Incident to Children*, 154.

⁹⁶ Underwood, *Treatise on the Diseases of Children*, 268–69.

⁹⁷ Underwood, *Treatise on the Diseases of Children*, 269.

discussed the effect of children's sleep on both nurses and mothers, reinforcing the idea that he anticipated direct maternal involvement in care. Underwood also implied that sleep disruption was inevitable, and while he went on to suggest ways to minimise the impact this had on carers' health, he accepted that a child's sleep needs could acceptably affect the routine of mothers or nurses.

Armstrong also expressed concern for the mother's sleep. He advocated dry-feeding infants with alternatives to breastmilk in preference to using a poor-quality wetnurse or in the case of the mother or wetnurse becoming ill.⁹⁸ In his discussion of how to achieve this, he advised that

if the mother has a good deal of milk, the infant will require very little feeding; and that chiefly in the night, in case it should be wakeful; that the mother's rest not be broke by suckling it.⁹⁹

The way Armstrong phrased his advice implies that the 'feeding' he advocated in this passage was to substitute for nightly breastfeeding, and given that the point of this feed was to allow the mother to sleep, he clearly envisaged a third party, presumably the nurse, providing it.¹⁰⁰ While Armstrong advocated maternal breastfeeding, he was less vehemently against wet-nursing than many of his colleagues, and his repeated references to 'the nurse' as the primary carer for an infant indicate that he anticipated that his readers would hire nurses.¹⁰¹ However, this passage also suggests that there could be a division of responsibility, with the mother breastfeeding the child, especially by day and a nurse, servant, or other household member undertaking other aspects of care, especially at night.

The advice on ensuring that children's nocturnal requirements did not obstruct the sleep needs of carers illuminates another central facet of children's sleep: its impact on those around them. Handley has examined how sleeping practices were affected by the demands of sociability.¹⁰² Children also had a form of what Handley terms 'sociable sleeping', but rather than adapting their own routine to accommodate chosen social activities, they disrupted the normal functioning of the household, and needed to be

⁹⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 153–57.

⁹⁹ Armstrong, *Account of the Diseases Most Incident to Children*, 165.

¹⁰⁰ Armstrong, *Account of the Diseases Most Incident to Children*, 165.

¹⁰¹ See for example Armstrong, *Account of the Diseases Most Incident to Children*, 153–75, 165–68, 171–73, 176–77.

¹⁰² Handley, *Sleep in Early Modern England*, 149–80; Handley, 'Sociable Sleeping', 79–104.

moulded into adult patterns of sleep and waking.¹⁰³ It was a commonplace that ‘The infant, having lain so long dormant in its mother’s womb, it requires a good while, after it is born, for the habit to wear off’.¹⁰⁴ Both Armstrong and Underwood had advice on how to break this ‘habit’, but Armstrong used the word far more than Underwood.¹⁰⁵ While Armstrong couched his discussion in terms that emphasised the importance of the child acquiring sleep-discipline in terms of its place within the micro-society of the household, Underwood was less overt in his condemnation of infants’ sleeping patterns, and depicted the acquisition of a conventional diurnal rhythm in terms of natural development rather than training.

For Armstrong, ‘habit’ was a central feature of children’s sleep patterns: at weaning, the child ‘must be fed chiefly in the day-time, and put into the habit of sleeping during the night as soon as possible’; new-born babies’ sleep pattern ‘requires a good while... for the habit to wear off’; increased time exercising after feeds would help ‘to rouse the child... out of this sleepy habit’; and overuse of the cradle or lullabies would ‘get [infants] into such a habit, that it is with great difficulty they can be made to sleep without those aids’.¹⁰⁶ By indicating that sleep needs were habitual rather than biological, Armstrong implied that children could be trained into better routines. Hugh Cunningham argues that early modern parents wanted to teach their children their religious and moral duties as early as possible to help them reach spiritual safety.¹⁰⁷ Similarly, Karin Calvert suggests that parents wanted to encourage their children to develop as quickly as possible to speed them past the dangers of childhood into the more stable health of adulthood.¹⁰⁸ Both argue that this concern with speeding child development decreased over the eighteenth century, as decreasing child mortality and increasingly sentimentalised depictions of childhood encouraged parents to extend children’s period of childishness.¹⁰⁹ Despite writing in the third quarter of the eighteenth century, Armstrong similarly appears to have intended to speed the child’s sleep development. Assuming that Armstrong’s audience was similar to Buchan’s, his

¹⁰³ Handley, ‘Sociable Sleeping’, 79.

¹⁰⁴ Armstrong, *Account of the Diseases Most Incident to Children*, 170. See also Underwood, *Treatise on the Diseases of Children*, 268; John Pechey, *A General Treatise of the Diseases of Infants and Children Collected from the Best Practical Authors* (London: R. Wellington, 1697), 72; Newton, ‘Children’s Physic’, 459; Newton, ‘Very Sore Night and Days’, 168; Newton, *Sick Child*, 43–44.

¹⁰⁵ Armstrong, *Account of the Diseases Most Incident to Children*, 166, 170–72; Underwood, *Treatise on the Diseases of Children*, 267–68.

¹⁰⁶ Armstrong, *Account of the Diseases Most Incident to Children*, 166, 170–72.

¹⁰⁷ Cunningham, *Children and Childhood*, 41, 47–48, 57.

¹⁰⁸ Calvert, *Children in the House*, 7–8, 150–53.

¹⁰⁹ Cunningham, *Children and Childhood*, 58–59; Calvert, *Children in the House*, 8, 150–53.

readers would have been drawn from the middling sort.¹¹⁰ In being trained out of the excessive sleep of infancy, and of dependence on the luxurious attention provided by rocking cradles or lullabies, the child would become better prepared for adult life in a society where industry, discipline, and self-reliance were valued.¹¹¹ Sleep was associated with the night in both medical and moral literature, and Handley shows that deviations from this routine were examined for the legitimacy of the cause, while late nights were thought dangerous to health and associated with dissipated elite lifestyles.¹¹² The need to encourage night-sleeping by feeding only during the day prepared the child for the routines of adult life.

Good sleep habits were also important for the child's integration into its immediate community: being 'more wakeful in the night than in the day... is hurtful to [the infant], and irksome to those around them'.¹¹³ The term 'irksome' contrasts with Armstrong's earlier concern that 'the mother's rest may not be broke' by nightly feeding: while the latter is concerned with the mother's sleep routine and wellbeing, the former is purely about the general comfort of the household.¹¹⁴ As chapter five demonstrates, wakeful children could disturb many other people's rest.¹¹⁵ Armstrong shows that, in medical authors' eyes, instilling sleep discipline was important from a very early age. His concerns in training children to sleep in the night thus satisfied two social imperatives: to make children independent, considerate sleep-citizens, who were able to conform to the timetable demanded by conventional society.¹¹⁶

Underwood also discussed sleep-discipline in terms of habit, but in much softer terms than Armstrong. Having initially ordered that children 'ought not... to be suffered to continue in this habit [of sleeping] in the day time', he immediately reassured his readers that 'if not indulged, they will not be so much disposed to sleep as is generally imagined'.¹¹⁷ Instead, if they were 'kept awake as much as possible... by playing with

¹¹⁰ Rosenberg, 'Medical Text and Social Context', 25–26, 39–41.

¹¹¹ Rosenberg, 'Medical Text and Social Context', 26, 39; Nicholas Rogers, 'The Middling Orders', in *A Companion to Eighteenth-Century Britain*, ed. H.T. Dickinson (Oxford: Blackwell, 2006), 174; Handley, 'Sociable Sleeping', 84–85.

¹¹² Ekirch, *At Day's Close*, 261–62; Dannenfeldt, 'Sleep', 424, 430; Handley, 'Sociable Sleeping', 81, 89; Handley, 'From the Sacral to the Moral', 29, 32, 35–36; Handley, *Sleep in Early Modern England*, 149–51, 153, 155, 157, 162–63; Oren-Magidor, 'Sleep Etiquette'; Hunter, 'That Venerable and Princely Custom'.

¹¹³ Armstrong, *Account of the Diseases Most Incident to Children*, 171.

¹¹⁴ Armstrong, *Account of the Diseases Most Incident to Children*, 165, 171.

¹¹⁵ See also Knott, *Mother*, 117, 124, 129.

¹¹⁶ On 'sleep-civility', see Handley, *Sleep in Early Modern England*, 151, 173–77; Handley, 'Sociable Sleeping', 79–80, 100–104; Oren-Magidor, 'Sleep Etiquette', 2–4, 10–12.

¹¹⁷ Underwood, *Treatise on the Diseases of Children*, 270.

them, or dandling on the knee, and otherwise amusing them... The child will soon contract a habit of being awake while it is light'.¹¹⁸ Underwood assumed that the child's natural inclination was to conform to the cycle of day and night, which was deemed to be the rhythm intended by both nature and God.¹¹⁹ Instead of requiring intervention, this natural development would occur by the exhibition of what was deemed to be equally natural maternal affection.¹²⁰ Underwood's sleeping infant needed only for its inherent cycle to be respected to achieve what for Armstrong needed to be so carefully instilled, a change which indicates the increasing emphasis placed on natural childrearing over the later eighteenth century.¹²¹

Armstrong also hoped to train infants into a proper diurnal rhythm by ensuring that 'the nurse, the last thing she does before she goes to bed... take[s] up the child... turn[s] it dry... and feed[s] it'; the child would sleep through this procedure, and it had 'this great advantage that if they are fed about this time, they seldom want any thing till about five, six, or sometimes seven o'clock in the morning'.¹²² Armstrong again indicated the link between sleep and digestion: careful management of two non-naturals (food and cleaning the child's evacuations) would secure another (sleep). Underwood gave similar advice: a late-night feed, for which the infant could remain asleep, would leave it 'satisfied... for many hours'.¹²³ Both authors only recommended this for children who were no longer fed entirely on breast milk.¹²⁴ However, Underwood did not explain the benefits of this routine in the same way as Armstrong. While Armstrong concentrated on the benefit of training the child to sleep through the night, Underwood warned that children 'should never be fed, or even suffered to drink in the night from the first', to prevent both 'the pain and trouble of two weanings', and the child becoming 'fond of drinking'.¹²⁵ For Underwood, the self-discipline needed in sleep training was not to prepare the child for adult schedules, but the need to live abstemiously. Underwood was extremely religious, which may explain his particular

¹¹⁸ Underwood, *Treatise on the Diseases of Children*, 269.

¹¹⁹ Ekirch, *At Day's Close*, 261–62; Dannenfeldt, 'Sleep', 424; Handley, 'From the Sacral to the Moral', 36; Handley, 'Sociable Sleeping', 81, 88–89; Handley, *Sleep in Early Modern England*, 9, 30–40, 71, 149–51, 153.

¹²⁰ Crawford, *Parents of Poor Children*, 13; Retford, *Art of Domestic Life*, 83, 86–87; Perry, 'Colonizing the Breast', 214–15, 217, 234; Cunningham, *Children and Childhood*, 59.

¹²¹ Cunningham, *Children and Childhood*, 59, 62, 69; Benzaquén, 'The Doctor and the Child', 20–21.

¹²² Armstrong, *Account of the Diseases Most Incident to Children*, 167–68.

¹²³ Underwood, *Treatise on the Diseases of Children*, 267–68.

¹²⁴ Armstrong, *Account of the Diseases Most Incident to Children*, 165–67; Underwood, *Treatise on the Diseases of Children*, 267.

¹²⁵ Underwood, *Treatise on the Diseases of Children*, 267.

concern to prevent the child from becoming too interested in drinking, although he was also concerned at the effect too much drinking had on bodily strength.¹²⁶ He also took the opportunity to display a sentimental vision of this night feed: 'whilst the child seems to enjoy this sleepy meal, it becomes a most pleasant employment to the nurse, and much more to the mother'.¹²⁷ This abrupt change from the strictures against night feeds, to reassurance that the child enjoyed the late meal and was comfortable after it, served to soften the sternness of the original instruction for the mother. It was also a variation on the tradition Perry identifies of 'voyeuristic' males enjoying the sight, real or imagined, of mothers breastfeeding, as well as the sentimental display of maternal affection: here, it was the mother or nurse who gained benefit from the sight, but given that this would be undertaken immediately before bed, presumably the husband might also witness and take pleasure in the scene.¹²⁸ The practice of night-feeding for infants at the point of weaning thus served multiple purposes for Underwood: helping the child sleep through the night and develop self-discipline, while reinforcing his own claim to sensibility.¹²⁹ For Armstrong, it was just another way to initiate a proper sleep routine, which was important for the child's social development.

Buchan also believed that children's sleep routines affected adult lifestyle, but unlike Armstrong and Underwood, he did not give any advice on how to instil a proper regimen; unsurprisingly, given that *Domestic Medicine* was a general rather than child-specific health manual.¹³⁰ The only advice Buchan gave was that children 'should never be suffered to eat in the night', with no accompanying reason.¹³¹ However, he advised that 'Sleep... taken in the fore-part of the night, is generally reckoned more refreshing', because 'as most people are accustomed to go early to bed when young, it may be presumed that sleep at this season will prove most refreshing to them ever after'.¹³² Although initially prescribing a maximum of eight hours' sleep for adults, Buchan did not accept that this period could be taken at any time, attributing the best health to the 'early riser', possibly because excessive sleep was in his view of a lower quality and 'weakens the constitution'.¹³³ However, Buchan's advocacy of early bedtimes and early rising nowhere suggested that the eight hours could be transposed later in the night;

¹²⁶ Maloney, 'Michael Underwood', 293–95, 299–301; Underwood, *Treatise on the Diseases of Children*, 267.

¹²⁷ Underwood, *Treatise on the Diseases of Children*, 268.

¹²⁸ Perry, 'Colonizing the Breast', 217; Retford, *Art of Domestic Life*, 87–90.

¹²⁹ Retford, *Art of Domestic Life*, 98–99.

¹³⁰ Rosenberg, 'Medical Text and Social Context', 38; Lawrence, 'William Buchan', 27.

¹³¹ Buchan, *Domestic Medicine*, 21.

¹³² Buchan, *Domestic Medicine*, 99.

¹³³ Buchan, *Domestic Medicine*, 97–100.

indeed, the lessened sleep quality of excessive sleep began in the ‘fore-part of the night’ and went on ‘till noon’.¹³⁴ Temperate sleep for Buchan consisted of the correct quantity, taken at the correct time; in this, he was in agreement with most medical and moralist literature, despite defences of late-night sociability by some eighteenth-century thinkers.¹³⁵ For Buchan, child health not only developed the basis for a sound constitution; it also limited the extent to which the regimen laid down in youth could be altered later.¹³⁶ He did not explain why deviation from this schedule was so dangerous, although it was linked to his general criticism of elite excess.¹³⁷ While Armstrong used child sleep routines to prepare for the rhythms of adult life, for Buchan these routines defined healthy adult sleep.

Sleeping safely

As chapter one demonstrates, just as the practical and material arrangements for adults’ slumber were carefully catered for, children’s sleeping environments were also arranged with attention to their needs.¹³⁸ Armstrong, Buchan, and Underwood all discussed the environment and conditions under which a child could safely be laid to rest. All three authors also had clear ideas of the circumstances under which a child could *not* sleep safely. The concerns for children were very similar to those for adults, but while Buchan gave detailed prohibitions on certain aspects of children’s sleeping areas, Armstrong and Underwood focussed less on the general environment and more on the routines immediately preceding sleep. A central concern of all three authors was whether the cradle was a dangerous article of sleep furniture.¹³⁹

Procuring a healthy sleeping environment was central in medical sleep advice; common themes included keeping the air wholesome, the bedding clean and dry, and the room at a correct temperature.¹⁴⁰ Buchan was always concerned with air quality, but this preoccupation was heightened for children; he criticised parents for ‘making

¹³⁴ Buchan, *Domestic Medicine*, 97–98.

¹³⁵ Handley, *Sleep in Early Modern England*, 69, 71, 78–80, 151–53, 155, 158, 161–63; Handley, ‘From the Sacral to the Moral’, 32, 34–37, 40–42; Handley, ‘Sociable Sleeping’, 84–85, 88, 90–91.

¹³⁶ Porter and Porter, *In Sickness and In Health*, 28.

¹³⁷ Rosenberg, ‘Medical Text and Social Context’, 26, 39–40.

¹³⁸ Stearns, Rowland, and Giarnella, ‘Children’s Sleep’, 346–47; Handley, *Sleep in Early Modern England*, 7–8, 39–68, 86, 90–101, 104–11, 121–48, 158–60, 212–15.

¹³⁹ A similar nineteenth-century debate is discussed in Stearns, Rowland, and Giarnella, ‘Children’s Sleep’, 348.

¹⁴⁰ Handley, *Sleep in Early Modern England*, 40–44, 46–50; Buchan, *Domestic Medicine*, 86–87, 143–44. See also Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination*, ed. Roy Porter and Christopher Prendergast, trans. Miriam L. Kochan (Cambridge, Massachusetts: Harvard University Press, 1986), 22–56.

children sleep in small apartments, or crowding two or three beds into one small chamber', when 'the nursery ought always to be the largest and best aired room in the house'.¹⁴¹ Buchan also warned that nurses' 'custom of wrapping [children] up too close in the cradle is pernicious'; it overheated their bodies and meant that they 'breathe the same air over and over all the time'.¹⁴² He complained that 'One would think that nurses were afraid lest children should suffer by breathing free air', so completely did they wrap them.¹⁴³ Adriana S. Benzaquén argues that 'what doctors disallowed was the nurse's claim to knowledge, not the nurse herself'.¹⁴⁴ Buchan's comment reflects this; where parents were lax in their care for children's bodies by consigning them to the worst rooms in the house, nurses were mistakenly zealous in their care to keep children warmly wrapped. Buchan's concern is understandable given the humoral makeup of children. Newton demonstrates that children were believed to be humorally more 'warm and moist' than adults, and especially vulnerable to disease because their 'bodily weakness' made them less able to rebalance disrupted humours.¹⁴⁵ This made adequate ventilation especially important for children, so noxious humours were not trapped near the body.¹⁴⁶ Buchan's definition of a healthy sleeping environment for children was conventional, and blamed careless parenting and officious nursing for the dire effects of a bad environment on children.

Armstrong shared Buchan's suspicion of the cradle. He claimed that its 'rocking... is apt to gather a good deal of wind'; given his concern about the wind associated with inward fits, it is unsurprising that this condemned the cradle as 'sometimes hurtful to the infant'.¹⁴⁷ In addition to his health concerns, Armstrong also worried that the cradle was addictive, and undermined the development of a proper sleep routine, because

children who are used to a cradle in the day, are more subject to be wakeful in the night... The rocking of the cradle, together with the nurse's drowsy song, disposes them indeed to sleep; but then they

¹⁴¹ Buchan, *Domestic Medicine*, 35.

¹⁴² Buchan, *Domestic Medicine*, 35.

¹⁴³ Buchan, *Domestic Medicine*, 35.

¹⁴⁴ Benzaquén, 'The Doctor and the Child', 22.

¹⁴⁵ Newton, 'Children's Physic', December 2010, 458–60, 462; Newton, *Sick Child*, 2012, 34–40, 49–50; Ritzmann, 'Children as Patients', 32; Astbury, 'Ordering the Infant', 82, 84, 93–94.

¹⁴⁶ On the importance of ventilation during sleep in eighteenth-century thought, see Handley, *Sleep in Early Modern England*, 41–46. See also Corbin, *The Foul and the Fragrant*.

¹⁴⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 172–73.

sometimes get into such a habit, that is without great difficulty they can be made to sleep without those aids.¹⁴⁸

As Underwood worried that teaching children to expect a drink would dispose them to 'acquire a habit of being fond of drinking', so Armstrong argued that teaching children to expect attention while going to sleep would undermine independent sleep-management and engender luxurious habits.¹⁴⁹

Unlike his colleagues, Underwood was a strong advocate of the cradle, dismissing medical and lay concerns by claiming that 'It is, at least, one of the little things in which we may harmlessly err'.¹⁵⁰ Despite condemning daytime use of the cradle, and admitting that children might become dependent on rocking for sleep, Underwood argued that the cradle was a 'truly natural' means of procuring infant sleep, providing an environment comparable to the 'motion of the mother' which 'children have been used to before they are born'.¹⁵¹ Far from wanting the child to grow up quickly, Underwood took the extension of childhood identified by Calvert, and extended it still further but in the opposite direction, to a point before birth.¹⁵² Underwood argued that 'it will not be very difficult to find a substitute for' a rocking cradle, although he did not suggest what this might consist of, but he saw the cradle as a useful measure to help the child become used to the new physical experiences it encountered after birth.¹⁵³ Underwood was also guided not by what might be physically natural, but by what was natural to the mother's instinct: after all, the child "naturally" left the womb at birth and trying to recreate the conditions inside was no less "natural" than creating any other sleeping environment. He argued that 'every mother may... safely be guided by her own feelings', adding that 'parents seem... by instinct, to pat and gently move a child... whenever it seems to wake prematurely'.¹⁵⁴ Retford argues that there was a 'shift towards Nature as the ultimate authority for the maternal instinct'.¹⁵⁵ By drawing on this, Underwood both legitimised his own unconventional attitude to cradles, and reassured parents that their inclinations were medically unremarkable. By comparing the cradle with the "natural", sentimental image of a parent comforting the wakeful infant, Underwood indicated that it was an alternative to the parent's body as a means

¹⁴⁸ Armstrong, *Account of the Diseases Most Incident to Children*, 171–72.

¹⁴⁹ Underwood, *Treatise on the Diseases of Children*, 267.

¹⁵⁰ Underwood, *Treatise on the Diseases of Children*, 271.

¹⁵¹ Underwood, *Treatise on the Diseases of Children*, 270–71.

¹⁵² Calvert, *Children in the House*, 8, 150–53.

¹⁵³ Underwood, *Treatise on the Diseases of Children*, 271.

¹⁵⁴ Underwood, *Treatise on the Diseases of Children*, 271–72.

¹⁵⁵ Retford, *Art of Domestic Life*, 85–87. See also Perry, 'Colonizing the Breast', 214, 216–17, 234.

of lulling the child to sleep, and strengthened his credentials as a man of sensibility.¹⁵⁶ He also challenged the dogma that cradles provided an unhealthy environment and a poor preparation for adult sleep; for him, these dangers were remediable, outweighed by the benefit of allowing the mother to indulge in “natural” care. Underwood thus exhibited no less concern for children’s development or health than Armstrong or Buchan, but his concerns had shifted, reflecting the general cultural shift of the later eighteenth century.

Conclusion

Armstrong’s concept of ‘right sleep’ is a useful way to explore many of the concerns eighteenth-century writers had about slumber, both for children and adults, and beyond merely medical literature.¹⁵⁷ Child sleep routines were pivotal for the development of healthy adult slumber. Handley and Elizabeth Hunter have both identified dangerous physical and moral implications of intemperate or ‘[un]seasonable’ sleep’: too much or too little sleep, taken at the wrong times, weakened constitutions, while late hours suggested a debauched lifestyle or unnecessary dedication to earthly concerns.¹⁵⁸ The proverb ‘early to bed, early to rise makes a man healthy, wealthy, and wise’ summed up the advice of medical and moralist literature.¹⁵⁹ However, the roots of these habits needed to be developed in childhood, and as with so much else, medical writers began to incorporate advice on how this was to be achieved and why it was necessary into their writings. Buchan’s argument that much ill-health was linked with damaging elite lifestyles led him to depict children’s sleep routines as the basis of adult health.¹⁶⁰ By contrast, Armstrong’s emphasis was on developing the child as a good sleep-citizen, ready to participate in the rhythms of the adult world. Handley’s concept of ‘sociable sleeping’, which argues that bedsharing required ‘unique codes of civility’ to work well, therefore needs to be extended to acknowledge that sleeping habits affected how individuals engaged with

¹⁵⁶ See Retford, *Art of Domestic Life*, 98–100.

¹⁵⁷ Armstrong, *Account of the Diseases Most Incident to Children*, 170.

¹⁵⁸ Handley, *Sleep in Early Modern England*, 76–80, 151–56, 165; Handley, ‘From the Sacral to the Moral’, 32–37; Handley, ‘Sociable Sleeping’, 84–87; Handley, ‘Sleep-Piety and Healthy Sleep’, 188–95; Hunter, “‘That Venerable and Princely Custom’”, 163–81.

¹⁵⁹ ‘Early to bed and early to rise, makes a man healthy, wealthy and wise’, in *Oxford Dictionary of Proverbs*, ed. Jennifer Speake, (Oxford: Oxford University Press, 2015), [https://www.oxfordreference-](https://www.oxfordreference.com.libproxy.york.ac.uk/view/10.1093/acref/9780198734901.001.0001/acref-9780198734901-e-628?rskey=FtVLkn&result=581)

[com.libproxy.york.ac.uk/view/10.1093/acref/9780198734901.001.0001/acref-9780198734901-e-628?rskey=FtVLkn&result=581](https://www.oxfordreference.com.libproxy.york.ac.uk/view/10.1093/acref/9780198734901.001.0001/acref-9780198734901-e-628?rskey=FtVLkn&result=581) accessed 17 October 2022.

¹⁶⁰ Rosenberg, ‘Medical Text and Social Context’, 26, 39–40.

the routines of adult life.¹⁶¹ It also underlines the point made in chapter two: children's slumber set the tone for adult life, both in sleeping habits and moral life, and particularly those destined for relatively lowly stations who needed to be accustomed to rising early for work.

Medical authors also advised that slumber be used as a tool of surveillance to prevent acute dangers threatening infant health. Like adult sleep, children's slumber was inextricably linked to bodily health, and adults were expected to provide appropriate sleep conditions and monitor its quality to ensure children's wellbeing.¹⁶² This scrutiny was particularly important for children, who had limited capacity to communicate their ills in other ways.¹⁶³ Monitoring sleep, like other non-naturals, therefore provided clues about the child's internal state, something the following chapter explores in more detail. Children's sleep was also malleable, shaped by the quality of care they received, so attention to sleep quantity and quality helped evaluate the quality of nursing (or, occasionally, parenting). Although sleeping children were superficially passive, this drive to interrogate their slumber affected childcare routines and relationships between children, parents, and hired carers.

Finally, this chapter suggests that while medical ideas about sensibility initiated a series of cultural developments that altered elite and middling-sort behaviour and self-identity, the cult of sensibility also affected medical discourse. As Retford argues in the case of artists, aligning medical advice with the cult of sensibility allowed medical authors to draw on cultural as well as professional authority to reassure their readers of their abilities.¹⁶⁴ Moreover, while sensibility in its medical context led to the "discovery" of new diseases or new methods of understanding and treating old ones, sensibility the cultural phenomenon altered the expectations of medical authors and their audiences, and helped authors frame their advice in ways their readers would expect. The inward fits were a relatively obscure illness that many medical writers with an interest in children often either omitted, or treated as a minor illness that folk medical knowledge could control without the need of solemn pronouncements from the medical profession, despite the general trend towards rejecting the knowledge and

¹⁶¹ Handley, 'Sociable Sleeping', 79-104, quotation at 79; Handley, *Sleep in Early Modern England*, 176-80 esp. 177.

¹⁶² Handley, *Sleep in Early Modern England*, 3, 8, 18-68, 190-91, 211.

¹⁶³ Armstrong, *Account of the Diseases Most Incident to Children*, 3-8; Buchan, *Domestic Medicine*, 7; Underwood, *Treatise on the Diseases of Children*, 6-8.

¹⁶⁴ Retford, *Art of Life*, 98-99, 121.

skills of those not formally trained in medicine. However, both the treatment of the 'fits' and general advice around infants' sleeping arrangements shifted considerably over the twenty years this chapter focusses on. Underwood, whose work first appeared seventeen years later than the first editions of Armstrong's *Account* and Buchan's *Domestic Medicine*, was much less strict in his advice than his earlier colleagues. Cues Armstrong had seen as pathological symptoms under Underwood's pen became natural impulses of the sleeping child's face to be enjoyed by the affectionate mother, while the austerity of Armstrong's ideal sleeping environment in the interests of producing independent adults were softened to reassure and encourage Underwood's nursing mothers that their impulses were at worst harmless. This shift reflects the growing emphasis on natural childrearing and the increasingly sentimental tone in which children were discussed by the later eighteenth century, on which Underwood drew to encourage both sales of his book, and adherence to the advice it contained.¹⁶⁵ Cultural trends therefore altered the ways that medical knowledge was presented, as well as being shaped by developments in medical thought.

¹⁶⁵ Cunningham, *Children and Childhood*, 58-59, 62, 65-66, 71-72.

Chapter Four: Sleep, Sleep-loss, and Illness

Descriptions of individual children's sleep are rare, except when something made it noteworthy, and records over extended periods are still less common. Despite medical authors' exhortations to scrutinise children's sleep to monitor their health and the quality of nursing care, parents who could afford to delegate routine care to a nursemaid probably only observed their children's sleep when they chose to check on them, or when unusual circumstances drew their attention to it. Maria Nugent regularly checked on her children on her way to bed after attending social functions. Nugent complained that her duties as wife of the Governor of Jamaica took her away from her maternal duties, and she was also terrified of the various threats she believed Caribbean life posed to her children, from venomous insects and tropical fevers to the threat of French invasion and rebellion by the enslaved population.¹ Checking on the children reassured her that they were safe, and demonstrated her devotion to her domestic role despite the enforced frivolity of entertaining Jamaican high society. While Nugent routinely observed her sleeping children, other parents checked only when they had particular reason for concern. Frances Bankes, wife of a Dorset landowner and MP, 'call'd in the Nursery in my way to Bed' because her son William's inoculation with smallpox had just begun to make him ill.² Healthy children did not need such attentions; if they were performed as part of parents' bedtime routine, they were generally left unrecorded.

Sustained attention focussed on children's sleep when they faced changes to their normal routine. Wakeful children disturbed those sleeping nearby by crying, although wealthier households could build nurseries away from other sleeping quarters so that only nursemaids were disturbed.³ In many households, however, much of the family would have slept within earshot of an infant's cries. Disturbances could be caused by hunger, thirst, urination, defecation, pain, or emotional disturbance. Although part of normal development, teething provoked discomfort which disrupted sleep, and was

¹ See for example Nugent, *Journal of a Voyage to Jamaica, Vol. 1*, 317, 322, 354, 416–17, 421, 491–92; Maria Nugent, *A Journal of a Voyage to, and Residence in, the Island of Jamaica, from 1801 to 1805, and of Subsequent Events in England from 1805 to 1811 Vol. 2* (London: T. and W. Boone, 1839), 60–61, 76, 81–83, 87, 123–24, 160–62, 183, 186–89, 192–93, 195, 197–98, 206–7.

² Frances Bankes, 'Notebook of Children's Diseases', 1785–1805, Dorset History Centre, D BKL/H/I/1, 11.

³ On night-time waking, see Knott, *Mother*, 117–18, 124–29, 133.

seen as a dangerous period in its own right.⁴ Illnesses could begin or worsen at night, so details about sleeping habits were recorded as incidental features of sickness. Illnesses made family members more likely to be directly involved with sleeping children, and thus have closer knowledge of their slumber. Despite the much-criticised 'nocturnalization' of fashionable culture, night-time wakefulness was also considered more abnormal than daytime wakefulness, so it counted as a concerning symptom in its own right as well as reflecting the symptoms which interrupted it, enhancing its noteworthiness.⁵ Attention and recording also focussed on children's sleep when less worrying developments took place, such as the move from cradle to bed, into a new bed, or introducing a new nursemaid, to evaluate the child's reaction.⁶

Sleep was always important in maintaining or regaining health, and Sasha Handley has demonstrated that adults paid attention to the quality and duration of slumber to understand and control their physical and spiritual wellbeing.⁷ As one of the non-naturals, it was essential to a healthy regimen; sleep disturbance was both a cause and

⁴ Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012), 52; Hannah Newton, 'Children's Physic: Medical Perceptions and Treatments of Sick Children in Early Modern England, c.1580-1720', *Social History of Medicine* 23, no. 3 (December 2010): 464; Hannah Newton, "'Very Sore Nights and Days": The Child's Experience of Illness in Early Modern England C1580-1720', *Medical History* 55, no. 2 (April 2011): 168.

⁵ On 'nocturnalization', see Koslofsky, *Evening's Empire*, 1-5; Sasha Handley, *Sleep in Early Modern England* (New Haven: Yale University Press, 2016), 151-54; Hunter, 'That Venerable and Princely Custom'. On the importance of sleeping at night, see Karl H Dannenfeldt, 'Sleep: Theory and Practice in the Late Renaissance', *Journal of the History of Medicine* 41, no. 4 (1986): 471, 424; Handley, 'Accounting for Sleep Loss', 5; Cavallo and Storey, *Healthy Living*, 119-21.

⁶ Lady Mary Traquair, 'Diary of Lady Mary Ravenscroft, 7th Countess of Traquair', (1782-1783), Fraser Chest, Bundle 1, Traquair Archives, Traquair House, fols. 2, 3, 40; Nugent, *Journal of a Voyage to Jamaica, Vol. 1*, 449; Nugent, *Journal of a Voyage to Jamaica, Vol. 2*, 185, 187.

⁷ Roy Porter and Dorothy Porter, *In Sickness and In Health: The British Experience, 1650-1850* (London: Fourth Estate, 1988), 30-31; EC Spary, 'Health and Medicine in the Enlightenment', in *The Oxford Handbook of Health and Medicine*, ed. Mark Jackson (Oxford: Oxford University Press, 2011), 86; Sandra Cavallo, 'Conserving Health: The Non-Naturals in Early Modern Culture and Society', in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 10, 13; A Roger Ekirch, *At Day's Close: A History of Nighttime* (London: Weidenfeldt and Nicolson, 2005), 263-64, 267; A Roger Ekirch, 'Sleep We Have Lost: Pre-Industrial Slumber in the British Isles', *American Historical Review* 106, no. 2 (April 2001): 348; Dannenfeldt, 'Sleep: Theory and Practice', 415-16, 421-25, 430-31, 435, 440-41; Handley, *Sleep in Early Modern England*, 2016, 2, 18-40, 48, 61, 63, 67-81, 149, 155, 182-86, 188-89, 203-14; Sasha Handley, 'From the Sacral to the Moral: Sleeping Practices, Household Worship and Confessional Cultures in Late Seventeenth-Century England', *Cultural and Social History* 9, no. 1 (2012): 28-29, 32-38, 41-42; Sasha Handley, 'Sleepwalking, Subjectivity and the Nervous Body in Eighteenth-Century Britain', *Journal for Eighteenth-Century Studies* 35, no. 3 (September 2012): 306-7; Sasha Handley, 'Sociable Sleeping in Early Modern England, 1660-1760', *History* 98, no. 329 (January 2013): 81, 88-89; Sasha Handley, 'Sleep-Piety and Healthy Sleep in Early Modern English Households', in *Conserving Health in Early Modern English Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 185-92, 194-95, 203-4.

a symptom of disease.⁸ Hannah Newton argues that this was particularly the case with children, who were seen as having by nature a 'great need for sleep'; anything that prevented this was dangerous because it undermined a fundamental aspect of their constitution.⁹ As with adults, scrutiny of 'children's sleep habits were used to indicate their general health', particularly because of their inability to communicate their symptoms effectively.¹⁰ When seriously unwell, the combination of anxiety for children's health, personal involvement of parents in care, and disruption to slumber among the rest of the household meant children's sleep was more likely to be recorded than at other times.

The following two chapters examine how inoculation with smallpox led to intense, detailed recording of children's sleep, which interacted with symptoms, and treatments for, serious illness. They centre on the 1783 infection suffered by Charles, Lord Linton, heir to the earldom of Traquair, which was recorded in the diary of his mother, Lady Mary Traquair.¹¹ From the diary's start in October 1782 until Linton's inoculation on 23 April 1783, Lady Traquair discussed her seven-year-old daughter Louisa in more detail than Linton. Louisa accompanied her mother on walks and drives, began formal tuition with the local schoolmaster, and attended balls with the rest of the household.¹² Being old enough to walk, talk, and participate in adult life, Louisa featured more heavily in the early part of the diary, while Linton, who turned two in this period, was often left at home, presumably spending more time with nurses. Before his inoculation, Linton was generally mentioned when he reached developmental milestones, like when he graduated to 'his new Bed' in November 1782, or when he was ill, as in October 1782 when he 'had a sore mouth'.¹³ Even his birthday was only mentioned in a reference to payment for the fiddler, while Louisa's was recorded explicitly.¹⁴ Lady Traquair may have been a very engaged mother to Linton, but her diary recorded notable activities; presumably her interactions with him were

⁸ Handley, *Sleep in Early Modern England*, 20–24; Handley, 'Accounting for Sleep Loss', 4–5; Handley, 'Sleep-Piety and Healthy Sleep', 185–87; Newton, *Misery to Mirth*, 77, 103; Newton, 'She Sleeps Well and Eats an Egg', 111–12; Buchan, *Domestic Medicine*, 97.

⁹ Newton, *Sick Child*, 56.

¹⁰ Newton, *Sick Child*, 56–57; Newton, 'Very Sore Nights and Days', 168.

¹¹ Traquair, 'Diary of Lady Mary Ravenscroft'.

¹² See for example Traquair, 'Diary of Lady Mary Ravenscroft' fols. 2, 3, 6, 7, 12, 14, 16, 17, 18, 19, 20, 21.

¹³ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 2, 1.

¹⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 14, 18.

too mundane to mention. However, inoculation was an extraordinary and nerve-racking process, making Linton the focus of attention.

For Lady Traquair, Linton's illness played out through his sleep quality. Although his symptoms and activities during the day were recorded, particular attention was paid to his sleep and its disturbances. For nearly a fortnight Lady Traquair spent every night in the nursery overseeing his care, and she was very aware of all the disruptions he experienced (figures 81, 86).¹⁵ Even once Linton recovered, his sleep retained a vital role in the diary, acting as shorthand for his general health. As figure 81 shows, Lady Traquair recorded Linton's sleep quality every night except two from 24 April 1783, the morning after his inoculation, until the diary's end on 31 July, long after his smallpox had resolved. Handley's description of ordinary sleep-monitoring suggests that sleep quality and quantity functioned as an early warning of both physical and spiritual sickness, but in the Traquair diary, it became a much more sensitive marker of Linton's health.¹⁶ The diary offers a uniquely detailed, and uniquely extended, record of a child's sleep.

¹⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 29-34.

¹⁶ Handley, *Sleep in Early Modern England*, 1-2, 11, 20-22, 39, 69, 71-73; Handley, 'Sleep-Piety and Healthy Sleep', 185-86, 188-89; Handley, 'Accounting for Sleep Loss', 4.

This chapter also examines sleep and waking in the 'Notebook of Children's Diseases' kept by Frances Bankes between 1785 and 1805.¹ Although the initial entries are very detailed, giving the children's symptoms and reactions to individual doses of medication, Bankes later kept much more cursory notes. However, she recorded the progress of her three oldest sons' inoculations in detail, including observations of their sleep. Bankes only recorded sleep during her children's illnesses, whereas Lady Traquair continued to record Linton's slumber once he had recovered, but Bankes's notes still provide a useful comparison with Lady Traquair's extraordinary record, illuminating the implications of sleep during illness, and the ways that medical care affected it.

The chapter establishes the importance of sleep and sleep disturbance in monitoring children's illnesses. It argues that documents recording illnesses offer sustained, detailed evidence of children's slumber because of its role in health-tracking, and for the disruption it caused the rest of the household. Sleep offered insights into disease progress and recovery, and because overnight care disrupted much of the household, it also became noteworthy beyond the sickroom. The chapter also explores how pathogens, remedies, and bodies interacted to create or cure sleeplessness. It challenges A. Roger Ekirch's 'segmented sleep' model, which argues that humans 'naturally' sleep in two 'phases' with a period of waking between.² Finally, it suggests that records of children's sleep loss and restoration are evidence of children's experiences of illness and slumber. Evidence about children's own thoughts and feelings is rare, but the alleged causes of and solutions to children's sleep loss offer hints about the physical experiences of children at night. This is a theme that chapters six and seven develop in more detail, but the end of this chapter suggests some implications of this observation.

Despite this last theme, the chapter is focussed mainly on how adults approached children's sleeplessness. The chapter also prepares the ground for chapter five, which continues this adult-focussed perspective, exploring the effects of children's sleep disruption on the rest of the household. The diary framed Linton's illness mainly through his sleep and waking, and its management illuminates tensions and power

¹ Bankes, 'Notebook'.

² Ekirch, 'Sleep We Have Lost', 344–45, 364–85; Ekirch, *At Day's Close*, 300–323; Ekirch, 'Modernization of Western Sleep'.

dynamics between attendants. It also allowed Lady Traquair to perform her devotion to Linton, even though as a diarist she rarely made overt declarations of emotion.

Smallpox was a feared disease with a high mortality rate, which often left survivors scarred or blind, and which most individuals eventually encountered.³ Inoculation was introduced to Britain in the 1720s and was widely accepted by the 1780s, although Deborah Bruton shows that while elite Scottish families adopted inoculation by the 1760s, take-up among the rest of the population lagged behind until the 1780s-90s.⁴ As Helen Esfandiary argues, the prevalence of smallpox made a comparatively controlled inoculation-induced infection seem safer to many parents than the risk of children contracting a worse natural infection.⁵ Infectious matter from a smallpox victim was introduced into incisions in the limbs of the inoculation patient, with the aim of causing a milder infection than wild smallpox.⁶ The extended preparation period traditional in the early eighteenth century was reduced following refinements popularised in the 1760s by the Sutton family, although patients or parents still selected the most

³ Donald R. Hopkins, *The Greatest Killer: Smallpox in History* (Chicago: University of Chicago Press, 2002), 3–5, 11, 32; P.J. Corfield, 'Introduction', in *The Speckled Monster: Smallpox in England, 1670-1970, With Particular Reference to Essex*, ed. J.R. Smith (Chelmsford: Essex Record Office, 1987), 11; J.R. Smith, *The Speckled Monster: Smallpox in England, 1670-1970, with Particular Reference to Essex* (Chelmsford: Essex Record Office, 1987), 15–16, 19–21; David E. Shuttleton, *Smallpox and the Literary Imagination, 1600-1820* (Cambridge: Cambridge University Press, 2007), 3–6; Sara Stidstone Gronim, 'Imagining Inoculation: Smallpox, the Body, and Social Relations of Healing in the Eighteenth Century', *Bulletin of the History of Medicine* 80, no. 2 (Summer 2006): 248–49; Mary L. South, *The Inoculation Book, 1774-1783*, vol. XLVII (Southampton: University of Southampton, Southampton Records Series, 2014), 41–45, 48–49; Helen Esfandiary, "'We Could Not Answer to Ourselves Not Doing It': Material Obligations and Knowledge of Smallpox Inoculation in Eighteenth-Century Elite Society', *Historical Research* 92, no. 258 (November 2019): 757; Spencer J. Weinreich, 'Unaccountable Subjects: Contracting Legal and Medical Authority in the Newgate Smallpox Experiment (1721)', *History Workshop Journal*, no. 89 (Spring 2020): 24; Mills, 'From "Papaber Errat" to "Tincture of Opium"', 103–4; Matthew L. Newsom Kerr, "'An Alteration in the Human Countenance": Inoculation, Vaccination and the Face of Smallpox in the Age of Jenner', in *A Medical History of Skin: Scratching the Surface*, ed. Jonathan Reinartz and Kevin Siena (London: Pickering and Chatto, 2013), 129–33; Genevieve Miller, *The Adoption of Inoculation for Smallpox in England and France* (Philadelphia: University of Pennsylvania Press, 1957), 29–33, 45.

⁴ Hopkins, *Greatest Killer*, 47–50, 58–61, 76; Smith, *Speckled Monster*, 16 30-38, 40–42, 68; Shuttleton, *Smallpox and the Literary Imagination*, 1; Andrea A. Rusnock, *Vital Accounts: Quantifying Health and Population in Eighteenth-Century England and France* (Cambridge: Cambridge University Press, 2002), 44–45, 92–93; Deborah Bruton, 'Pox Britannica: Smallpox Inoculation in Britain, 1721-1830' (PhD Thesis, University of Pennsylvania, 1990), 220–21; Esfandiary, 'We Could Not Answer to Ourselves', 757–58; Kerr, 'An Alteration in the Human Countenance', 131; Miller, *Adoption of Inoculation*.

⁵ Esfandiary, 'We Could Not Answer to Ourselves', 755, 757, 765–70; Kerr, 'An Alteration in the Human Countenance', 131.

⁶ Esfandiary, 'We Could Not Answer to Ourselves', 754 fn. 1, 755, 761; Bruton, 'Pox Britannica', 216; Gronim, 'Imagining Inoculation', 248; Rusnock, *Vital Accounts*, 43–44; Smith, *Speckled Monster*, 41; Hopkins, *Greatest Killer*, 7–8; Kerr, 'An Alteration in the Human Countenance', 131.

appropriate time for the procedure.⁷ Although by 1783 preparation for inoculation had become less elaborate, post-inoculation care remained important, not least because it was recognised that despite having a better prognosis than “natural” smallpox, inoculation infections still posed a risk of death, and were infectious to non-immune people.⁸ Caring for smallpox victims, however they acquired the disease, was hard, distressing, and unpleasant work: patients developed a painful, ugly rash which exuded foul-smelling pus that soiled bedclothes.⁹ Patients were scrutinised intensely as anxious family members attempted to provide the best care possible, and to ascertain an accurate prognosis. The record of Linton’s illness follows this pattern of detailed observation. Although all the non-naturals were recorded during Linton’s illness, his sleep received the most sustained interest, and other non-naturals were often recorded in relation to it. However, sleep was prioritised in the diary.

Sources

Lady Traquair’s ‘Diary’

Linton’s illness was recorded in a daily account of events at Traquair House, Peeblesshire, Scotland, kept between 1 October 1782 and 31 July 1783. Its fifty-five unbound folios are written in the third person, in an educated hand.¹⁰ Although the diary is unsigned, its attribution to Lady Traquair is almost certainly correct. The most convincing evidence of authorship is in an entry when Linton was at the height of his illness, when the inoculator Mr Reid ill-advisedly attempted to reassure Lady Traquair that Linton’s fits indicated that his smallpox was of ‘a good sort’.¹¹ Although most of the passage was written in the third person, like the rest of the text, for a moment the author slipped into the first person, recording that Mr Reid believed ‘that *I* sh^d be

⁷ Hopkins, *Greatest Killer*, 59–60; Smith, *Speckled Monster*, 41–42; Gronim, ‘Imagining Inoculation’, 257–58, 267; Rusnock, *Vital Accounts*, 92–93.

⁸ Kerr, ‘An Alteration in the Human Countenance’, 131–34; Hopkins, *Greatest Killer*, 7–8, 59–60; Smith, *Speckled Monster*, 36, 41–42, 46, 51–53, 68–91; Shuttleton, *Smallpox and the Literary Imagination*, 173, 179; Rusnock, *Vital Accounts*, 43–44, 92–94; Gronim, ‘Imagining Inoculation’, 248, 264, 267; Bruton, ‘Pox Britannica’, 216, 237; Esfandiary, ‘We Could Not Answer to Ourselves’, 754 fn. 1, 755, 757–58, 761.

⁹ Hopkins, *Greatest Killer*, 4; Smith, *Speckled Monster*, 15–16; Shuttleton, *Smallpox and the Literary Imagination*, 3, 5–7; Gronim, ‘Imagining Inoculation’, 248–49; Esfandiary, ‘We Could Not Answer to Ourselves’, 757; North, *Sweet and Clean*, 65–66; Miller, *Adoption of Inoculation*, 39.

¹⁰ See also ‘Diary of Mary Ravenscroft, 7th Countess of Traquair, from 1782 to 1783’, *Traquair House Website* (blog), accessed 27 April 2022, <https://www.traquair.co.uk/diary-mary-ravenscroft/>.

¹¹ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 32.

satisfied he had had y^e same Pox’, before reverting to the former convention: ‘Ly. T. laughed at all [he] said’.¹²

The diary’s purpose is unclear. It generally focussed on matters relevant to the Traquair family, but remained centred on Traquair House even when Lord Traquair was away. It begins and ends abruptly, on the first and last days of October 1782 and July 1783 respectively, and is complete apart from a gap between 1 and 11 March 1783. The Traquair family were members of the Scottish Catholic nobility; references to religion were guarded, referring to ‘P-yrs’, ‘M-s’, and correspondence with ‘B-p Geddes’ (John Geddes) and ‘B-p Hay’ (George Hay), bishops who led the Scottish Catholic church.¹³ From February 1783, preparations began ‘d’aller en France as Peace was now – concluded’, and the family left Traquair in 1784.¹⁴ The family kept a relatively low profile; although Lord Traquair occasionally went to Edinburgh on business, Lady Traquair never appears to have ventured so far, though she did occasionally spend nights away locally.¹⁵ The Traquairs lived an unusual life, even considering their noble status: while they had a full staff of servants to run the estate and care for the family, they lived a comparatively isolated existence, on the fringe of society.¹⁶ The family’s main concerns seem to have been running the Traquair estate and its associated financial and legal concerns.

Beyond covert references to religion, the diary chronicled everyday events at Traquair and its neighbourhood, including local gossip, social events, estate business, and the daily activities of the Traquair family and their servants. It also detailed illnesses suffered by members of the household. Unlike the introspective diaries of eighteenth-

¹² Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 32. Emphasis added.

¹³ Traquair, ‘Diary of Lady Mary Ravenscroft’, fols. 38, 47, 16, 1; Matthew Kilburn, ‘Geddes, John (1735-1799), Coadjutor Vicar Apostolic of the Lowland District’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-10489?rskey=FWMiAv&result=2>; Brian M. Halloran, ‘Hay, George (1729-1811), Vicar Apostolic of the Lowland District’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2044), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12720?rskey=VjcdQc&result=6>.

¹⁴ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 13; Maxwell Stuart and Fox, *Family Life*, 74.

¹⁵ See for example Traquair, ‘Diary of Lady Mary Ravenscroft’, fols. 1, 6.

¹⁶ The family does not appear to have been written about in modern scholarship; neither Linton, the future eighth Earl of Traquair, nor his father appear in *The Oxford Dictionary of National Biography*, Thomas Thomson’s revision of Robert Chambers’ *Biographical Dictionary of Eminent Scotsmen*, or any other work of which I am aware. ‘Oxford Dictionary of National Biography’, accessed 27 April 2022, <https://www-oxforddnb-com.libproxy.york.ac.uk/>; Robert Chambers and Thomas Thomson, eds., *A Biographical Dictionary of Eminent Scotsmen, Vol. 3* (Glasgow: Blackie and Son, 1870).

century Methodists, or adherents of the cult of sensibility, Lady Traquair's diary retained a superficially detached and objective tone, and primarily listed events, although Lady Traquair's opinions are sometimes apparent. The text mainly avoided emotional or moral commentary, favouring a structure which listed the day's events. On 3 January 1783, for example, the 'Fine mild' weather was followed by Lord Traquair's departure for Edinburgh with a servant and details of his proposed stop; the departure of a guest; a servant's journey to collect the cook; the death of 'Louisa's Lamb'; a gift of another ewe; and an interaction with a neighbour.¹⁷

The diary was an active document, with marginal additions, crossings-out, and corrections. Some entries were probably written on the day; others were written up in bulk. For example, a large section on 24 April was crossed out and rewritten nearly verbatim in the entry for the next day, detailing how 'Ly. T. had the Cali[co] Lining took out of Lin[ton's] day Cap', the adjustments made to the temperature and air quality of the nursery and 'Blue room', and the 'week [*sic*] mutton Broth' prepared for Linton.¹⁸ It seems likely that both days were recorded together, and Lady Traquair initially got muddled about which day she was recording. Marginalia, such as on 2 May when a note added detail about the progress of Linton's pustules, and superscript correcting or expanding on information in the main text, also indicate that details were added when further information was available or when Lady Traquair recalled it.¹⁹ This indicates that accurate and detailed information were important to Lady Traquair, and that she reread the diary. During Linton's illness, the details may have been used to help monitor his recovery, but as there were also highly detailed, carefully corrected entries before and after this period, it seems to be habit, rather than solely a response to Linton's illness.

Frances Bankes's 'Notebook'

Frances Bankes kept a 'Notebook of Children's Diseases' from 1785, when her first son Henry was inoculated aged three months.²⁰ Bankes's husband was a Dorset MP and landowner who supported Catholic emancipation until 1813, when he turned against it.²¹ Although they lived at opposite ends of Britain, and sat on different sides of the

¹⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 8.

¹⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 26.

¹⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

²⁰ Bankes, 'Notebook', 3.

²¹ S.M. Farrell, 'Bankes, Henry (1757-1834), Politician and Parliamentary Diarist', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www->

confessional divide, the Traquair and Bankes families had much in common: both were landowners with significant social influence and access to the best local medical and childcare. However, the Bankes notebook was not a diary, and while some illnesses received detailed and regular recording, later entries were much more cursory. The notebook appears to have become a reference for the remedies and medical advice the children received; Bankes particularly noted the children's medicines and what they were useful for, so that she could use them again.²² Bankes's record-keeping was much less detailed than Lady Traquair's, perhaps because she seems to have relied more on nurses and may have been less involved in the children's care, so she observed less at first-hand. The early entries offer more information, and Bankes may have kept another record which she drew on for the notebook, because some of the records of illnesses seem to have been transcribed from more detailed notes.

Bankes had six children, three of whom are considered here: Henry (born July and inoculated October 1785); William (born September 1786, inoculated February 1787); and George (born December 1787, inoculated March 1788).²³ Henry and William had feverish coughs at the same time as George was inoculated.²⁴ In all of these periods, the children's sleep formed one strand of the notebook's record-keeping, as well as while Henry teethed in 1786.²⁵ All three were inoculated when they were under six months old, and so unable to communicate verbally, but they responded to the sensations they felt, and sleep was used as a marker of their state.

Monitoring sleep

Linton was inoculated on 23 April 1783, when he was just over two years old.²⁶ His early inoculation may have been a response to a local epidemic: on 19 February, Mr Reid, one of the family's medical attendants, 'did not like to see Linton as had been among small Pox', and a five-month-old infant was inoculated on the same day.²⁷ After his inoculation, Linton became a key interest of the diary: from 23 April until 6 June, while he sickened and recovered, his health and activities were discussed extensively. Thereafter the level of detail diminished, but his sleep was recorded in all but two of

oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-1287?rskey=CIYTXd&result=1.

²² Bankes, 'Notebook'.

²³ Bankes, 'Notebook', 3, 9, 33.

²⁴ Bankes, 'Notebook', 26, 28, 33.

²⁵ Bankes, 'Notebook', 7.

²⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 26; Maxwell Stuart and Fox, *Family Life*, front endsheet.

²⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 16, 26.

the daily entries until the journal stopped on 31 July 1783. Figures 82-84 demonstrate the gradual decline in detailed recording about Linton's bodily functions between April and June.

April 1783																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Linton's sleep quality																														
Lady Traquair sat up																														
Assistant sat up																														
Medical professional stayed																														
Symptoms recorded																														
Linton given medication																														
Linton's evacuations recorded																														
Linton's meals/drinks recorded																														
Linton leaves house																														

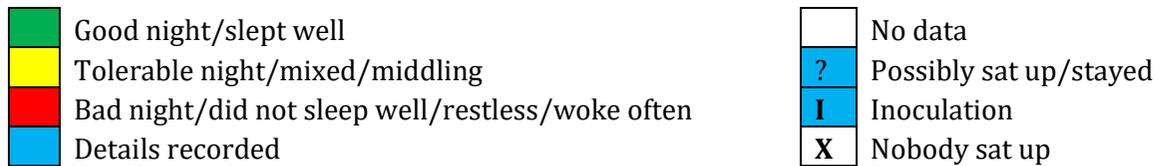


Figure 82 Linton's physical state and care given for it, April 1783. In this and the next two figures, details about Linton's sleep are recorded on the day that the night started, while details about meals, evacuations, etc that happened in the night but after midnight are recorded on the next day, so they fit in the correct 24-hour period

May 1783																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Linton's sleep quality	Red	Yellow	Red	Red	Green	Red	Green	Red	Red	Green	Red	Green	Red	Green	Red	Red	Green	Red	Green	Green	Red	Green	Yellow									
Lady Traquair sat up	?																															
Assistant sat up																																X
Medical professional stayed					?	?	?	?																								
Symptoms recorded																																
Linton given medication																																
Linton's evacuations recorded																																
Linton's meals/drinks recorded																																
Linton leaves house																																

	Good night/slept well		No data
	Tolerable night/mixed/middling		Possibly sat up/stayed
	Bad night/did not sleep well/restless/woke often		Inoculation
	Details recorded		Nobody sat up

Figure 83 Linton's physical state and care given for it, May 1783

June 1783																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Linton's sleep quality	Green	Red	Red	Green	Green	Red	Red	Green	Green	Green	Red	Green	Green	Green	Green	Green	Red	Red	Green	Green	Yellow			Green							
Lady Traquair sat up																															
Assistant sat up																															
Medical professional stayed																															
Symptoms recorded				Blue								Blue																			
Linton given medication			Blue	Blue									Blue	Blue																	
Linton's evacuations recorded		Blue		Blue	Blue	Blue						Blue	Blue	Blue	Blue	Blue															
Linton's meals/drinks recorded	Blue			Blue	Blue	Blue						Blue	Blue	Blue	Blue																
Linton leaves house	Blue																														

Green	Good night/slept well		No data
Yellow	Tolerable night/mixed/middling	?	Possibly sat up/stayed
Red	Bad night/did not sleep well/restless/woke often	I	Inoculation
Blue	Details recorded	X	Nobody sat up

Figure 84 Linton's physical state and care given for it, June 1783

While Linton could talk, his health was monitored using non-verbal signs. His treatment also manipulated his regimen. The Traquairs adhered to Thomas Sydenham's 'cold' treatment for smallpox, popularised in the late seventeenth century: Linton's access to fires was restricted; the lining of his clothes was removed; he wore fewer layers than normal and 'Slept with only a sheet upon him'; he was kept out of rooms deemed 'too Warm'; and he was taken outside for fresh air and exercise early in his illness.¹ Too much change of air was bad for him; on 9 May Linton was forced to leave the nursery 'for half hour whilst [it] was cleaned out', resulting the next day in 'a little Cold, w^{ch} he caught... going out of his room'.² Flannel wraps kept him warm or 'brought on ye fever', while during fits he was taken to, and, on at least one occasion, 'held part out of the window'.³ He was also bathed in 'warm... milk & water up... to his knees' at least twice, which 'cooled and refreshed him'.⁴ Linton's emotional state was occasionally recorded: although being 'fretty' was usually associated with waking up or going to sleep, when he was recovering he was described as 'merry', and when Mr Marshall, one of his medical attendants, attempted to visit on one occasion, he reacted with fear.⁵ Exercise, emotion, and control of climatic conditions helped analyse and improve Linton's health, particularly when he was not at his most unwell, but they were not the primary ways his wellbeing was evaluated.

The main non-naturals recorded were evacuation, nutrition, and sleep. Linton's stools were counted, and a distinction was made between "natural" defecation and stools achieved by physic. On 29 April, he 'had: two motions got one w^t an Injection', while on 6 May, the 'Inject_ had no Effect but he had a natural motion in y^e morn'.⁶ Incredibly, on 4 June, Linton had thirteen motions in total: two during the night, alongside at least two episodes of vomiting; three further motions in the morning; and eight more during the day.⁷ Although he had been given calomel the evening before, there was no indication that this was thought excessive, although on 5 April, before the inoculation, '3 grains Jallup 3 grains Cream Tarter' had proven 'too Strong operated about a Dozen times'.⁸ Abnormal stool quality was also noted; on 14 May, 'Physic gave [Linton] 4 motions

¹ Hopkins, *Greatest Killer*, 33; Smith, *Speckled Monster*, 30; Gronim, 'Imagining Inoculation', 256; South, *Inoculation Book*, XLVII:52-53; Miller, *Adoption of Inoculation*, 35-36; North, *Sweet and Clean*, 65; Traquair, 'Diary of Lady Mary Ravenscroft', fols. 26-31.

² Traquair, 'Diary of Lady Mary Ravenscroft', fols. 33-34.

³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-36, 40, 42, 53.

⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 27, 31.

⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 43.

⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 43, 21.

brought away a good deal of Slime'.⁹ Linton's diet was minutely recorded, and he ate more as he recovered. At the height of the infection on 6 May, he 'eat nothing all day but some round sugar Biscuits w^t Carryway seeds that he called Snaps'; at this point, although he had 'had a good night', 'The Pustules began to fill & were large... his Body so exceeding full & Itchey & so sore not able to bear to be touched lifted or be out of his Bed'.¹⁰ As Linton recovered on 12 May, he 'drank a good deal of Chicken broth... had 2 Pidgeons for Dinner, as he had raved for Pidgeons y^e day before he eat heartily & was very merry thro' y^e day', despite having 'had a restless night'.¹¹ Sleep evidence sometimes contradicted that of his appetite and mood, with Linton sleeping better the night his appetite disappeared and he was most covered in pocks, and worse when his daytime activities indicated a healthier state. Although the other non-naturals were important, sleep remained the central concern. It was recorded for the longest period, as figures 82-84 demonstrate. The other non-naturals were often discussed in relation to Linton's sleep and wakefulness: when Linton was woken by his evacuations, hunger, or thirst, or when his emotional state undermined restful slumber. However, Lady Traquair continued to record Linton's sleep quality long after he was recovered, even once other details of his health and behaviour faded from the diary.

Linton suffered several bouts of illness during the period covered by the diary, although his smallpox infection was the most prolonged and dramatic. Sometimes only a diagnosis was recorded, without symptoms or treatment: on 29 December 1782, 'Linton got Cold again', although he was 'better' the next day.¹² Sometimes the symptoms suggested a diagnosis, like on 27 May 1783, during his recuperation from the inoculation, when he 'rubs his nose very much. – w^{ch} is a Sign of worms'; this was not mentioned again, and Linton did not apparently receive treatment.¹³ Most commonly, no symptoms or diagnosis were recorded, but the treatment was, as on 12 February 1783 when 'Linton took Physic 4 Grains Jalop & 4 tarter in Current Jelly, operated very well', indicating a minor illness which required treatment but not detailed discussion or professional attention.¹⁴

⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 35.

¹⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 31.

¹¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

¹² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 7.

¹³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 40.

¹⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 15.

Details about Linton's slumber also indicated that he was unwell, with sleep disruption or return becoming a measure of health. Most of the family caught colds in late November and early December 1782, but there are only brief records of their illnesses and the medicines administered to the children.¹⁵ However, on 7 December, 'Linton had a good night his Cold better', despite having been ill enough that Mr Reid had been obliged to stay overnight.¹⁶ Other household members' recovery was either omitted, or not recorded in relation to other bodily signs: 'Lord Traquair Cold better'.¹⁷ Similarly, on 16 April, 'Linton had a bad night up several times. – / Cried much [when] he made his water'.¹⁸ No cause of his discomfort was given; no treatment was recorded; and there was no mention of dysuria on the preceding or succeeding days.¹⁹ Whether dysuria caused Linton's sleep disturbance is unclear; it is recorded on a separate line, and could be a separate observation, although proximity of the observations implies that the two were linked. In cases of minor illness, Linton's sleep was used to gauge his health, and was one of the few textual traces illness left.

Sleep blossomed into what Leah Astbury calls 'a barometer of health' when Linton was inoculated on 23 April.²⁰ Every entry between 24 April and 1 May began with the phrase 'Linton had a good night', and the first time Linton was recorded as having 'a restless bad night' post-inoculation was on the night of 1-2 May, following a note that may have referred to either day, that 'The Seventh day The Small Poc begun to appear'.²¹ Sleep disruption accompanied the first physical manifestations of Linton's illness, and thereafter his sleep quality was recorded in varying detail in every entry from 24 April until the end of the diary except 23 June and 26 July (figure 81).

Lady Traquair used formulaic phrases to describe Linton's sleep, adding more information when noteworthy things occurred. From April to June, the linguistic focus was normally on the 'night' rather than Linton's sleep, with a few exceptions: generally 'Linton had a good night'; less commonly 'a bad night'; occasionally he 'had a restless

¹⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 3-5.

¹⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 5.

¹⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 5.

¹⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 24.

¹⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 24.

²⁰ Astbury, 'Ordering the Infant', 86; Traquair, 'Diary of Lady Mary Ravenscroft', fol. 26.

²¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29. This is slightly shorter than Donald R. Hopkins's estimation that the rash appears from day ten after infection, although Andrea A. Rusnock's assertion that the site of inoculation became inflamed around day four is faster than Linton's reaction: he 'did not like to be dressed because of his arm' on 30 April. Hopkins, *Greatest Killer*, 3-4; Rusnock, *Vital Accounts*, 43-44; Traquair, 'Diary of Lady Mary Ravenscroft', fol. 27.

night' or, once, 'a restless bad night', and he had one night each that was 'tolerable' and 'middling'.²² Sometimes these statements were followed with qualifying details; others left out the bald statement of sleep quality when it was plain from the description of the night's events that nobody in the nursery had slept much. The language then shifted. Although Lady Traquair occasionally mentioned Linton's sleep quality in May, from June references to it became more frequent: Linton 'slept well' or 'pretty well', or else he 'did not sleep well'; very occasionally, he 'did not rest well', occasionally still interspersed with discussion of his 'night'.²³ The change from the description of the 'night', a noun, to 'sleep', a verb, occurred as Linton's health and slumber improved, and the level of detail about his bodily state reduced. The reason for the change in language is unclear, but may reflect that during his illness, Linton's nights were filled with wakefulness as well as sleep, whereas with his recovery it became more accurate to refer to his nocturnal activity as slumber. However, both formulations referred to Linton's state overnight, and were often recorded alongside other details of events that extended this cursory description. Linton's sleep quality and duration contributed to analysis of his wellbeing.

The pattern of recording Linton's sleep continued long after the apparent end of his illness, although details of his other bodily functions diminished. Exactly when he was deemed to have recovered was not recorded, but he had more symptoms, was given more medical treatment, and had his evacuations and diet recorded in more detail in the first half of May (figure 83). This trailed off towards the end of May, and by mid-June these notes lapsed, before reappearing in mid-June (figures 83-84). The first time he was dressed again was probably 15 May, and the first time he went outside was 17th.²⁴ The frequency with which Linton was prescribed medicines reduced towards the end of May. On 5 May, he was first given laudanum, by when he had already been very unwell for days; he had some form of physic administered most days from 4 until 16 May, and on 21 and 22 May he was given purgatives, but from this point no medicine was recorded until 3 June (figures 82-84).²⁵ Even medicines prepared but not administered were recorded, as on 2 May after Linton's fit when Mr Marshall recommended 'a little emetic' which 'was never offered [to] y^e child', which suggests that the diary accurately reflected what he took, so from mid-May Linton probably

²² Traquair, 'Diary of Lady Mary Ravenscroft', fols. 26-40.

²³ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 34, 36, 39, 42-55.

²⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 35-36.

²⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-38, 43.

required less medicine.²⁶ Extra help was available in the nursery every night from 2 May, when 'Nurse Swan satt up', until 30 May; on 31st, 'No one satt up', and from then there was no record of Linton being attended by either a nurse or servant overnight, even when he was unwell with minor illnesses (figure 82-84).²⁷ Linton's diet, bowel movements, or both were recorded most days throughout May, but from 7 June there was no attention paid to either until 12 June, when he had a stomach disorder; the gap in recording indicates that this was a separate incident.²⁸ Linton was probably recovering by mid-May and better by the beginning of June, when he no longer needed extra care at night, and his diet and evacuations were scrutinised less. Despite being essentially healthy from at least mid-June, Linton's sleep continued to be recorded in nearly every entry until the end of July. On 23 and 25 July, Linton's sleep was the only thing recorded apart from the weather, and even on days full of other concerns, it remained a standing feature (figure 81).²⁹

The most likely reasons for Lady Traquair's new interest in Linton's slumber are the nature and severity of the disease he suffered, and his status within the family. Smallpox was a feared disease, and one of the few overt displays of emotion in the diary occurred in response to Mr Reid's ill-judged attempt at reassuring Lady Traquair that Linton's fits indicated his illness was of 'a good sort' on 6 May.³⁰ Most of the text attempted to remain objective, even at tense moments, such as during Linton's first fit on 2 May.³¹ Although some of his symptoms on that occasion 'alarmed Ly. T-' and she refused to let the nurse take charge of his care, this was reported as part of Lady Traquair's response to events.³² In contrast, the exchange with Mr Reid four days later showed Lady Traquair's emotion in immediate and unguarded form, when it slipped briefly into the first person, when Mr Reid told her that 'I sh^d be satisfied [Linton] had had... [small] Pox'.³³ The text regained its poise somewhat when 'Ly. T. laughed at all [he] said & looked upon it erroneus and quite nonsensical being quite convinced he did not under stand Inoculation & the proper treatment of the Small Pox'.³⁴ The strength of feeling at this moment is clear, despite the attempt at objectivity. Linton's illness held

²⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

²⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-41.

²⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 44-45.

²⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 54.

³⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

³¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

³² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

³³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

³⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

deeper significance because, as the only son, he was heir to the Traquair estate.³⁵ Through the early part of the diary, Linton was discussed mainly in the context of his health, unlike Louisa, who participated more in family life. This does not mean that Linton was not valued for himself as well as his future status; the diary was not a performance of sentimental motherhood. Acts of maternal affection were implicit, as when Lady Traquair brought Linton flowers, 'made him Chicken Broth' and 'harty pudding', or 'cut his Din[ner] for him'.³⁶ Linton evidently expected her attention, because on 18 May, 'he sent for Ly. T. to cut [his pigeon] for him'.³⁷ However, Lady Traquair did not valorise her involvement with or love for her children. Instead of exploring her emotions, she recorded important daily events with a generally, although not exclusively, objective tone. Linton's sleep became another point of interest, standing for his general health and obviating the need for more detailed observations of his state. The ritualistic record of Linton's sleep allayed deep concern for his welfare by a simple, powerful act of recording that offered a convenient but accurate shorthand for his general wellbeing.

Like Lady Traquair, Bankes used her children's sleep to monitor the progress of their various illnesses. Bankes mainly recorded their sleep; evacuations; any fretfulness or unease they exhibited; medicines prescribed and whether they were administered; and symptoms like rashes or coughs. All three boys were under three in the passages under discussion, and were cared for by wetnurses during their inoculations, so their food intake was harder to monitor than that of a child on solids.³⁸ However, their sleep gave important evidence about their health. The night before William's smallpox appeared on 2 March 1787, he 'had a bad Night being rather uneasy'.³⁹ After William began recovering from his inoculation, 'during the whole Day [he] sucked and Slept a great deal and appear'd very seldom to be either restless or uneasy', and from then Bankes often recorded that William 'continued all day tolerably quiet and easy and he slept a great deal', 'the Child had slept tolerably in the Night and was much better', and so forth.⁴⁰ When Henry and William had a bad cough in March 1788, William 'passed but an indifferent Night and his Brother Henry a very bad one indeed having been extremely restless continually disturbed by his Cough and having a great deal of

³⁵ Maxwell Stuart and Fox, *Family Life*, front endsheet.

³⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 33, 26, 27, 43.

³⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 36.

³⁸ Bankes, 'Notebook', 3, 9, 33.

³⁹ Bankes, 'Notebook', 10.

⁴⁰ Bankes, 'Notebook', 15, 16.

Fever'.⁴¹ The next night, Henry 'had a very good Night', and the night after that, 'William... passed an indifferent Night and continued much in the same way'.⁴² During George's inoculation, he 'look'd ill and seem'd fretfull [*sic*] had a very bad Night' before the rash emerged on 15 March 1788, but the next morning 'tho' he had a restless Night it was better than the Night before', and on 17th he 'continued very well all Day and had a pretty good Night'.⁴³ As Henry recovered from his inoculation in 1785, 'he still at times started in his Sleep, and Waked with little fits of Crying, which convinced me that the cause of the disorder was not intirely removed'.⁴⁴ Bankes also believed that Henry had suffered more with his inoculation than William, because

[William] appear'd to me to be very much in the same way that his Brother was in when he had the Small Pox with this difference that Henry was certainly worse as his uneasiness appear'd to be without any intermission now William frequently for an hour together seem'd free from pain and would at those times Sleep tolerably easy[.]⁴⁵

Bankes was much less assiduous in recording her sons' sleeping patterns than Lady Traquair, but their sleep quality was still used as an indicator of disease severity.

Descriptions of the boys' sleep also indicated developments in the progress of inoculation infection, especially the eruption of smallpox rashes or 'the Turn' of the illness.⁴⁶ After Henry's inoculation, he 'was perfectly well till the Ninth Day, when the Small Pox began to appear', and by the night of day ten, 'without any possible way of accounting for it, the Child was seized with a violent uneasiness and never ceased crying for two Nights and one Day', which heralded what turned out to be a violent 'disorder in his Bowels'.⁴⁷ When William was inoculated, the site of the procedure 'appear'd... to spread and inflame more and more', and the night of 1 March he 'had a bad Night being rather uneasy when awake and the Small Pox came out the next morning'.⁴⁸ The night before George's rash arrived, he 'look'd ill and seemed fretfull had a very bad Night'.⁴⁹ On 7 March 1787, Bankes 'gave [William] his composing

⁴¹ Bankes, 'Notebook', 28.

⁴² Bankes, 'Notebook', 29.

⁴³ Bankes, 'Notebook', 35, 36.

⁴⁴ Bankes, 'Notebook', 5.

⁴⁵ Bankes, 'Notebook', 12.

⁴⁶ Bankes, 'Notebook', 6, 15-17.

⁴⁷ Bankes, 'Notebook', 3-4.

⁴⁸ Bankes, 'Notebook', 9-10.

⁴⁹ Bankes, 'Notebook', 35.

Draught notwithstanding which he had a very restless bad Night owing I believe to the Turn of the disorder'.⁵⁰

However, Henry's sleep could give ambiguous signals. While his teething began 'favourably' in August 1786, his sleep made Bankes suspect that all was not well; 'he began to look pale and tho' he had no Fever he was frequently disturbed by the pain of his double Teeth in the night'.⁵¹ She requested a prescription which she used 'whenever he seems restless'.⁵² By December 1787, Henry was 'was cutting his last double Teeth', and 'was... subject to a little disorder in his Bowels' which did not initially worry Bankes.⁵³ Ignoring the problem meant 'it lasted too long and... he had sometimes a motion involuntarily in his sleep', so she became concerned and sought advice.⁵⁴ The remedy she administered left him 'looking well', but still defecating too much, and it was not until late January 1788 that she intervened again.⁵⁵ She left it this long 'supposing that no Child could have much the matter with him when he looked well eat and drank as usual slept regularly all the Night and appeared not to suffer any uneasiness'.⁵⁶ This assumption was misplaced: on examining the motions procured by Henry's medicine, the attending physician agreed that 'it was impossible for any Childs Bowels to be in a worse state'.⁵⁷ When teething, Henry's body gave contradictory signals; sleep disturbance was the only evidence of discomfort and illness when he started cutting teeth, while at the end of the process everything, including his sleep, seemed fine except his bowel movements. Teething was a dangerous time for infants anyway, but in Henry's case, his body's ambiguous signals made it difficult for Bankes to work out what care he needed.⁵⁸

Interrupted sleep was a useful proxy for children's health, even if it did not always offer transparent evidence of their state. Newton has found a similar pattern among adult invalids, for whom the return of uninterrupted sleep was a sign of recovery.⁵⁹ As she observes, this challenges Ekirch's claim that 'segmented sleep' was the dominant form

⁵⁰ Bankes, 'Notebook', 17.

⁵¹ Bankes, 'Notebook', 7.

⁵² Bankes, 'Notebook', 8.

⁵³ Bankes, 'Notebook', 21.

⁵⁴ Bankes, 'Notebook', 21.

⁵⁵ Bankes, 'Notebook', 22.

⁵⁶ Bankes, 'Notebook', 22.

⁵⁷ Bankes, 'Notebook', 23.

⁵⁸ On teething, see Newton, *Sick Child*, 45, 52; Newton, 'Children's Physic', 461, 464.

⁵⁹ Newton, *Misery to Mirth*, 77; Newton, 'She Sleeps Well and Eats an Egg', 111–12.

of premodern slumber, and the ‘natural’ form of sleep for all humans.⁶⁰ Children have a much shorter sleep/wake cycle than adults anyway, and they often have daytime naps, so their “natural” sleep is, if anything, polyphasic.⁶¹ However, illness also altered their sleep cycles. Drawing a boundary between “natural” and “unnatural” in these circumstances, especially where inoculation artificially induced illness, is problematic, especially when remedies for illness or sleeplessness added more layers of alteration.⁶² Both children and the sick slept in different patterns to the healthy, and this also affected their carers, as the next chapter demonstrates. Ekirch’s sweeping ‘biphasic’ model ignores the diversity of individual biological and social experience on both a short- and long-term scale.⁶³

Altering sleep

Linton’s sleeplessness had many causes: routine bodily needs like urinating or thirst; pathogenic processes like the pain and itchiness of the smallpox rash; and iatrogenic processes like the operation of laxatives he took at bedtime. When Linton was well, interest in his bodily functions was muted, and minor disturbances caused by, for example, the small capacity of a toddler’s bladder were part of the nightly routine and did not merit discussion. The Traquairs also employed two nursemaids, so Lady Traquair was normally shielded from these mundane aspects of childcare.⁶⁴ Once Linton’s health was in danger, Lady Traquair became involved in his care more intensively, and it became important to record evidence of his physical state. Disturbances to Linton’s slumber also became more common and prolonged, and demanded a higher intensity of intervention from adults, the effects of which are discussed in chapter five. The combination of concern about what sleep disturbances indicated about Linton’s health, and serious disruption to his attendants’ slumber, ensured that Linton’s sleep was not only scrutinised in the moment, but also became

⁶⁰ Newton, *Misery to Mirth*, 77; Newton, ‘She Sleeps Well and Eats an Egg’, 112; Ekirch, ‘Sleep We Have Lost’, 344–45, 363–69, 382–85; Ekirch, *At Day’s Close*, 300–304; Ekirch, ‘Modernization of Western Sleep’, 149–92.

⁶¹ On children’s sleep, see for example Santrock, *Child Development*, 120–21; Davis, Parker, and Montgomery, ‘Sleep in Infants and Young Children’, 67–69.

⁶² On the problem of the boundary between “natural” and “sociocultural” influences on sleep, see Sullivan Jr., ‘Afterword’, 209–11.

⁶³ Ekirch, ‘Sleep We Have Lost’, 344–45, 363–69, 382–85; Ekirch, *At Day’s Close*, 300–304; Ekirch, ‘Modernization of Western Sleep’; Handley, *Sleep in Early Modern England*, 8–9; Sullivan Jr., ‘Afterword’, 211.

⁶⁴ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 3.

noteworthy in a record of daily life that rarely focussed so minutely on a single person's experience.

Examining the causes of and treatments for Linton's sleeplessness shows how his evacuations and diet affected his slumber, and demonstrates that sleep was sometimes given less priority than other non-natural processes. As Sandra Cavallo and Tessa Storey observe, the non-naturals are often studied in isolation, and their interactions are not always recognised.⁶⁵ The interactions between smallpox, medicines, and Linton's sleep illuminate the complex relationship between different non-naturals when caring for the sick. The causes and treatments for sleep loss also indicate Linton's experience of illness.

Linton's major recorded pathogenic sleep interruption was caused by discomfort from skin irritation. The whole course of smallpox was extremely unpleasant, but the rash was so painful that 'even less seriously affected [twentieth-century] victims said the skin felt as though it was on fire'.⁶⁶ On 4 May Linton's morning nap was disturbed because he was 'very fretfull when he went to Sleep & got only a short one', and in the evening he was 'a little fretty when he went to his Bed'; Lady Traquair later explained that he was 'very itchy'.⁶⁷ On both occasions, skin discomfort prevented Linton sleeping. This was soothed by placing his legs in 'a warm bath [of] milk and water'.⁶⁸ Linton was 'refreshed' both times, and 'cooled' in the morning, while during the night-time incident, Mr Reid sanctioned the bath that Lady Traquair had already ordered on the grounds that it 'migh [*sic*] ease y^e Itching & do him good'.⁶⁹ Linton's baths appear to have been intended as palliative. Lady Traquair correctly interpreted Linton's wakefulness and provided him with appropriate treatment that helped him sleep, presumably by making him more comfortable: after the night-time bath, Linton 'went to Bed again... & was a sleep in less than half an hour'.⁷⁰ Exhaustion may also have contributed, because 'Linton had a bad [night]' on 3-4 May.⁷¹ Although Linton had been given a dose of laudanum before going to bed the first time on 4 May, this was not

⁶⁵ Sandra Cavallo, 'Conserving Health: The Non-Naturals in Early Modern Culture and Society', in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester: Manchester University Press, 2017), 10.

⁶⁶ Hopkins, *Greatest Killer*, 4.

⁶⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁶⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁶⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30. On seventeenth-century uses of baths in children's medicine, see Newton, *Sick Child*, 68; Newton, 'Children's Physic', 465.

⁷⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁷¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

repeated, and probably did not help him drop back off; Lady Traquair apparently attributed his return to sleep to the soothing effects of the bath.⁷² Early modern medicine offered a range of sleep-aids, but when a specific cause of sleep disruption was identified, there was a range of available remedies without needing specialist sleep medicines.⁷³

Laudanum remained essential in helping Linton sleep, despite being administered selectively. Linton received it eleven times between 4 and 16 May (figure 85), though the reason for giving it, the dose, and its efficacy varied. As chapter three shows, eighteenth-century writers on childrearing were suspicious of opiate use in children, particularly when it was used to induce inappropriate sleep, which was often associated with poor-quality childcare.⁷⁴ However, there were legitimate uses. In his chapter on smallpox, William Buchan permitted the use of ‘gentle opiates... to be administered with a sparing hand’ when ‘Excessive restlessness... prevent[ed] the rising and filling of the small-pox’, while his chapter on ‘Diseases of Children’ permitted the use of ‘laudanum’ and ‘syrup of poppies’ in restricted circumstances.⁷⁵ Aside from opium’s euphoric and binding effects, it palliates physical and emotional pain, and as a secondary effect it partially sedates.⁷⁶ It is unclear whether Linton was intended to derive an analgaesic or sedative effect from his laudanum use. However, he never took opiates during the day, even when he was ‘fretty’ or too ill to leave his bed; all recorded uses of laudanum occurred either at bedtime, or when he woke at night.⁷⁷ It seems reasonable to assume that it was administered to dull pain to allow Linton to sleep, rather than primarily to sedate. Although pain was unpleasant in the daytime, being kept awake by it followed the normal diurnal cycle. However, Linton’s nocturnal sleeplessness was unnatural and needed correcting.

⁷² Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 30.

⁷³ On early modern sleep remedies, see Hunter, ‘To Cause Sleepe Safe and Shure’; Handley, *Sleep in Early Modern England*, 61–67; Handley, ‘Sleep-Piety and Healthy Sleep’, 2017, 200–203; Handley, ‘Accounting for Sleep Loss’, 8–9; Mills, ‘From “Papaber Errat” to “Tincture of Opium”’, 92, 97, 99, 102, 104, 108.

⁷⁴ Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* (London: Free Association Books, 1999), 66–72, 97–98, 101–4; Fildes, *Breasts, Bottles and Babies*, 203, 236–38.

⁷⁵ Buchan, *Domestic Medicine*, 246, 610, 612, 619.

⁷⁶ Berridge, *Opium and the People*, xvi, xx–xxi.

⁷⁷ Traquair, ‘Diary of Lady Mary Ravenscroft’, fol. 24–36, 40, 42.

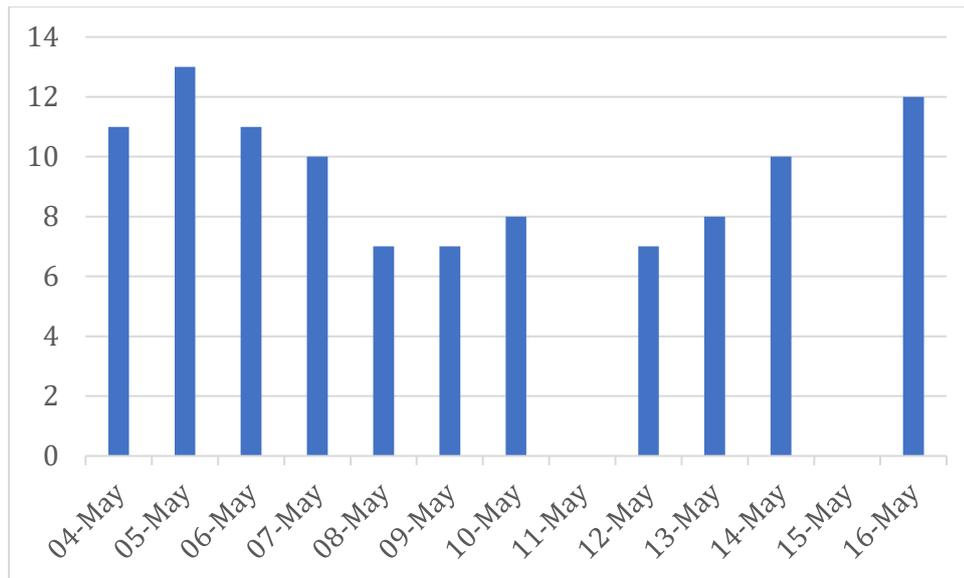


Figure 85 Dates Linton was given laudanum, and number of drops administered. On 5 May, Mr Marshall prescribed '13 drops 3 for Spiling' but the prescribed amount has been recorded as there is no note of the actual dose Linton took. On 9 May, Lady Traquair ignored Mr Marshall's advice 'to increase the dose... to 10 drops', at first administering none and then giving Linton 7 drops at 'about 2 o'clock morn'. Although this was administered after midnight, Linton also took laudanum on the night of 10 May, so the early morning dose is recorded on 9 May because it was to help his sleep on the night of 9-10, not 10-11 May

Lady Traquair balanced her own assessment of Linton's need for laudanum with professional medical advice. Although on the night of 5 May she 'sent Nurse down to Mr Mars[hall] for some Laudanum' because 'Lin: had waked & was very fretty', on 9 May she 'did not give him any Laudunum as... he had eat all his Sup[per] so well – tho Mr Mars[hall] had desired her to increase the dose to night to 10 drops'.⁷⁸ This caution was a mistake, and 'about 2 o'clock morn: Ly. T. gave Lin. 7 drops Laudunum w^{ch} composed him a little', although he still woke to urinate 'several times'.⁷⁹ Lady Traquair was a discerning and independent-minded nurse, confident enough in her own judgement to disregard medical advice when she felt it unnecessary, or to adapt it when it became clear that intervention was needed. On 9 May, Mr Marshall had been allowed to sleep at home rather than at Traquair 'as Lin was so much better', so Lady Traquair was forced to make her own decision based on previous advice, but she still altered the dose to what she felt was appropriate.⁸⁰ Opiates were readily available and a common part of domestic medical practice, and poppies were often the base of domestic sleep remedies, while Lady Traquair had elsewhere demonstrated the medical expertise expected of elite women.⁸¹ The anxiety of Linton's illness and the

⁷⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 31, 34.

⁷⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

⁸⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 33.

⁸¹ On domestic opiate use, see Hunter, 'To Cause Sleepe Safe and Shure'; Mills, 'From "Papaber Errat" to "Tincture of Opium"'; Handley, *Sleep in Early Modern England*, 61–67; Handley, 'Sleep-

presence of professionals may have made her more willing to leave responsibility for administering such a controversial drug to the judgement of a respected male professional, either for reassurance or for legitimacy when dealing with a controversial, potentially dangerous drug. Despite this, Lady Traquair took primary responsibility for Linton's opiate use, administering it sparingly and only when necessary.

Laudanum's effects on Linton's sleep were sometimes short-lived. The first time it was administered was the night of 4 May, the same night Linton had the 'warm Bath [of] milk & water'.⁸² Linton 'was a little fretty when [he] went to his Bed', but became very distressed during the evening.⁸³ Lady Traquair was summoned from supper because Linton was 'crying terribly'.⁸⁴ She called for help from Mr Reid, who 'gave him 11 drops Laudunum [sic] in sugar: & water' after ten pm.⁸⁵ Linton 'slept pretty well till about 2 o'clock', he then woke and did not sleep again until he 'went to Bed again about 4'.⁸⁶ Not only does the laudanum not appear to have had a long-term effect on Linton's sleep; there is also contradiction between the claim that Linton 'slept pretty well' in the entry for 4 May, and the opening of the next entry, which states that 'Ly. T. was up several [times]' including the period between two and five am.⁸⁷ Although there was no way to gauge the dose of active ingredient in any batch of laudanum, it is surprising that doses that failed to secure respite were not repeated, even if the aim was not to sedate Linton.⁸⁸

On other occasions, laudanum was more successful at securing Linton's sleep. On 5 May, Mr Marshall 'sent 13 drops 3 for Spiling [sic]', because Linton 'was very fretty',

Piety and Healthy Sleep', 201–2. On domestic medicine, see Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"', in *Medicine and the Marketplace in Britain and Its Colonies, c.1450-c.1850*, ed. Mark S.R. Jenner and Patrick Wallis (London: Palgrave Macmillan, 2007), 134–35; Porter and Porter, *Patient's Progress*, 10, 33–52, especially 39–47.

⁸² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁸⁸ Berridge, *Opium and the People*, 28, 31, 99. This finding challenges the cultural stereotype of the unscrupulous nurse sedating infants with opiates, and raises questions about the degree of stupor that could have been achieved. It may explain some instances where children were given overdoses, because repeated doses may have been required to sedate effectively. Berridge, 76–82, 97–105; Fildes, *Breasts, Bottles and Babies*, 203, 236–38. Berridge discusses the problem of accidental opiate overdose among infants in the nineteenth century. Berridge, *Opium and the People*, 97–105.

and the next morning Lady Traquair recorded that 'Linton had a good night', rising at 2 am for 'a drink' and then sleeping 'from 2 till 6 o'clock & fr: 6 to 8 o'clock'.⁸⁹ Perhaps some of the dose on 4 May was spilled, so not enough was administered; perhaps he was in a better state the next night. Moreover, Lady Traquair made no distinction between drugged and undrugged sleep. Perhaps Lady Traquair had no ideological objection to the correct use of opiates; perhaps she was too concerned that Linton sleep both for his own sake and that of his carers to worry about the use of drugs; or perhaps the drug was intended to palliate the symptoms that undermined his slumber rather than sedate him. Whatever the reason, laudanum was used as a means to aid, not create, sleep.

While baths and laudanum helped Linton sleep, purgatives interrupted his slumber. Newton claims that evacuating medicines were rarely administered to younger early modern children unless they were seriously ill, because they were seen as too 'violent' for their weak constitutions.⁹⁰ However, Linton was regularly given such medicines, even before his inoculation, as on 3 December when he took 'a Vomit for his Cough'.⁹¹ Around his inoculation, his main purgative was calomel, which was prescribed seven times and administered six times between April and June.⁹² It always seems to have been given around bedtime, and caused evacuations during the night. The first time he took calomel, on 18 April (just before his inoculation), the dose was given 'at going to Bed', and the next entry opens 'Linton's Physic did very well operated 4 times', although when was not recorded.⁹³ On 27 April, Mr Reid prescribed 'at night 1 Gr Calomel - 2 Gr Jallup next morn:', which Lady Traquair decided not to follow, and 'Linton had a good night' which he probably would not have done had he had the drug.⁹⁴ However, when he was given a bedtime dose of calomel, it appears to have been expected to work overnight. On 3 June, Lady Traquair administered 'Calo: 1 Gr & half before he went to Bed'.⁹⁵ Linton 'slept well till one o'clock morn: begun then to be sick threw up'; this was repeated at 3 am and he also 'had 2 motions'.⁹⁶ The text does not explain why a drug which plainly produced spectacular effects would be given in the evening, when it would disrupt not only Linton's own sleep, but also that of his carers.

⁸⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 31.

⁹⁰ Newton, *Sick Child*, 2012, 70–72; Newton, 'Children's Physic', December 2010, 465–66.

⁹¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 4.

⁹² Traquair, 'Diary of Lady Mary Ravenscroft', fols. 25, 26, 27, 34, 37, 43, 46.

⁹³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 25.

⁹⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 27.

⁹⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 43.

⁹⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 43.

It is possible that at night there were more attendants available to assist Linton and clear up any mess, with fewer other demands on their time. However, Linton probably had enough carers that this would have caused no undue disruption. Moreover, while servants would have had their own tasks to attend to during the day, there would have been more people both to tend to Linton and to clean clothing and other items that were dirtied by his evacuations.⁹⁷

Administering calomel at night, even though it was likely to wake Linton, was probably a considered plan to balance Linton's physical needs: both evacuation and sleep were important in restoring health, but sometimes one was more urgently required than the other. Linton may have needed calomel because he was taking laudanum. Opiates are a binding agent, and Linton took laudanum every day between 4 and 10 May (figure 85). His first calomel dose was on 11 May, after seven consecutive days of laudanum use (figure 85).⁹⁸ On 11 May, Linton took '1 Gr Calomel', after which he 'went soon to sleep'; that night he 'did not Sleep had a restless night Physic worked him about 3 o'clock morning'.⁹⁹ Although the nights of 7-8 and 10-11 May had both been 'good night[s]', both 8-9 and 9-10 May were 'restless', so he was clearly not experiencing consistent slumber (figure 81).¹⁰⁰ From 7 to 10 May Linton slept well in the day, although this was not mentioned on 11 May, he may have been well-rested, leaving him in greater need of defecation than sleep.¹⁰¹ On 21 May, 'Ly. T. gave Lin 1 Grain & half of Calomel: when he went to Bed'; he 'had a restless night - / Phy began to operate about 3 o'clock between 5 & 6 o'clock was took Sick & threw up a good Phlegm' which caused so much mess that he 'had his shirt & gown changed'.¹⁰² No motions were recorded on 21 May, so it is unsurprising that there was concern that he achieve some, but as none had been recorded since 16 May, it is not clear that he had certainly not passed anything that day (figure 83).¹⁰³ However, if there had been a gap in Linton's evacuations, even of one day, this would have caused concern. Smallpox was believed to produce toxic humours which had to be expelled quickly.¹⁰⁴ As it turned out, Linton's humoral balance was

⁹⁷ For a discussion of the effects of dealing with dirtied children's clothes, see Steedman, *Labours Lost*, 237-54; Carolyn Steedman, 'A Boiling Copper and Some Arsenic: Servants, Childcare, and Class Consciousness in Late Eighteenth-Century England', *Critical Enquiry* 34, no. 1 (Autumn 2007): 58-75.

⁹⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

⁹⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

¹⁰⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 33-34.

¹⁰¹ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 32-34.

¹⁰² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 37-38.

¹⁰³ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 36-37.

¹⁰⁴ Esfandiary, 'We Could Not Answer to Ourselves', 762.

indeed in peril: he 'had great flushings thro' y^e night', something which on another occasion was felt to presage a fit.¹⁰⁵ There can have been no medical benefits to Linton defecating at night, because he did so naturally during the day on other occasions without causing concern.¹⁰⁶ However, given the importance of evacuation in general, and particularly in restoring humoral balance during periods of illness, it was probably felt necessary to stimulate motions artificially when Linton had none naturally during the day. Unfortunately, the entries preceding the dates of doses of calomel on both 21 May and 3 June do not mention that Linton had no motions, so although on many days the number and occasionally timing of motions was recorded, it is impossible to be certain that these doses were given in response to one or more days without one.¹⁰⁷ Nonetheless, it seems probable that calomel was given on evenings when it was urgent to encourage Linton to defecate, once there was little hope of achieving this naturally. While all the non-naturals were monitored and controlled, and all were important to Linton's health, their relative urgency was evaluated and prioritised according to need, and sleep was sometimes seen as less important than other non-naturals even during periods of serious sleep disruption.

¹⁰⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 37, 30.

¹⁰⁶ See for example Traquair, 'Diary of Lady Mary Traquair', fols. 31, 32, 34, 35.

¹⁰⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 37, 42-43.

Table 4 Laudanum and calomel administered to Linton, May 1783

	May 1783																														
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Laudanum																															
Calomel																															

Bankes used sleep remedies much more frequently than Lady Traquair. Henry was given only one dose of 'Syrup of Diacodion', an opiate, to soothe the 'Soreness of the Spots, which often prevented his going to Sleep' when his smallpox was at its height, and William was allowed 'two drops of Laudanum... to quiet him for the Night' if 'he appear'd restless and not likely to sleep'.¹ From halfway through his smallpox infection, though, William was prescribed a 'composing Draught', which presumably contained opiates.² While Henry only received one dose of his opiate, William was prescribed laudanum or another sleep remedy on several occasions, and he was sometimes given two doses when one was insufficient.³ Where Lady Traquair only used laudanum as an initial sleep-aid, the Bankes children received it several times per night to procure peaceful slumber. However, the ways both mothers administered opiates indicates that they did not cause a full night's sleep.

Bankes also used purgatives to help her children sleep, whereas Linton's purgatives disturbed him. While teething, Henry was prescribed a medicine containing, among other things, rhubarb and hartshorn, which were used for digestive disorders, and aniseed, which was sometimes found in sleep remedies.⁴ Bankes discontinued this after 'about a Week' for being 'too violent', but kept it in reserve, recording that 'whenever he seems restless likely to have a bad Night I give him a Desert Spoonful of it and that generally quiets and composes him to Sleep'.⁵ William was also regularly prescribed clysters before bed.⁶ The first time one was administered when his '[James's] Powders had taken no visible effect... the Clyster occasion'd a motion immediately and the Child appear'd to find great relief frm it he soon after fell into a comfortable Sleep'.⁷ The second time, the clysters were to be used at four and eight am 'if he still continued restless after taking' a sleep remedy.⁸ Luckily, the first clyster 'gave him a motion he rested very well there was no occasion to give him the second'.⁹ William evidently

¹ Bankes, 'Notebook', 6, 11.

² Bankes, 'Notebook', 15.

³ Bankes, 'Notebook', 6, 13-20.

⁴ Bankes, 'Notebook', 8; Mills, 'From "Papaber Errat" to "Tincture of Opium"', 99.

⁵ Bankes, 'Notebook', 8.

⁶ Bankes, 'Notebook', 10-20.

⁷ Bankes, 'Notebook', 11.

⁸ Bankes, 'Notebook', 14.

⁹ Bankes, 'Notebook', 14-15.

required regular evacuations to sleep, a remedy unmentioned in contemporary sleep advice or current scholarship on sleep remedies.¹⁰

The balance between opiate and purgative use was much more openly discussed in Bankes's notebook than Lady Traquair's diary. The first time William was prescribed laudanum, it was only to be taken 'if he had a Motion before the Nurse went to Bed and then appear'd restless and not likely to sleep'; the second time, 'if he still continued uneasy (his body being open) I might give him one drop of laudanum whenever it appear'd necessary'.¹¹ Once he had been taking the 'composing Draught' for a few days, 'if [William] had no motion in the Day he was to take a Clyster... in the Evening'.¹² Assuming that the 'composing Draught' was also opiate-based, William's physicians ensured its binding effects were balanced with purges that could carry off trapped excreta containing noxious humours.¹³ While Linton's purgatives were only explicitly associated with one occasion when he passed no motion, William's physicians made it clear that purges were only necessary when he had defecated insufficiently.

Linton's normal bodily functions could also interrupt his sleep. He was sometimes woken by the need to urinate, which could be uncomfortable. As we have seen, Linton's dysuria on 16 April was apparently linked with the disrupted sleep he experienced the night of 15-16 April.¹⁴ On 6 May, Mr Reid saw Linton before he was put to bed, but was then recalled by Lady Traquair 'to look at Lin: Bottom as he was pained when he passed his Water'.¹⁵ It is unclear why Lady Traquair felt compelled to ask Mr Reid's advice for such a trivial complaint: perhaps because it was a new symptom, when she was concerned for him; perhaps simply because Mr Reid happened to be on hand. However, resolving her concern was more pressing than leaving Linton in bed to sleep. At other times, urinating eased Linton's discomfort, if not his sleeplessness: on the night of 8 May, he 'waked about one, cryed terribly was easy when he had made his water', although he remained 'restless thro' y^e night'.¹⁶ Linton's urinary output, unlike his stools, was not recorded except in the context of nightly evacuations until 30 May, when he began toilet training.¹⁷ Linton's urine was not a routine diagnostic tool, and

¹⁰ On sleep remedies, see Handley, *Sleep in Early Modern England*, 61–67; Handley, 'Sleep-Piety and Healthy Sleep', 201–2; Hunter, 'To Cause Sleepe Safe and Shure'.

¹¹ Bankes, 'Notebook', 11, 13.

¹² Bankes, 'Notebook', 17.

¹³ Bankes, 'Notebook', 15.

¹⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 24.

¹⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 6.

¹⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 33.

¹⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 40.

was only recorded when there was something extraordinary about it, whether that was reaching a developmental milestone or disrupting his sleep.

Thirst also woke Linton. On 5-6 May, after a dose of laudanum, Linton slept from around 11 pm until around 2 am, when he 'took a drink & fell asleep'.¹⁸ On 3-4 June, after calomel-induced defecation and vomiting, 'Ly. T. rose fr: Bed to give him drink when he was up'.¹⁹ On this occasion, the wording is a little ambiguous: it could indicate that she responded to Linton's request for a drink, or she may have decided that he ought to have one. On 6-7 May, Linton 'had a restless night did not sleep well at all, but did not fret only waked oft: & drank a good deal'.²⁰ Although Linton was frequently disturbed by thirst that night, Lady Traquair recorded that he was not distressed: an important point given that although the night of 5-6 May had been 'a good night', during the day 'The Pustules began to fill', and his skin was 'so sore not able to bear to be touched'.²¹ Thirst, or perceived thirst, was an easily-remedied and fairly minor disturbance on most occasions, even when Linton was very unwell.

Conclusion

As the Traquair diary and Bankes notebook demonstrate, discussion of children's sleeping habits is most likely to be found when abnormal circumstances drew attention to it, and prolonged recording was most likely to be undertaken during periods of illness, when routine remained disrupted for a long time and attention to the child's body and activities was heightened. This suggests new ways for sleep scholars to recover sleeping habits and the experience of sleep for both children and adults, because many documents of different genres which deal with ill-health are likely to offer this kind of extended reflection, even in individuals or households which did not routinely scrutinise their sleep.

Sleep allowed both adult and child health to be monitored, but it was especially important for children, who could not communicate effectively.²² Sleep was a good indicator of wellbeing both because of its own status as a non-natural, and because interruptions to it came from alterations in other bodily processes. Like crying,

¹⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 31.

¹⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 43.

²⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

²¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 31.

²² On medical understandings of sleep disorders, see Handley, *Sleep in Early Modern England*, 2-3, 20-38.

behaviour during sleep reflected the child's inner state: though children were yet to fully develop rational self-control, even adults' conscious minds were suspended during sleep, meaning that sleep disruption gave an uncensored insight into physical as well as moral status.²³ Moreover, as the next chapter shows, children's sleep disruptions were not only the problem of the wakeful child; they broadcast themselves to the surrounding household, making sleep and sleeplessness a very obvious bodily sign which disrupted the sleep of everyone within earshot of it. The chapter also affirms and extends Newton's observation that Ekirch's normative model of 'segmented sleep' did not apply to all groups.²⁴ Where Newton merely observes that sleeping right through the night was a sign of recovery, this chapter argues that for the sick and their carers, polyphasic sleep was the norm, as it also was for young children.²⁵ As a significant minority of the population fitted one or more of these categories at any time, this suggests that trying to find a single model for past slumber is reductive.

For historians who want to recover children's voices and experiences, episodes recording sleep loss also offer opportunities. Finding a child's-eye-view of the past is notoriously difficult.²⁶ For mothers like Lady Traquair and Frances Bankes, children's inappropriate wakefulness indicated a problem, often associated with discomfort, and sleep restoration indicated palliation or cessation of the pain. Particularly where a specific cause of sleep loss could be identified, such as Linton needing to urinate or Henry Bankes needing to cough, the physical sensations can be guessed at, as Philippa Carter argues that the mechanisms of sensation and pain in human bodies have remained stable despite changes in their interpretation.²⁷ However, this is a very blunt reading of "experience", and a non-specific form of child "voice". Other elements of subjectivity also become visible: for instance, when Linton became 'fretty', was this from pain, exhaustion, or bad temper; and if the latter, was it occasioned by physical sensations or from frustrated wants or needs?²⁸ A more careful contextualisation of

²³ Astbury, 'Ordering the Infant', 84; Handley, *Sleep in Early Modern England*, 181–210; Handley, 'Sleepwalking, Subjectivity and the Nervous Body', Handley, 'Deformities of Nature'; MacLehose, 'Sleepwalking, Violence and Desire'; MacLehose, 'Captivating Thoughts'.

²⁴ Newton, *Misery to Mirth*, 77; Newton, 'She Sleeps Well and Eats an Egg', 111–12; Ekirch, 'Sleep We Have Lost', 344–45, 363–69, 382–85; Ekirch, *At Day's Close*, 300–304; Ekirch, 'Modernization of Western Sleep'.

²⁵ Newton, *Misery to Mirth*, 77; Newton, 'She Sleeps Well and Eats an Egg', 111–12.

²⁶ See for example Crawford, *Parents of Poor Children*, 18–19; Calvert, *Children in the House*, 4–5; Newton, *Sick Child*, 24–25; Cunningham, *Children and Childhood*, 2.

²⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 24; Bankes, 'Notebook', 26; Carter, 'Childbirth, "Madness", and Bodies in History', 17.

²⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 29, 30, 31, 42.

terms like 'fretty' needs to be undertaken before any answer can be attempted, but examining such episodes offers a subtler approach to the problem of voice and experience than just searching for itchiness, the urge to urinate or defecate, or thirst.

Finally, while this chapter has focussed on sleep loss caused by illness, children sometimes lost or resisted sleep for psychosocial reasons. On one occasion, Linton refused to go to bed when a visitor was around, until finally the visitor came and put him to bed himself.²⁹ Eight-year-old Marjory Fleming took advantage from her banishment from the top of her shared bed to read 'the Arabin Nights' after lights out.³⁰ Maria Nugent's children, born in Jamaica but brought to live in England, were so excited by the new environment in the inn where they spent their first night that 'they were like little mad things, and it was late before they could be composed to sleep; and, even then, nothing but real fatigue induced them to close their... eyes'.³¹ Marjory was also startled from sleep by her cousin and bedfellow, Isabella Keith, whose toothache left her pacing the room; she recorded that 'it made me quever and shake... but I soon got the better of it'.³² Emotional responses, preferences and desires, and resistance or selective obedience to authority can be recovered in these passages. While these are often mediated through adult eyes, they still give hints about children's subjective experience, particularly where they contravene adult expectations or instructions. The next chapter also demonstrates that behaviour around sleep and waking can help recover possible experiences of another group too often left voiceless in the archive: that of servants. Behaviour in and around sleep and bedtimes can thus be used to explore overlooked groups.

This approach may also help recover the experience of other groups marginalised in the archive, such as servants; inmates of residential institutions like hospitals, prisons, and workhouses; and possibly even enslaved individuals. Sleep loss can indicate physical experience, even if the sufferer's subjective interpretation is more obscure as Elaine Scarry suggests, while instances of misbehaviour and resistance to the sleep routines imposed by authority figures suggests individual preferences and dislikes not otherwise expressed in surviving sources.³³ The next chapter, while continuing to focus

²⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 38.

³⁰ Marjory Fleming, 'Diary of Marjory Fleming', Vol. 3, c. 1810-11, MSS.1099, National Library of Scotland, n.p.

³¹ Nugent, *Journal of a Voyage to Jamaica, Vol. 2*, 271.

³² Fleming, 'Diary of Marjory Fleming', Vol. 3, n.p.

³³ Scarry, *Body in Pain*.

on the implications of Linton's sleep for the adults around him, tests this theory by examining the supposed laziness of his nursemaid, whose slow waking when Linton was seriously ill almost caused catastrophe.

Chapter Five: Sleep Loss and Power Dynamics

As chapter four shows, Linton's sleep loss dominated Lady Traquair's record of his inoculation.¹ Although this was partly because it was an effective means of tracking his progress, Linton's sleeplessness also became a communal problem. When they wake at night, children broadcast their wakefulness in ways that often force adults around them to respond, whether they wake from the shortened infant sleep/wake cycle, or from discomfort caused by hunger, thirst, or illness.² Moreover, Linton was an indulged child of a noble family, whose whims were perhaps accommodated more than some families were able or inclined to do. His status as heir and the severity of his illness, coupled with the disruption to the household's slumber caused by any wakeful infant, meant his sleep disruptions affected those around him too, including Lady Traquair, who chose to move into the nursery. This chapter examines how Linton's disrupted sleep affected and was managed by his carers. Although the situation was extraordinary, this case study suggests the ways that sleepless infants affected those who slept near them in normal circumstances too: mothers, nurses, servants, and whole households in small dwellings were vulnerable to nocturnal disturbances from wakeful children. It also points to the effect that caring for sick people of any age had on those who cared for them overnight.

As a young child, Linton needed overnight care anyway, but the details about his nocturnal disturbances also sheds light on night-time care for adults, especially by hired nurses or servants. Ben Mutschler shows that caring for the sick was exhausting; families had to draw on wide networks of family, friends, and hired assistants to cover day and night shifts.³ The sick and their carers routinely experienced sleep disturbance, caused by the symptoms of ill-health and the medical regimens that attempted to cure or alleviate them. Mutschler describes how 'Watching was dispersed throughout the community' during the prolonged illnesses Ebenezer Parkman's family suffered in America.⁴ Unlike the Parkmans, the Traquairs did not need to call on the goodwill of their neighbours; they were exceptionally well-placed to rely on hired help from within and beyond the household. However, Linton still required numerous attendants. When

¹ Lady Mary Traquair, 'Diary of Lady Mary Ravenscroft, 7th Countess of Traquair', (1782-1783), Fraser Chest, Bundle 1, Traquair Archives, Traquair House.

² Knott, *Mother*, 117-33.

³ Mutschler, 'Illness in the "Social Credit" and "Money" Economies', 177, 180-85, 191-92; Armstrong, *Account of the Diseases Most Incident to Children*, 171.

⁴ Mutschler, 'Illness in the "Social Credit" and "Money" Economies', 'Illness in the 'Social Credit' and 'Money' Economies', 82.

Linton was seriously unwell, Lady Traquair secured the overnight attendance of Mr Marshall and Mr Reid, although they appear to only have been called when Linton became acutely unwell in the night and were not involved in routine care. A nurse, Nurse Swan, was brought from Edinburgh on 24 April, the day after Linton's inoculation, and servants from the house and estate were also called in.⁵ The labour of night-time care was spread between hired assistants every night from the first time 'Nurse Swan satt up' on 2 May, until 31 May, when 'No one satt up'.⁶

This chapter examines how Linton's sleep(less)ness affected the adults around him. It shows how care was divided at Traquair, a comparatively wealthy household which could redeploy existing staff and employ external help, and explores how sleep loss during sickness exposed hierarchies and conflicts between Lady Traquair, servants, and medical professionals hired to care for Linton. It also uses an against-the-grain reading of these tensions to provide evidence for the experiences of the head nursemaid, Kitty Fraser. Finally, it challenges A. Roger Ekirch's 'segmented sleep' model.⁷ As the previous chapter demonstrates, illness was marked by sleep disruption.⁸ This chapter explores this further, arguing that, like the shortened sleep-cycle of infants, the rhythms of illness and care affected nurses and families as well as the sick (or healthy) child at the centre of them. It argues that no single model of sleep structures can adequately describe premodern (or indeed modern) slumber.

Linton received overnight care from a small army of attendants. As well as his regular nursemaids and his mother, domestic and agricultural servants from the Traquair estate and a hired nurse all helped at his bedside (figure 86). They were sometimes joined for short periods by two male medical professionals: the inoculator Mr Reid and his colleague Mr Marshall, who were assigned guest quarters in the house but could be summoned when Lady Traquair felt Linton's condition demanded their attention (figure 86). In total, eleven individuals were involved in Linton's nocturnal care between 24 April and 31 May 1783.

⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 26, 30, 34-36, 39-40. It is possible that Nurse Swan actually 'satt up' on seven nights, because the entry on 29 May merely reads 'Nurse satt up all night' (fol. 40). This would indicate that Nurse Swan was the attendant, because the two normal nursemaids were normally called by name rather than 'nurse'.

⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-41.

⁷ Ekirch, 'Sleep We Have Lost', 344-45, 363-69, 382-85; Ekirch, *At Day's Close*, 300-304; Ekirch, 'Modernization of Western Sleep'.

⁸ See also Newton, *Sick Child*, 56; Newton, *Misery to Mirth*, 77; Newton, 'She Sleeps Well and Eats an Egg', 111-12.

	Nights in May 1783																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Chambermaid				Red				Red									Red															
Dairymaid			Red		Red		Red			Red		Red		Red		Red			Red			Red										
Housemaid										Red										Red		Red					Red					
Nurse																													Red			
Nurse Swan		Red							Red						Red			Red		Red						Red						
Nursemaid																					Blue	Blue										
Under Nursemaid						Red						Red					Blue	Blue														
New Nursemaid	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Brown	Yellow	Yellow	Yellow							
Mr Reid	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
Mr Marshall					Yellow			Yellow		Green			Black																			
Lady Traquair	Purple	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

Key

	Servant or nurse		Refusal to stay in house overnight
	Male medical professional		Lady Traquair recorded as going to bed properly
	Lady Traquair		No data on attendance
	Definitely attended all night		Not employed at Traquair
	Definitely stayed in house all night		Arrives to work at Traquair
	Possibly stayed in Linton's room all night		Starts to sleep in nursery
	Probably stayed in house all night		

Figure 86 Individuals present in the nursery, or professionals staying overnight at Traquair House, May 1783

Caring for Linton at Night

Lady Traquair

As chapter four showed, Lady Traquair's involvement with Linton increased massively during his post-inoculation infection, especially during the night. On 11 May, 'Ly. T. undressed & went to Bed for y^e first night had not been in Bed for 12 nights before', implying that she last went to bed properly on 29 April.¹ The first night on which it was recorded that 'Ly. T. did not undress herself only lay down on y^e Bed at times' was actually 2 May, when Linton had a convulsion, so only nine nights recorded her presence, but she may have done more (figure 86).² Convulsions were believed to be both a sign of severe illness and a cause of death in their own right, so unsurprisingly Lady Traquair was anxious.³ Linton's only disorder that night was that he 'drank a great deal thro' y^e night', and he does not seem to have become distressed; concern rather than necessity probably made Lady Traquair monitor him.⁴ After this, his sleep quality and general health were poor enough to require significant attention, and Lady Traquair ensured that she was nearby to respond to any concerning changes.

Although Lady Traquair provided practical care to Linton overnight, she announced her presence in the sickroom in symbolic language. On nights when she remained in the nursery, she recorded that 'Ly. T. did not undress', and 'only lay down'.⁵ Given the complexity of elite women's clothing, dressing and undressing was a slow process, which would have hindered Lady Traquair from attending instantly in an emergency. It must also have been less comfortable than normal night attire, both because of the restrictive nature of women's daytime attire, and because, as Sasha Handley argues, sleepers valued familiar sensations.⁶ Remaining clothed would have hindered Lady Traquair's ritual and sensual preparations for sleep. Comfort was not of prime importance in the circumstances, but choosing to stay dressed cannot have primarily been to prevent Lady Traquair dropping off. Given that children, servants, and employers still sometimes shared beds, and elite women needed attendants to help them dress, it seems unlikely that Lady Traquair was concerned about being dressed

¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

² Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30, 29.

³ Armstrong, *Account of the Diseases Most Incident to Children*, 48–49; Buchan, *Domestic Medicine*, 624; Underwood, *Treatise on the Diseases of Children*, 82–83.

⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30–34, 36.

⁶ Handley, *Sleep in Early Modern England*, 49, 52–53, 57, 108–9, 132.

primarily for reasons of modesty.⁷ Remaining dressed meant that she was appropriately attired should male medical attention required, but most importantly, it signified her alertness to Linton's state, and her disregard for her own need for sleep or comfort. Performances of emotion were restricted in the diary, but the decision to stay dressed was both a practical and performative demonstration of Lady Traquair's devotion.

Despite this symbolic alertness, Lady Traquair did get some rest; she 'lay down on ye Bed at times'.⁸ This implied that she was constantly on hand overnight to care for Linton, rather than sleeping in her normal bed. Any rest she got in the sickroom did not constitute "normal" sleep. Lady Traquair 'only lay down'; the dismissive 'only', combined with recumbence rather than slumber, implies that what she intended to experience was a lesser form of rest from which she could be summoned at any moment.⁹ Although the depiction of Lady Traquair reclining, fully clothed, demonstrated her actual readiness for action should Linton need her, it also embodied the image of attentive motherhood she wanted to project.

Lady Traquair prioritised Linton's nocturnal care over her own wellbeing. The first time she was recorded as staying up with him on 2 May, she 'had got a bad cold in her head... & a terrible head ach w^{ch} hind[ered] her siting up as she intended butt was oft: up tho' ye night'.¹⁰ On this occasion, the anxiety caused by Linton's convulsions overrode Lady Traquair's own illness, although perhaps she would not have succeeded in resting properly, even had she not believed that her duty was to remain in attendance; as Handley observes, concern for family members could disrupt mothers'

⁷ Handley, *Sleep in Early Modern England*, 179; Sasha Handley, 'Sociable Sleeping in Early Modern England, 1660-1760', *History* 98, no. 329 (January 2013): 101. As Laura Gowing and Eleanor Hubbard both demonstrate, bedsharing with servants was common in the seventeenth century; Handley suggests that eighteenth-century bedfellows 'were usually of... comparable social status', but does not address the question of when employers began to avoid sharing with servants. Given eighteenth-century room specialisation and the shift towards private sleeping-spaces, adult noblewomen like Lady Traquair may not have shared a bed, or even a room, with her maid, but she would certainly have been accustomed to being dressed by attendants. Gowing, 'Twinkling of a Bedstaff', 288-89, 291, 293; Hubbard, 'A Room of Their Own', 302; Handley, *Sleep in Early Modern England*, 176; 109-13; Priestley and Corfield, 'Rooms and Room Use', 105-7, 113-120; Davidoff and Hall, *Family Fortunes*, 375, 377-78; Clive Edwards, *Turning Houses into Homes: A History of the Retailing and Consumption of Domestic Furnishings* (Aldershot: Ashgate, 2005), 94; Overton et al., *Production and Consumption in English Households*, 121-36.

⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-34, 36.

¹⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

sleep.¹¹ Lady Traquair's desire to remain in control of Linton's care was not always realised. On 5 May, 'Ly. T [was] up several [times] & was up from 2 o'clock till between 4 & 5'.¹² When she finally 'laid down', she slept through Mr Reid's visit to Linton, and on being informed of this, 'was angry at nurse for not waking her'.¹³ Nurse Swan's decision, made 'because [Lady Traquair] had had no rest for so many nights', took unwarranted responsibility not only for her patient, but also for her employer, and Lady Traquair evidently felt that she needed to reassert her authority, and her commitment to Linton's welfare.¹⁴ It is understandable that Lady Traquair wanted to be personally informed of Mr Reid's professional opinion of Linton, particularly after such a difficult night; Nurse Swan's decision undermined both her control of Linton's treatment, and her anxiety for his wellbeing. Moreover, the following day, Lady Traquair expressed reservations about Mr Reid's competence, when she 'laughed at all [he] said' about Linton's progress.¹⁵ This mistrust had probably already started, and being unable to discuss her concerns with him may have exacerbated her irritation.

The Traquairs had a large permanent and temporary staff they could call on to care for Linton overnight, so arguably there was no need for Lady Traquair to risk her own wellbeing. However, the ideal of the engaged mother who cared directly for her children had been gaining cachet since the late seventeenth century, when the practice of elite women using wetnurses had come under increasing criticism.¹⁶ By the 1780s, the cult of motherhood portrayed maternity as the highest ideal to which a woman could aspire; an occupation requiring direct involvement with the practical and emotional care of children.¹⁷ The trend, combined with the culture of sentimentalism, encouraged mothers to feel and perform strong emotional responses to children's actions and bodily states. The anxiety caused by Linton's convulsions over the previous days could have explained Lady Traquair's indisposition that night, because nervous theory saw sensitive dispositions as vulnerable to emotional turmoil, but Lady Traquair did not choose to portray herself in these terms, just as she did not perform

¹¹ Handley, *Sleep in Early Modern England*, 204–6; Handley, 'Accounting for Sleep Loss', 7.

¹² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

¹³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

¹⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

¹⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

¹⁶ Perry, 'Colonizing the Breast', 213–21; Bailey, *Parenting in England*, 28–30; Vickery, *Gentleman's Daughter*, 107–23; Retford, *Art of Domestic Life*, 83–89; Fildes, *Wet Nursing*, 87–88, 111–19; Fildes, *Breasts, Bottles and Babies*, 79, 98–106, 111–15; Foyster and Marten, 'Introduction', 4; Bailey, 'Family Relationships', 24–25; Fletcher, *Growing Up in England*, 96–100.

¹⁷ On the cult of motherhood, see Retford, *Art of Domestic Life*, 83–114; Perry, 'Colonizing the Breast'; Vickery, *Gentleman's Daughter*, 92–94; Cunningham, *Children and Childhood*, 59; Foyster and Marten, 'Introduction', 4.

sentimental attachment to her children. Although she did not engage overtly with the cults of maternity or sensibility, their emphasis on active maternal involvement probably contributed to her determination to care for Linton personally. This may have been exacerbated by strongly felt maternal affection and concern, expressed through her actions rather than written declarations of emotion.

Although Lady Traquair valued having medical professionals in the house overnight, she was an independent-minded nurse in her own right. On 2 May, after Linton's first convulsion, she acted on Mr Marshall's suggestion to 'send for Mr Reid as it might be a greater satis[faction] to her to have him in ye house all night', and she evidently found comfort in having one or other of the medics on hand, because they stayed for between five and nine nights in May (figure 86).¹⁸ She valued their attendance so much that on 3 May Lord Traquair accompanied Mr Reid on his rounds to ensure that he returned, and on 10 May she was disappointed that Mr Marshall refused to stay.¹⁹ However, she made independent decisions about Linton's care even when professional help was available. On the night of 4-5 May she had a milk bath prepared while awaiting Mr Reid's arrival from his bedroom, receiving his retrospective agreement that it might help.²⁰ On other occasions, Lady Traquair ignored professional opinion entirely; on 9 May, she 'did not give [Linton] any Laudunum as... he had eat all his Sup: so well – tho Mr Mars[hall] had desired her to increase the dose to night to 10 drops'.²¹ Lady Traquair assessed Linton independently despite professional advice, and even when Linton's 'restless night' forced her to administer the drug, she only gave him '7 drops Laudunum', not the ten originally prescribed.²² On this occasion, Mr Marshall had been allowed to sleep at home rather than at Traquair 'as Lin was so much better', so Lady Traquair was forced to make her own decision based on previous advice, but she still altered the dose rather than following his prescription.²³ In general, the anxiety occasioned by Linton's illness and the availability of professional advice may have made her more willing to leave responsibility for administering such a controversial drug as opium to a male medical professional, whose judgement was to be respected.²⁴ Nonetheless, Lady Traquair took primary responsibility for Linton's opiate use, administering it sparingly

¹⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

¹⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30, 34.

²⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

²¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

²² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

²³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 33.

²⁴ Berridge, *Opium and the People*, 97–98; Hunter, 'To Cause Sleepe Safe and Shure', 5, 7, 16–20; Fildes, *Wet Nursing*, 97; Fildes, *Breasts, Bottles and Babies*, 236–38.

and only when absolutely necessary. Lady Traquair adhered to two of the major trends in eighteenth-century medical practice. Like many aristocratic women, she was principal medical attendant to the household, making her own treatment decisions.²⁵ She was also sceptical of professional advice and adapted it to suit her understanding of circumstances.²⁶

Hired care

Although Lady Traquair focussed on her own nightly actions in the sickroom, she was joined by five (or probably six) female staff, mostly redeployed from their normal duties in the house or estate, but also the under-nursemaid and possibly the head nursemaid, and a hired nurse (figures 86-87). While Lady Traquair stayed in the nursery for ten (or possibly twelve) nights between 1 and 31 May 1783, one of these assistants was present for twenty-nine nights (figure 86). Mr Reid and Mr Marshall also stayed at Traquair House for between five and nine nights (figure 86), although they slept in another room except when summoned during emergencies.

The number of female servants involved in Linton's care demonstrates the difficulty of securing adequate overnight help during serious illness. Mutschler's analysis of the arrangements made by the Parkman family in Westborough, Massachusetts, shows that even well-connected and respected members of the community struggled to secure overnight nursing help over a prolonged period, leaving Parkman struggling to pay for hired help when his (fairly extensive) 'social credit' in the region was exhausted, both figuratively and literally.²⁷ The Traquairs had the advantage of being nobles; although they were apparently struggling financially, this was relative, and, they still had a full staff of servants and the means to hire external assistance without having to overstretch neighbourly goodwill.²⁸ However, at his sickest, Linton required help from multiple people: on the night of 4 May, Lady Traquair used the head nursemaid, Kitty Fraser, to summon Mr Reid while she remained in attendance, probably with the dairymaid.²⁹ Although Linton was a young child, and required less physical strength to manoeuvre than an adult, his dependence on adults called for a large reserve of

²⁵ Leong and Pennell, 'Recipe Collections', 134–35; Porter and Porter, *Patient's Progress*, 10, 33–47.

²⁶ Porter and Porter, *Patient's Progress*, 26–28, 35–39; Roy Porter, *Disease, Medicine and Society in England, 1550-1860* (Basingstoke: Macmillan, 1993), 29–31; Newton, *Sick Child*, 109; Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe*, trans. Leonhard Unglaub and Logan Kennedy (Basingstoke: Palgrave Macmillan, 2011), 67–71.

²⁷ Mutschler, 'Illness in the "Social Credit" and "Money" Economies', 177, 180–85.

²⁸ Maxwell Stuart and Fox, *Family Life*, 70, 74.

²⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

potential attendants, to cater to both his long-term and acute needs. The mixture of servants who 'satt up' illustrates the complexity of arranging overnight care, even in a large and wealthy household like Traquair, and indicates the exhaustion these duties inflicted on those involved.³⁰

Female servants were often involved in caring duties, both for children and for the sick, so Lady Traquair's use of the house- and chambermaids as overnight attendants was not unusual.³¹ Nurse Swan had a longstanding relationship with the family, and may have been Linton's wetnurse; he apparently had affection for her. She was regularly mentioned from the start of the diary until 13 November 1782, when 'Buckan Swan arrived'; that day, 'Buchan brought' various items to Traquair, and then was 'Paid what remained of Nurse's Wages. – Before his wife'.³² The next day 'Nurse Swan went away' with another servant, even though a longstanding guest was ill, suggesting that she was not hired as a medical attendant, and Linton's new nursemaid Kitty Fraser was introduced to the nursery the same week.³³ She returned on 30 January 1783, after Linton's toe had been burned, and 'went Directly up stairs to see Linton'.³⁴ There was a suggestion that this injury was in some way the nursemaid Kitty Fraser's fault, so Nurse Swan may have been summoned to supplement Fraser's uncertain care.³⁵ Nurse Swan left again, presumably in mid-February, before returning on 24 April, the day after Linton's inoculation.³⁶ If she was Linton's first nursemaid, she may have been rehired because she knew Linton well, and both he and Lady Traquair trusted her, and she may also have been seen as a particularly skilled children's nurse.

The dairymaid took overnight shifts on thirteen occasions: nearly twice as often as Nurse Swan, who did seven nights, and over a third more than the nine nights of the other servants combined (figure 87). More research is needed on the relationship between agricultural servants and domestic duties. Edward Higgs, in his work on nineteenth-century censuses, has observed that the distinction between servants who worked solely on outdoor tasks and those whose duties crossed between agricultural or mercantile and domestic labour was blurred.³⁷ Here, the dairymaid was clearly

³⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30-41.

³¹ Pat Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996), 100.

³² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 3.

³³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 3.

³⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 11.

³⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 11.

³⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 26.

³⁷ Edward Higgs, 'Women, Occupations and Work in the Nineteenth Century Censuses', *History Workshop Journal* 23, no. 1 (Spring 1987): 68–69.

identified as an agricultural servant, but was also expected to undertake extensive indoor caring duties. Illuminating these relationships might explain why domestic servants such as the house- and chambermaids provided less nocturnal care to Linton, even though they may have been more familiar to him because they worked within the house. There has been speculation that there was a folk belief that dairy workers were immune to smallpox even before Edward Jenner’s experimentation with cowpox vaccination, but employers preferred to hire servants who had already had smallpox, and all of Linton’s carers had to be immune to the disease.³⁸ It seems most likely that redirecting labour from the dairy disrupted the normal running of the household less than redeploying a domestic servant.

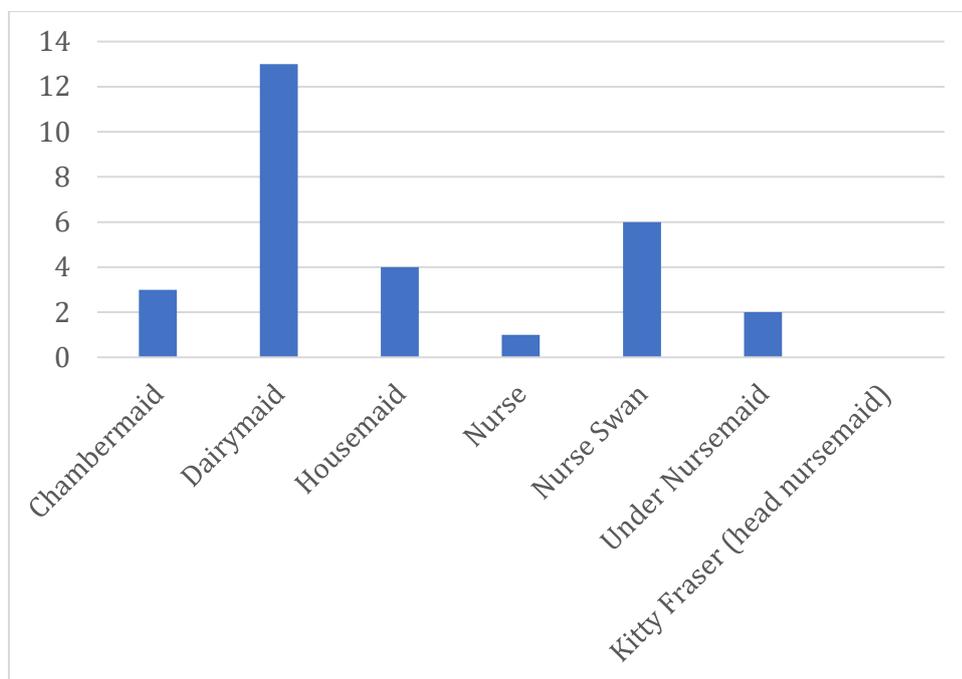


Figure 87: Number of nights hired assistants cared for Linton, 2-30 May 1783. ‘Nurse’ probably also refers to Nurse Swan, but has been presented separately because this is how it appears in the diary

A sixth potential nocturnal attendant is conspicuous by her absence from this list: Kitty Fraser, the head nursemaid. She and the under-nursemaid, Betty Dick, arrived at Traquair in November 1782, and although Dick was identified as the nursemaid who ‘satt up’ on 6 May, Fraser’s name was never mentioned, and it was always the ‘Under Nurse maid’ who ‘satt up’.³⁹ Perhaps Fraser’s presence was taken for granted during

³⁸ Hopkins, *Greatest Killer*, 78–80; Kerr, ‘An Alteration in the Human Countenance’, 133–34; Smith, *Speckled Monster*, 20–21.

³⁹ Traquair, ‘Diary of Lady Mary Ravenscroft’, fols. 3, 32, 35.

the night as well as the day, and thus not deemed worthy of note, but her absence from the list merits consideration.

Fraser was accused of inadequate care by Lady Traquair from early in her employment, and her absence from the list of overnight attendants may indicate that Lady Traquair did not trust her. Fraser arrived in November 1782, and on 27 January 1783, 'Linton had his toe burnt but Kitty w^d not acknowledge how it happened'.⁴⁰ The implication that something suspicious had occurred was heightened because 'Linton' was originally followed by 'burnt', which was then struck out and replaced by 'had his toe burnt'.⁴¹ By substituting the passive voice, Lady Traquair implied that Fraser's reticence was associated with responsibility for the injury beyond negligently allowing Linton to injure himself. On 23 February 'Ly. T: watched Kitty all night & w^d not Suffer her to touch Linton, but let him lie quiet in his Bed'.⁴² Given that Linton was presumably expected to be asleep during the night, and that therefore there would be little for his nursemaid to do, Lady Traquair evidently felt something serious had gone wrong. Lady Traquair's mistrust of Fraser was so great that on 22 April, the night before Linton's inoculation, she 'ordered y^e Dairy maid to Sleep at night in y^e Nursery' while she and Lord Traquair spent the night away.⁴³ In the margin of this entry is recorded that 'Ly. T told M^{rs} Ken: of Kitty's bad manner of treating Linton & Boys & that she left her own maid at home to mind y^e Child'.⁴⁴ Lady Traquair did not feel that Fraser would provide adequate care for her son in her absence. Presumably Lady Traquair kept Fraser on because she had yet to finish her term of employment, or she may have felt that it was too close to the inoculation to risk introducing a new nurse whose rapport with Linton and skill in child and medical care were unknown, but she was not happy with her work.

Although Fraser's absence from the list of attendants could indicate that she was allowed to sleep at night, it is more likely that her presence was taken for granted. There is no record that the housemaid, chambermaid, or dairymaid were allowed to take time from their normal jobs before or after attending Linton overnight. Such details may not have seemed noteworthy in a diary that focussed on Lady Traquair's family concerns, or this may have been arranged informally with other servants, but it

⁴⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 11.

⁴¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 11.

⁴² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 17.

⁴³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 25.

⁴⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 25.

seems likely that they were expected to attend Linton in addition to their other duties. The dairymaid, who attended on nearly half the nights, was usually given one night off between shifts, and only twice had two consecutive nights free (figure 86). Other servants were evidently expected to work for Linton's health at the expense of their own sleep, so there is no reason that Fraser should not have been. Moreover, while Fraser was not specifically listed, she was clearly expected to be on hand in emergencies. On 4 May, two days after Linton's first convulsion, Lady Traquair sent Fraser, 'to Call Mr Reid between 6 & 7 in ye morn', because Linton 'changed Colours very oft= & drew up his legs – Ly. T. was afraid he was going to take a fitt'.⁴⁵ She was also sent for Mr Reid on 5 May to confirm Lady Traquair's decision to give him a bath.⁴⁶ Whatever role Fraser played in nightly care for Linton, she was at the least expected to run errands.

Overnight care and social hierarchy

Caring for the sick overnight was unpleasant and tiring, and servants probably had little opportunity to object to being called on to help. In June, when another member of the household was ill, the dairymaid was 'told... to see [if] Mr Cruk[shank]. w^d let her sitt up all night. but [sic] he w^d not', and the night before Linton's inoculation when Lady Traquair was away, she 'ordered ye Dairy maid to Sleep at night in ye Nursery'.⁴⁷ It was probably difficult for servants to reject their employers' demands, but the Traquair dairymaid seems to have been particularly vulnerable to such jobs. This may have been the result of a long-standing agreement. In 1780, 'Jann^t Gray Dairy maid' was paid £2 for half a year's employment; the third-highest payment to a female servant recorded.⁴⁸ Although there may have been more than one dairymaid helping with Linton's care in 1783, the only one identified was 'Jeany Grey': presumably the same person.⁴⁹ The high wage may have reflected a routine arrangement by which Gray helped with nursing when necessary. Lady Traquair also reimbursed the dairymaid 3s for a handkerchief that Linton presented to her while he was ill; a disproportionate recompense for a

⁴⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁴⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁴⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 46, 25.

⁴⁸ 'Branch 2^d of Family Acc^{ts} from March 1781 to 18 Apr 1782', 1781-82, Family Accounts Whit 1780 – Whit 1781, Traquair Archives, Traquair House.

⁴⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32. There was another 'Jeany Dairy maid [who] satt up', who was presumably the same person. Traquair, 'Diary of Lady Mary Ravenscroft', fol. 36.

'Printed hanker[chief]... brought up fr[om] a Pack man'.⁵⁰ Even if the dairymaid normally provided nursing care, and was well-paid in return, this does not preclude a coercive undertone to negotiations, given that her employment depended on Lady Traquair's goodwill.

Lady Traquair clearly felt that Linton's needs at night superseded those of his attendants, and was critical of incidents she felt indicated inadequate care. Her scorn for Mr Reid's ill-judged attempt at reassurance over Linton's prognosis has already been noted.⁵¹ However, her real ire was reserved for Kitty Fraser. Fraser's biggest misstep came on the night of 3-4 May, when

Linton had a bad [night] Ly. T. up many times...

Ly. T. sent Kitty to Call M^r Reid between 6 & 7 in y^e morn. – to see Linton who changed Colours very oft= & drew up his legs – Ly. T. was afraid he was going to take a fit... Ly. T. c^d not make Kitty sitt up to [give] Lin[ton] his Drink when he called for it, & by y^e time she was waked got up & come to his Bed he was waked w^{ch} made him more fretty[.]⁵²

Given that Mr Reid was summoned 'between 6 & 7 in y^e morn', it seems unlikely that Fraser would have gone back to bed after he left, especially if she had been up for much of the night.⁵³ The result of Fraser's slow response to Linton's needs was that he became fully conscious, and more aware of his discomfort, which Lady Traquair implied he might not have been in a semi- or unconscious state, so Fraser prolonged his period of wakefulness unnecessarily. Moreover, assuming that Linton's fit-like symptoms followed him becoming thirsty, this could have made Fraser responsible for the deterioration in his condition, at least in Lady Traquair's eyes. Convulsions in children were commonly seen as a cause of death.⁵⁴ Hannah Newton also argues that children were believed to be particularly vulnerable to pain because their bodies were weaker, while 'pain itself was thought to be dangerous', and cites a similar case where inattentive nursing was blamed for a child's deterioration.⁵⁵ Fraser was triply culpable:

⁵⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 33. On gifting to servants, see Jane Holmes, 'Domestic Service in Yorkshire, 1650-1780' (PhD Thesis, University of York, 1989), 27–28, 75–76, 123–24, 137–38; Vickery, *Gentleman's Daughter*, 145.

⁵¹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

⁵² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁵³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁵⁴ Armstrong, *Account of the Diseases Most Incident to Children*, 48–49.

⁵⁵ Newton, *Sick Child*, 40–41, 52, 71, 171; Newton, 'Children's Physic', 464, 469.

for causing Linton to waken, which made him more distressed, which may have contributed to the serious danger posed by convulsions (as well as the anxiety caused by the false alarm).

Fraser was not the only adult responsible for Linton that night: as well as Lady Traquair, the 'Dairy maid satt up all night', so there were other servants around to help.⁵⁶ Perhaps Linton needed more than one person's attention; he clearly was very ill. Linton had had two fits on 2 May; on 3rd he had refused to be dressed and had decreased appetite, and by the evening of 4th, he had become 'very itchy', and the word 'fretty' was used twice and 'fretfull' [*sic*] once: on other days when words stemming from 'to fret' were used, they only appeared once.⁵⁷ When Linton woke on the night of 3-4 May, he probably felt very unwell, and Lady Traquair was presumably very worried for him, which may have exacerbated her anger with Fraser. Moreover, if Linton was occupying both Lady Traquair and the dairymaid, a less-than-cooperative nursemaid would have been an intrusive distraction.

Lady Traquair's reaction to Fraser implied that her slow response stemmed from laziness, an accusation that illuminates power structures in the elite sickroom, and the physical toll that caring for the sick overnight placed on servants. Illness, particularly such a serious, feared disease as smallpox, put pressure on the patient and those around them; disrupted normal social relations; and forced existing tensions into the limelight. Lady Traquair's underlying dissatisfaction with Fraser's care for Linton came to a head when her nocturnal attentiveness fell short of the demands of the situation. However, this inadequacy need not have been caused by ineptitude or malice. Assuming that Fraser was not listed as an attendant was because she was expected to be ready to help at night as a matter of course, she would have been exhausted, which Lady Traquair did not acknowledge. Lady Traquair had had very little sleep over the preceding nights: on 2-3 May she was 'oft[en] up tho' [*sic*] ye night', and on 3-4 May she was also 'up many times'.⁵⁸ Lady Traquair, already critical of Fraser's childcaring abilities and increasingly anxious about Linton, did not allow that Fraser's lapse might have come from exhaustion rather than bad character; she only saw the inconvenience and danger of the situation. Carolyn Steedman implies that 'going-slow' was

⁵⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁵⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30, 29, 31, 35, 40, 42.

⁵⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

understood by employers as a form of intentional misbehaviour.⁵⁹ Employers were often suspicious of their servants' loyalty and motives, and prioritised their own needs over servants'.⁶⁰ Much of the historiography on the experience of caring for the sick focusses on letters and diaries by family members, and the dominant scholarly narrative focusses on expressions of concern and determination to provide the best care possible.⁶¹ For those less emotionally connected to the outcome, the experience may have been different: sickrooms were tiring, smelly, dangerous, upsetting, and frightening places.⁶² Servants co-opted into caring for employers, for whom they may have had ambivalent or even hostile feelings, and who performed the hardest and most unpleasant tasks, may have had less reason to feel dedicated concern.⁶³ Steedman examines two cases where maids killed their employers' children after they had messed clean clothing to explore servants' experience of heavy and unpleasant manual labour.⁶⁴ Steedman asks whether these killings 'Were... everyday acts of resistance and rebellion', however extreme, or 'desperate, crazed reactions... by immature young women driven beyond endurance'.⁶⁵ Sleeping, although it can be an act of rebellion, is also a biological function that can be very difficult to control. Using Steedman's logic, Fraser's sluggish waking seems more the product of the heavy labour of being a nursemaid, exacerbated by the toll of caring for a seriously ill child, rather than a calculated method of disobedience.

Fraser seems to have been uniquely vulnerable to censure for her sleeping habits. Her successor, Kitty Ritchie, was not criticised when she 'came to ye Nur[sery] to sleep for first night', on 29 May, and 'never rose & seemed to sleep well', even though Linton was still ill enough that 'Nurse satt up all night' and 'Lin. had a bad night waked between 12

⁵⁹ Carolyn Steedman, *Master and Servant: Love and Labour in the English Industrial Age* (Cambridge: Cambridge University Press, 2007), 141.

⁶⁰ On difficulties with servants, see Vickery, *Gentleman's Daughter*, 135, 141–46; Davidoff and Hall, *Family Fortunes*, 388–89.

⁶¹ See for example Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven: Yale University Press, 2015), 108–9; Newton, *Misery to Mirth*, 112–27, 179–90, 237; Newton, *Sick Child*, 2012, 121–57.

⁶² North, *Sweet and Clean*, 64–66; Hopkins, *Greatest Killer*, 3–5; Smith, *Speckled Monster*, 15–19; Gronim, 'Imagining Inoculation', 248; Esfandiary, 'We Could Not Answer to Ourselves', 757; Newton, *Sick Child*, 2012, 128–29. Everett C. Hughes discusses how workers involved in dirty or degrading professions experience the disgusting or undignified elements of their jobs, the 'dirty work', which is imposed on them by customers or employers. Everett C. Hughes, *The Sociological Eye: Selected Papers* (New Brunswick: Transaction Books, 1984), 342–47.

⁶³ On servants undertaking unpleasant tasks in sickrooms, see Jalland, *Death in the Victorian Family*, 100.

⁶⁴ Steedman, *Labours Lost*, 240–54; Steedman, 'A Boiling Copper and Some Arsenic', 58–77.

⁶⁵ Steedman, *Labours Lost*, 253. See also Steedman, 'A Boiling Copper and Some Arsenic', 74–75.

& one o'clock... did not go to rest till about 5 o'clock morn:'.⁶⁶ Linton was in less danger by late May, which may have excused Ritchie's inattention, or her presence may have been intended to help get acquainted with Linton before she was made solely responsible for his care, meaning she was not expected to play a significant role overnight. However, in Fraser's case, Lady Traquair took the advice of medical writers discussed in chapter three, and took Linton's sleep quality as confirmation of poor-quality nursing care from Fraser, as well as indicating his health.

Lady Traquair had less control over assistants brought in from beyond the Traquair estate. Nurse Swan only apparently 'satt up' on a maximum of seven occasions, and she was not recorded as being summoned for additional support on nights when she was not on duty (figure 86).⁶⁷ However, she evidently had confidence in both her own abilities as a medical attendant and her status in the household, choosing not to waken Lady Traquair when Mr Reid visited Linton and surviving Lady Traquair's displeasure as a result.⁶⁸ Unlike Fraser, Nurse Swan was sufficiently well-regarded to challenge the hierarchies of the sickroom, and framed her insubordination as the result of an excess of zeal rather than a lack of it.

Two male medical professionals, Mr Reid and Mr Marshall, also stayed overnight at Traquair House to care for Linton, but unlike the women, they were given a separate bedroom and only summoned in emergencies. Traquair House is seven miles from Peebles, where both men were based, and when Lady Traquair 'sent Kidd... to Peebles for M^r Reid or M^r Marshall' when Linton had his first fit at 11 am on 2 May, Mr Marshall did not arrive until 'about one o'clock'.⁶⁹ In a night-time emergency, this would have taken longer because both messenger and medical professional would have had to wake and dress, especially if the first medical professional called was unavailable and the other had to be found. Moreover, at night there were fewer servants available to help either with immediate care of Linton or message-carrying. For those with the financial and social influence to secure routine overnight medical attendance, emergencies could be dealt with faster and with less disruption to those not immediately involved in the sickroom.

⁶⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 40.

⁶⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 30, 34, 35, 36, 39, 40.

⁶⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁶⁹ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 29.

Having Mr Reid or Mr Marshall in the house overnight provided psychological reassurance as well as practical assistance. Mr Reid first stayed after Linton's first fit, when 'M^r Mars[hall] desired Ly. T. w^d send for Mr Reid as it might be a greater satis[faction] to her to have him in ye house all night'; Lady Traquair did not permit Mr Marshall to leave until Mr Reid had arrived.⁷⁰ Lady Traquair tried to persuade Mr Marshall to stay on 10 May even though Linton appeared to be much better and she had let him go home the previous night, and succeeded in keeping him on 12 May when Linton's main symptom the night before was a 'restless night' caused by calomel-induced evacuations.⁷¹ Even when Linton was very unwell, Lady Traquair was the main decision-maker, and only summoned the professionals from their rooms in emergencies. On 5 May, 'Lin: had a bad night', and at 3 am Lady Traquair 'sent Kitty to call up Mr Reid - & get ready a warm Bath milk & water' in the meantime, and his main recorded involvement was to agree that it 'migh [*sic*] ease y^e Itching & do [Linton] good', and possibly to suggest giving him an enema.⁷² Afterwards, Mr Reid 'went away to his room between 7 & 8', whereas 'Ly. T. did not lye down any more'.⁷³ On 7 May, 'Linton had a restless night did not sleep well at all... Ly. T. was up several times', but Mr Reid only came to see him 'between 7 & 8 o'clock', perhaps because Linton 'did not fret only waked oft: & drank a good deal'.⁷⁴ Lady Traquair recognised that Linton's condition was not serious, despite the disruption, and managed his care herself. Having professionals in the house was comforting and useful in an emergency, but Lady Traquair and the female attendants managed Linton in all but the most serious circumstances.

Although there was a hierarchical relationship between male medical professionals and Lady Traquair, this was more complex and less unequal than with the female attendants. Mr Reid and Mr Marshall had other patients in the area, so while the Traquairs helped secure their local reputations, they were not dependent on them for their income, unlike the servants whose livelihoods relied on the Traquairs' goodwill. Their gender and (unrecorded) professional credentials also demanded respect not accorded to uneducated servant women. This meant that Mr Reid and Mr Marshall were able to negotiate more firmly with Lady Traquair, and Mr Reid even got away with being in bed one morning he stayed at Traquair when Lord Traquair wanted him

⁷⁰ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 29-30.

⁷¹ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 34-35.

⁷² Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁷³ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁷⁴ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

to attend to some legal business.⁷⁵ Unlike Fraser, whom Lady Traquair implicitly accused of laziness, Mr Reid had not apparently been called to attend Linton overnight, but there was no condemnation of him for being in bed when Lord Traquair wanted him. Perhaps this was because it was an imposition to ask him for help with a non-medical matter when he had been engaged on medical grounds, and the situation was less urgent than the near-fit Fraser had apparently exacerbated, but Mr Reid's gender and social status also made him less vulnerable to exploitation.

However, there were times when the medical professionals had to defend themselves against excessive demands from their employers, and sleeping in their homes made this more difficult. Having stayed at Traquair on the night of 2 May after Linton's convulsions, the next morning 'Ly. T. wd not let Mr Reid go away. – he [*sic*] went wt L^d T. to Inver[leithen]' to visit other patients, before returning to Traquair for the night.⁷⁶ Lady Traquair's desire for professional assistance after such a concerning day is understandable, but her controlling behaviour suggests the difficulty practitioners faced in navigating the demands of important patients. Mr Marshall had more luck challenging unreasonable demands. On 9 May, he was 'told... he need not sleep here again at night, as Lin was so much better', but that night 'Linton had a restless night', went off his food, and 'got a little Cold'.⁷⁷ Presumably because this interrupted what she had hoped would be a favourable trajectory, Lady Traquair requested overnight assistance on 10 May, but she 'cd not prevail on Mr Mars[hall] to stay all night'.⁷⁸ Although the Traquairs, top of the local social hierarchy, wielded considerable power even over independent professionals, they were not always able to secure the help they wanted. Powerful patients could demand extreme devotion from practitioners, and act in ways that disrupted professional authority, but this was limited by practitioners' other commitments, and the respect due to men of comfortable social and financial status.⁷⁹ Staying overnight, or refusing to stay, was one locus of such negotiations.

Conclusion

Lady Traquair's diary offers unparalleled insight into how overnight care for a sleepless infant was organised. Although Linton was the smallpox patient, the sleep

⁷⁵ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 32.

⁷⁶ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 30.

⁷⁷ Traquair, 'Diary of Lady Mary Ravenscroft', fols. 33-34.

⁷⁸ Traquair, 'Diary of Lady Mary Ravenscroft', fol. 34.

⁷⁹ Stolberg, *Experiencing Illness and the Sick Body*, 65–70; Porter and Porter, *Patient's Progress*, 82, 85–88, 95.

disruption he experienced while recovering from inoculation did not only affect him, or even his normal nursemaid. To manage his care overnight, Lady Traquair was forced to call on a range of unusual attendants: she herself did not normally attend him at night, but she also had to redeploy domestic and agricultural servants and bring in a hired nurse. Linton, aged two, was normally dependent on adults anyway, and was much smaller and lighter than an older patient, even if as a child he may have been less cooperative with medical care. If nursing a young child with his own servants caused this much disruption to the everyday life of a wealthy, well-connected, and leisured family, it is easy to see how periods of ill-health in working families, especially if they involved multiple invalids or went on for long stretches like those Mutschler describes, caused families to exhaust their financial and 'social credit' in arranging care.⁸⁰ It also suggests the practical effect of child sleeplessness on smaller households that slept in close proximity to one another. Regular disruption could be caused by infants' short sleep cycles; teething; illness, or other causes of physical or psychological discomfort. In overcrowded homes or households unable to rely on dedicated nursemaids, the effect of this must have resulted in prolonged sleep loss for much of the household, with attendant effects on physical and psychological health. Children's sleep or sleeplessness was a community issue that affected anyone within earshot, whether they were responsible for childcare or not. While chapter three argued that children's sleep was a social problem in terms of routine, this chapter therefore argues that Handley's 'sociable sleeping' concept needs further to be extended to account for the ways that sleeping habits affected those nearby the sleeper.⁸¹

Examining the interactions between Lady Traquair and the attendants she called on for overnight assistance in caring for Linton also offers new ways of exploring the tensions and power dynamics in early modern households. Servants were regularly called on to help with nursing duties, which could be exhausting and extremely unpleasant.⁸² Following in Steedman's footsteps, against-the-grain readings of episodes criticising nurses, whether caring for children or the sick, offers glimpses of the experience of providing such care for the families of others, and offers explanations for lapses in nursing quality other than employers' accusations of laziness or inattention.⁸³ The sickroom also raises questions around the balance between negotiation and coercion

⁸⁰ Mutschler, 'Illness in the "Social Credit" and "Money" Economies', 177, 180–85, 191–92.

⁸¹ Handley, 'Sociable Sleeping', 79–104. See also Handley, *Sleep in Early Modern England*, 149–80.

⁸² On servants' involvement in nursing, see Mutschler, 'Illness in the "Social Credit" and "Money" Economies', 182, 185; Jalland, *Death in the Victorian Family*, 100.

⁸³ Steedman, *Labours Lost*, 240–54; Steedman, 'A Boiling Copper and Some Arsenic', 62–77.

when calling on servants for additional duties, especially when the treatment of servants can be compared with interactions with medical professionals whose gender and social status made them less vulnerable to unreasonable demands.

Finally, Ekirch's 'segmented sleep' theory comes under further strain.⁸⁴ While the previous chapter demonstrated that the sick experienced polyphasic sleep, this chapter shows that those responsible for their care were also prevented from conforming to "normal" models of slumber. Individuals moved in and out of the roles of child, invalid, and carer, so it could be objected that most people did not have their sleep disrupted in this way. However, many people within the population experienced these roles on any given night, and people also repeatedly returned to caring and sick roles, particularly women and servants. Moreover, the pressure on servants and mothers raises questions about the sleeping patterns of other groups, including servants forced to wait up for elite socialites; medical professionals called to emergencies at night; and agricultural labourers, soldiers, and sailors, whose trades required nocturnal work. No single model of slumber can describe "normal" sleep in any period.

Although the previous chapter suggested ways children's sleep can aid recovery of their voices and experience, and this one has made a similar argument regarding servants in its analysis of Kitty Fraser's sleepiness, both chapters focussed on adult readings and manipulation of children's sleep. The next two chapters use the premise established in chapter four that children's sleep and bed-culture is most easily found in the context of records of serious illness, and examines the physical, emotional, and intellectual implications of children becoming bed-bound when terminally ill.

⁸⁴ Ekirch, 'Sleep We Have Lost', 344–45, 363–69, 382–85; Ekirch, *At Day's Close*, 300–304; Ekirch, 'Modernization of Western Sleep'.

Chapter Six: The Body in Bed

So far, this thesis has explored adults' interpretation and management of children's sleep; children themselves have been presented as causes of action in other people, or passive objects of surveillance. The next two chapters place children at the centre of inquiry. This chapter focusses on the physical experience of being in bed by exploring the interaction between the sick body and the bed. It argues that although the sickbed was nominally a place of safety, beds and bodies interacted in ways that undermined bodily integrity and made beds uncomfortable and unsafe. The following chapter explores bed-culture during sickness, to establish how seriously ill children passed the time and interacted with the world around them. As chapter four suggested, paying attention to documents that record children's illnesses provides insight into the physical and emotional experience of past childhood, as their bodily functions, and their needs, desires, and discomforts, became the focus of interrogation and recall. In the same way, the five deathbed narratives explored in this and the following chapter relate events in and around the bed because the children they memorialised were so ill that they spent almost all their time there. Symptoms were less of a focus than in the inoculation records, because the outcome of the disease was known and parents wanted to recall their children's lives; any signs of their possible salvation; and the quality of care they had provided. However, recording the children's physical decline was inevitable too, and the combination of this with the intense recording of the children's activities and conversations mean that their sleep, waking, and bed-culture are recoverable from deathbed accounts just as from records of serious illness.

Scholarly interest has recently been drawn to the experience of occupying beds. Sasha Handley has explored the sensory qualities beds were hoped to provide: physical and psychological comfort was achieved with smooth, clean linen; warm layers of blankets; soft mattresses; attractive hangings and coverlets; and familiar objects that evoked loved-ones or divine protection.¹ Hannah Newton, drawing on Handley's work, suggests that long periods occupying the sickbed led to boredom, while the wasting of illness, use of absorbent rather than soft mattresses, and side-effects of symptoms like sweating made the bed uncomfortable.² This section extends Newton's exploration of the physical experience of the sickbed, by exploring the interaction between the bed

¹ Handley, *Sleep in Early Modern England*, 48–57, 97–106, 108–10, 121, 125, 128–48.

² Newton, *Misery to Mirth*, 104, 109, 195–96; Newton, 'Out of Bed, But Not Yet Abroad', 7–8; Newton, 'Inside the Sickchamber', 550–54, 558–65. See also North, *Sweet and Clean*, 65–71.

and the bodies of seriously ill children. It then examines the altered states of consciousness the children experienced, and the practical and emotional implications of these for both children and their carers.

This chapter's exploration of the physical experience of occupying the sickbed draws on the principles established in the introduction about the possibilities of recovering past physical experience. It assumes that despite the historical contingency of sociocultural framing of bodily experience, the body as an object and a biological system has changed little in the past three centuries, and that therefore the underlying content of experiences are recognisable between eras even if the meaning and response to them have changed.³ The chapter draws on Bruno Latour's work on actor-network-theory to trace how bodies interacted with the world they inhabited.⁴ Latour argues that objects act on the world around them and affect human life: 'there is hardly any doubt that kettles "boil" water, knives "cut" meat, baskets "hold" provisions... *any thing* that... modif[ies] a state of affairs by making a difference is an actor', although it does not necessarily have agency to choose to act.⁵ Latour calls for the '*non-humans*' who affect events to be acknowledged, and their role explored.⁶ All medicine can be said to rely on the understanding that bodies are changed by external, non-human actors. Modern medicine explores this through concepts like germ theory, genetics, biochemistry, and the microbiome. Early modern humoral medicine attributed changes in health to changes in the body's humoral makeup. Although Dorothy and Roy Porter argue that 'Diseases were... *sui generis*, marking states not things', in fact the early modern body was at the mercy of external forces.⁷ Regimens based on the non-naturals aimed to control the body's interaction with hazards like diet, air quality, temperature, and dirt, so that people only encountered what would keep their constitution stable; the disordered constitutions the Porters blame for early modern diseases were produced by failures in maintaining this balance.⁸ Remedies expelled disease and nudged the body back towards humoral balance, regimens were altered for the same reason, and smallpox inoculation introduced external matter into the body to trigger

³ Wahrman, 'Change and the Corporeal', 597–601; Roper, *Oedipus and the Devil*, 3–4, 13–17, 20–26; Roper, 'Beyond Discourse Theory'; Carter, 'Childbirth, "Madness", and Bodies in History'.

⁴ Latour, *Reassembling the Social*.

⁵ Latour, *Reassembling the Social*, 71. Emphasis original.

⁶ Latour, *Reassembling the Social*, 72. Emphasis original.

⁷ Porter and Porter, *In Sickness and in Health*, 146.

⁸ On regimen, see for example Spary, 'Health and Medicine in the Enlightenment', 86–89; Porter and Porter, *In Sickness and in Health*, 23–35, 43–53.

illness.⁹ Even disorders attributed to God acknowledged the influence of external forces.¹⁰ The early modern body existed within the world, and was affected by the visible and invisible objects it encountered.

Drawing on this understanding of the interaction between objects, this chapter explores how children's bodies affected the world around them, and how they were in turn altered by the sickbed. It examines the experience of physically occupying the sickbed, and sets up the physical context for the following chapter's investigation of the bed-culture of the dying, including ways dying children can be said to have exercised agency from the sickbed. It focusses on the ways the body had (unintentional) agency, making demands for care and attention through its disintegration.

Deathbed narratives

Deathbed narratives are distinct from other documents written by family members about their loved-ones' illnesses such as letters or diaries. Unlike ego-documents written approximately as events unfolded, deathbed narratives were written by family members who were (usually) closely involved in the events they narrate, but after the conclusion of the illness. They were therefore framed with the death of the child as the central theme, and at least in the examples here, mostly give general descriptions of the children's physical state and treatment without reference to specific remedies. They often include meditations on the child before their illness, their virtues, or the life they might have had if they had survived.

Deathbed narratives were important in helping survivors navigate grief. Newton suggests that memoirs were made in part to help survivors remember the deceased, even if this was a record of traumatic partings.¹¹ Katie Barclay argues that letters exchanged by bereaved members of the circle around Philip Doddridge, a non-conformist minister, combined a therapeutic outlet for the raw emotional experience of loss with a potentially 'more authoritative form [of expression] than thought alone allowed', which enabled 'writers... [to] reconcile felt experience with wider social norms... around appropriate emotion and articulate the abstract in terms that were

⁹ See for example Porter and Porter, *Patient's Progress*, 81–85, 160–63, 170; Hannah Newton, "Nature Concocts and Expels": The Agents and Processes of Recovery from Disease in Early Modern England', *Social History of Medicine* 28, no. 3 (August 2015): 474–83; Esfandiary, 'We Could Not Answer to Ourselves', 761–66.

¹⁰ See for example Newton, *Sick Child*, 2012, 47–48.

¹¹ Newton, 'Rapt Up With Joy', 89. See also Jalland, *Death in the Victorian Family*, 10.

culturally understood'.¹² For Barclay, letter-writing allowed unruly or "inappropriate" emotion to be coaxed into more socially acceptable forms.¹³ However, the self-fashioning in which memoirists indulged could serve more to soothe the memories of the survivors than provide an accurate reflection of the circumstances of death. Both Pat Jalland and Julie-Marie Strange suggests that deathbed narratives disenfranchised the deceased by placing control of how they were depicted entirely in the hands of their memorialists, who could reinterpret events and present the dead person in the way that suited the didactic or emotional needs of the author.¹⁴ Although this was sometimes cynical misrepresentation of the dead by self-righteous memorialists, like Ada Lovelace's very religious mother, in other cases it was self-protection for the survivors, who wanted to reassure themselves about the care the deceased had received and their chances of post-mortem reunion.¹⁵

This chapter examines four children: Thomas Malkin (1795-1802), Charles Malkin (1808-1825), Margaret Gray (1808-1826), and Lucy Hey (1813-1826).¹⁶ Although all four died at the end of their illnesses, the narratives examined here recorded details about their lives, so they record sickbeds as well as deathbeds. The narratives come from the same tradition of recording the deathbeds of loved-ones, especially of pious children, but survive in different formats and were made for different purposes. Both Malkin brothers' deaths were recorded in a manuscript memoir kept by their mother Charlotte, who originally intended the book 'to preserve the memory of any particular circumstances that relate to my Children... which are worth remembering... that it will be both useful and pleasant to me to look back [on] in future years'.¹⁷ There are a few notes on events from the oldest two sons' childhoods, but these tail off until Thomas's death. Thereafter, each death was recorded a few months after it occurred, once Charlotte felt up to writing about it. The manuscript also contains descriptions of the

¹² Katie Barclay, 'Grief, Faith and Eighteenth-Century Childhood: The Doddridges of Northampton', in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 174, 180.

¹³ Barclay, 'Grief, Faith and Eighteenth-Century Children', 180.

¹⁴ Jalland, *Death in the Victorian Family*, 25–26; Strange, 'Historical Approaches to Dying', 138.

¹⁵ On Ada Lovelace, see Jalland, *Death in the Victorian Family*, 61–65.

¹⁶ Benjamin Heath Malkin, *A Father's Memoirs of His Child* (London: Longman, Hurst, Rees, and Orme, 1806); Charlotte Malkin, 'Memoir by Charlotte Malkin', 1801-1840, ADD MS 83197, British Library; Jonathan Gray, *Some Account of the Personal Religion of Margaret Gray* (York: Privately published, 1826); [Samuel Hey], 'A Brief Account of my Dear Daughter Lucy Gray Hey, with Some Remarks on her General Character and Conduct', [1826?], Gray Family Papers, GRF7/4, Explore York Libraries and Archives.

¹⁷ Malkin, 'Memoir', n.p.

deaths (as adults) of two of the three brothers born between Thomas and Charles.¹⁸ Thomas's death was also the subject of a published memoir by his father, Benjamin Heath Malkin.¹⁹ While passages in Benjamin's memoir copy Charlotte's wording, he includes substantially more detail, including medical information, and much of the book describes Thomas's life before his illness. The comparison between the published and manuscript versions of Thomas's memoir sheds light both on the difference between public and private memorialisation, and between Charlotte and Benjamin's individual interests.

Benjamin Heath Malkin, 'schoolmaster and antiquary', was an advocate for William Blake, who designed the frontispiece to his memoir of Thomas.²⁰ Between Thomas and Charles, the Malkins had three other sons: Benjamin (1797-1837); Frederic (1802-1830), and Arthur (1803-1888), and three other children who died in infancy before Thomas was born; only Arthur outlived his parents.²¹ The Malkins lived a respectable life: trained as a lawyer, Benjamin became headmaster of Bury St Edmunds Grammar School between 1809 and 1828, and was involved in literary and academic pursuits.²² Despite Benjamin's connection with Blake, there is no performance of Romantic fatherhood in either narrative of his younger sons' deaths; while fathers were culturally encouraged to spend time with and enjoy the company of their children, neither Charlotte nor Benjamin suggested that Benjamin spent time with, or worrying about, Thomas during his illness, and he was a similarly glaring absence from the record of Charles's deathbed.²³ This does not mean that Benjamin was a bad father, or had a poor relationship with his wife or sons, but it is a highly noticeable absence.

This absence is the more noticeable when set against the memoirs of Lucy Hey and Margaret Gray, which were written by their respective fathers (who were brothers-in-law), both of whom depicted themselves as actively involved with their daughters' deathbeds.²⁴ These narratives formed part of a wider tradition of memorialising

¹⁸ Malkin, 'Memoir'.

¹⁹ Malkin, *Father's Memoirs*.

²⁰ G. Martin Murphy, 'Malkin, Benjamin Heath (1770-1842), Schoolmaster and Antiquary', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-17885?rkey=7MTipS&result=1>; de Selincourt and Moorman, *The Letters of William and Dorothy Wordsworth, Vol. 2*, 2:368, fn. 1 (editor's note).

²¹ Malkin, 'Memoir'; Murphy, 'Malkin, Benjamin Heath'.

²² Murphy, 'Malkin, Benjamin Heath'.

²³ On fatherhood, see Retford, *Art of Domestic Life*, 115-48; Bailey, *Parenting in England*, 30-33, 51-53, 62-70; Bailey, 'Paternal Power'; Bailey, 'Family Relationships', 18-19, 25-26.

²⁴ Hey, 'Brief Account'; Gray, *Account*.

women's deaths in the Gray family. 1826 was a terrible year for the extended family: Margaret's death on 31 January took place in the same house on the same day as that of her aunt Margaret Hey, Lucy's mother; Lucy's own symptoms, according to family tradition, first manifested on the same day, and she died eleven months later, on 27 November, at her parental home.²⁵ The girls' grandmother, Faith Gray, also died that December.²⁶ The family tradition of writing deathbed narratives dated to at least 1813, when the girls' aunt Lucy Gray (presumably Lucy Hey's namesake) was memorialised by her brother Edmund, in the same notebook in which Margaret Hey's death would later be recorded by her husband Samuel.²⁷ Samuel also wrote the memoir of Lucy Hey's death, and Margaret Gray's memoir was by her father Jonathan.

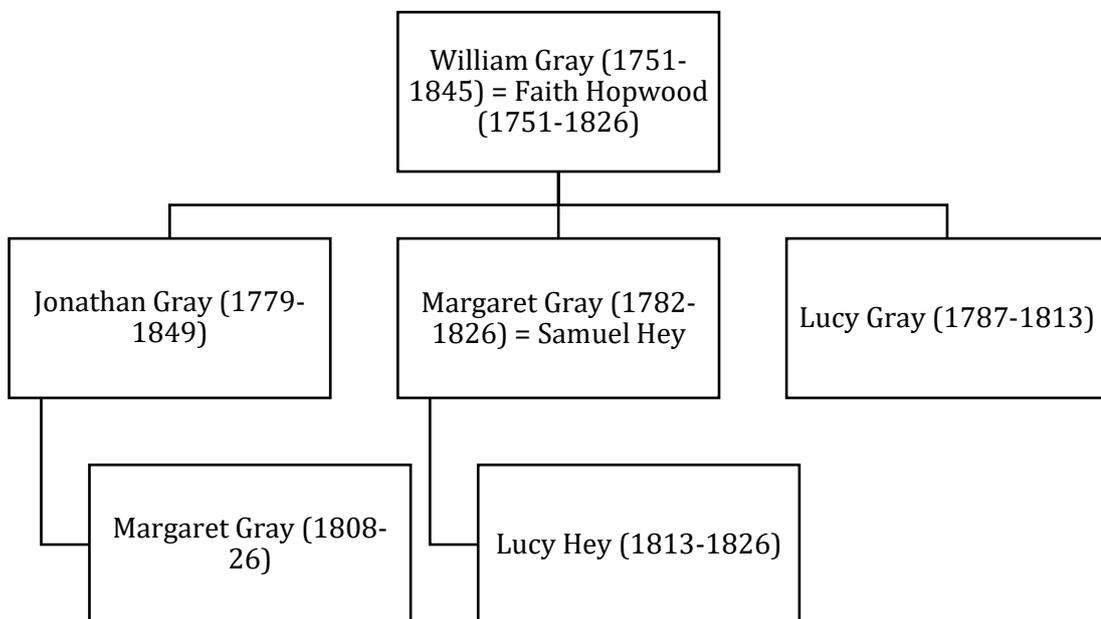


Figure 88 Partial family tree showing the relationship between the Gray and Hey families, adapted from Mrs Edwin [Almira] Gray, *Papers and Diaries of a York Family, 1764-1839*, (London: Sheldon Press, 1927), 284

William Gray, grandfather of Margaret Gray and Lucy Hey, rose from humble beginnings to run a successful solicitors' practice in York, where he was a pillar of the legal, intellectual, and political communities, into all of which he was followed by his

²⁵ Gray, *Account*, 97–100; Mrs Edwin [Almira] Gray, *Papers and Diaries of a York Family, 1764-1829* (London: Sheldon Press, 1927), 245.

²⁶ Gray, *Papers and Diaries of a York Family*, 245; Hey, 'Brief Account', n.p.

²⁷ Edmund Gray, 'An Account of the Illness and last hours of Lucy Gray by her affectionate Brother Edm^d Gray', [1813?]; Samuel Hey, 'An Account of the Illness and last hours of Margaret Hey, formerly Margaret Gray, by her Husband, the Rev. Samuel Hey', 1826, both in 'Account of Lucy Gray's Illness', GRF 7/5, Gray Family Papers, Explore York Libraries and Archives.

son Jonathan Gray, Margaret's father.²⁸ Margaret had one older brother.²⁹ Lucy Hey was the eldest daughter in the Hey household; she had an elder brother, William, and at least three younger siblings.³⁰ Samuel Hey, Lucy's father and Margaret Hey's husband, was vicar of Ockbrook, Derbyshire, but his father and brother were leading Leeds surgeons involved in the Leeds Infirmary.³¹ Both the Gray and Hey families were well-educated and comfortably off, and both branches were extremely devout Anglicans whose sympathies tended towards the evangelical, although both branches of the family remained within the established church.³²

The boundary between public and private in deathbed narratives was permeable, and depended on the author. There was a long tradition of reading deathbed narratives to children to warn them of their own mortality and the need to live a blameless life, and provide them with models for their own deathbed behaviour should they die young.³³ Volumes of such stories circulated in cheap commercial editions.³⁴ The stories were

²⁸ Alexander Lock, 'Gray, William (1751-1845), Lawyer and Political Agent', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2013), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-105372?rskey=REKFX3&result=5>; William Cobb, *A History of the Grays of York, 1695-1988* (York: Ebor Press, 1989), 6–10, 15–19; Karen Harvey, *The Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain* (Oxford: Oxford University Press, 2012), 20; Gray, *Papers and Diaries of a York Family*, 106; Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, C1760-1820* (Manchester: Manchester University Press, 2011), 82, 97, 120.

²⁹ Gray, *Papers and Diaries of a York Family*, 284.

³⁰ Hey, 'Brief Account', n.p.; William Hey to Samuel Hey, Silk Willoughby, 12 June 1826, HEY 1/6 1824-28, York Explore Libraries and Archives.

³¹ Margaret DeLacy, 'Hey, William (1736-1819), Surgeon', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-13163?rskey=ch5mdC&result=2>; Josephine M. Lloyd, 'Hey, William (1772-1844), Surgeon', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-13164?rskey=thiZL1&result=1>; Josephine M. Lloyd, 'The "Languid Child" and the Eighteenth-Century Man-Midwife', *Bulletin of the History of Medicine* 75, no. 4 (Winter 2001): 663–64.

³² Gray, *Papers and Diaries of a York Family*, 11–15, 70, 106, 108–17; Cobb, *History of the Grays*, 15; Brown, *Performing Medicine*, 82, 91, 97–98, 120; Lock, 'Gray, William (1751-1845)'; Harvey, *Little Republic*, 85; Lloyd, 'Hey, William (1772-1844)'; DeLacy, 'Hey, William (1736-1819)'.

³³ Jalland, *Death in the Victorian Family*, 133; Alec Ryrie, 'Facing Childhood Death in English Protestant Spirituality', in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 114–15; Merete Colding Smith, 'Child Death and Emotions in Early Sunday School Reward Books', in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 211–12, 219–20; Ralph Houlbrooke, 'Death in Childhood: The Practice of the "Good Death" in James Janeway's A Token for Children', in *Childhood in Question: Children, Parents and the State*, ed. Anthony Fletcher and Stephen Hussey (Manchester: Manchester University Press, 1999), 37–56.

³⁴ Smith, 'Child Death and Emotions'.

simple and generic, either emphasising the preternatural goodness of the subjects, or sinful childhoods which terminated in dramatic conversions as the child faced death.³⁵ Some, like James Janeway's *Token for Children*, remained in print for long periods.³⁶ Others were less affordable and more erudite: Benjamin Malkin's volume was intended to comfort other grieving parents of the middling sort, educate their children, and demonstrate Thomas's genius.³⁷ Jonathan Gray's narrative was privately published, meaning it could be circulated in a limited way within the family's immediate social circle without the exposure of commercial publication.³⁸ Both Benjamin Malkin and Jonathan Gray claimed that they had been urged to publish by their friends: a piece of performative modesty and a reflection of the appetite of early nineteenth-century readers for such texts, more believable in Gray's case because it was not commercially available.³⁹ Published texts, or privately printed editions, ensured that the writer's version of the child's death was accessible to people beyond the immediate family for memorial or didactic purposes.

However, manuscript deathbed memoirs were not fully private documents. Benjamin Malkin drew on Charlotte's memoir of Thomas, using nearly identical wording in places, although he also described elements of Thomas's life that Charlotte did not.⁴⁰ There is no evidence about Charlotte's opinion on this use of her words, and no evidence that anyone else read the narrative about Charles. She may have intended her memoirs to remain private, at least at first. Some manuscript accounts did circulate, however. During her last illness, Lucy Hey read the narratives of three female relations who predeceased her, and the manuscripts circulated between the Gray and Hey families.⁴¹ The tradition of memorialising deceased women in the Gray/Hey family influenced their communal experience of death; the manuscript about Margaret Gray was read to Lucy before she was told of her terminal diagnosis, perhaps in preparation for the news.⁴² Lucy was also read her mother's and an aunt's deathbed narratives in

³⁵ See Houlbrooke, 'Death in Childhood'; Smith, 'Child Death and Emotions'; Ryrie, 'Facing Childhood Death', 112.

³⁶ James Janeway, *A Token for Youth Containing, Several Advices and Directions to Children and Youth* (London: Daniel Pratt, 1720); Smith, 'Child Death and Emotions', 209, 211; Houlbrooke, 'Death in Childhood'.

³⁷ Malkin, *Father's Memoirs*, vi, x-xi, xvi-xvii.

³⁸ Gray, *Account*.

³⁹ Malkin, *Father's Memoirs*, iii-vii; Gray, *Account*, 3.

⁴⁰ Where wording is nearly identical, I have tried to cite both texts, with Charlotte's first because it was the original from which Benjamin copied. The extra sections in Benjamin's texts are found at Malkin, *Father's Memoirs*, 3-132.

⁴¹ Hey, 'Brief Account', n.p.

⁴² Hey, 'Brief Account', n.p.

her final months: perhaps to comfort her by invoking her mother; perhaps to entertain her; perhaps to instruct her.⁴³ The use of family narratives rather than popular, published stories may have had particular resonance for Lucy: she had known two of the subjects personally and had been in the house on the day they both died, and she was named after the third.⁴⁴ Lucy read the manuscript version of Margaret Gray's narrative, but only the printed edition survives in the Gray archive.⁴⁵ Margaret Hey's memoir was copied into the same manuscript volume as the memoir of her sister Lucy Gray, and both her memoir and that of Lucy Hey only survive in the Gray collection; there is no copy of either in the Hey collection in the same repository, even though Samuel Hey wrote both.⁴⁶ If Samuel retained one, it is no longer associated with this family collection, despite the love and loss he portrayed himself as suffering after his bereavements. Lucy Hey's manuscript contains pencilled annotations from her grandfather, William Gray.⁴⁷ The manuscripts thus circulated within the immediate family, and even the published version of Margaret Gray's memoir was for limited consumption.

Both the Malkins and the Gray/Hey family had a strong tradition of writing deathbed narratives, and both offer an example of printed and manuscript memoirs. While over twenty years passed between Thomas Malkin's death in 1802 and Margaret Gray and Lucy Hey's deaths in 1826, this is a relatively short time bridged by Charles Malkin's death: temporally he is close to the Gray and Hey bereavements, having died in 1825, but as a Malkin, there remains continuity between his and Thomas's deaths. While the Gray/Hey family only appears to have memorialised deceased girls and women (although it is possible that they lost no male relatives in this period), and the Malkins only had sons to record, there is also a comparison to be made in the gendered discussion of the children's deathbeds. Both Margaret Gray and Charles Malkin died aged seventeen, at the end of the period reasonably defined as childhood, but both still lived with and were dependent on their parents, and Charles was still at school.⁴⁸ As

⁴³ Hey, 'Brief Account', n.p.

⁴⁴ Hey, 'Brief Account', n.p.

⁴⁵ Hey, 'Brief Account', n.p.; Gray, *Account*.

⁴⁶ Both are in 'Account of Lucy Gray's Illness', GRF 7/5, York Explore Libraries and Archives.

⁴⁷ Hey, 'Brief Account', n.p.

⁴⁸ On defining childhood and the prolongation of childhood over the long early modern period, see Davin, 'What Is a Child'; Crawford, *Parents of Poor Children*, 22–23; Houlbrooke, *English Family*, 166–67; Ben-Amos, *Adolescence and Youth in Early Modern England*, 2–68; Müller, 'Introduction', 4–5; Cunningham, 'Histories of Childhood', 1206; Hugh Cunningham, 'The Employment and Unemployment of Children in England C1680–1851', *Past and Present* 126, no. 1 (February 1990): 118–19.

Thomas Malkin was six and Lucy Hey thirteen at their deaths, there is also a large age range, which had implications for the types of care each child required. Six-year-old Thomas, despite being seen as precocious by his parents, did not necessarily have as sophisticated an understanding of the implications of death as his seventeen-year-old brother twenty-three years later.⁴⁹ This affected the conversations recorded in their memoirs of him, while the engagement of each child with their physical, emotional, and spiritual care also depended on age, type of illness, and the priorities of both child and family. Socially, the families' backgrounds were similar: both the Malkins and the Gray/Hey family were of the middling sort: well-educated, respectable, and well-off, and therefore able to afford good medical care and comfortable sick chambers.⁵⁰ Although the Grays and Heys were more overtly religious in their memoirs than the Malkins, religious concerns ran through all of the narratives. However, the interests of the two families differed, reflecting the different religious beliefs and emotional priorities of the families as a whole, and of the authors as individuals.

Although deathbed narratives are retrospective documents, some relied on notes taken during illness, which can give them a more spontaneous flavour at some times than others. The tension between retrospective knowledge and unfolding events is exemplified in the memorial to Lucy Hey, whose illness was the longest of the four children discussed here. Her father Samuel claimed that Lucy 'first discovered symptoms of the disease which proved fatal to her, on the morning on which her beloved mother died', when 'she spit some blood', but that this 'remained unknown to me till two months afterwards, when fresh symptoms of the disease appear[ed]'.⁵¹ This would have been in March or early April, but there is no record that this timescale was in Samuel's mind until after Lucy had died. In a letter to his son William in March, Samuel wrote that 'Lucy... has been very ill of a bilious fever, or something akin to Cholera Morbus'; however, he only indicated that she had been ill 'for several days', not months, whereas the memoir does not diagnose Lucy with anything, including cholera morbus.⁵² At points, Samuel hoped for Lucy's cure; in the March letter, he said that 'she is... beginning to recover', although she was still unwell in May, when he purchased a

⁴⁹ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, xi, 3–9.

⁵⁰ Murphy, 'Malkin, Benjamin Heath'; Brown, *Performing Medicine*, 82, 91, 97–98, 120; Lock, 'Gray, William (1751-1845)'; Gray, *Papers and Diaries of a York Family*, 106; Cobb, *History of the Grays*, 9–10, 15–19; Lloyd, 'Hey, William (1772-1844)'.

⁵¹ Hey, 'Brief Account', n.p.

⁵² Samuel Hey to William Hey, Ockbrook, 13 March 1826, 'Correspondence between the Rev. S. Hey and his son William', 1824–28, Hey Family Letters, HEY/1, York Explore Libraries and Archives.

pony for her to exercise with.⁵³ In early September, Samuel wrote to William that 'Lucy... is somewhat better... tho' by no means right'.⁵⁴ By contrast, the memoir dates her illness to the exact day of Margaret Hey's death, and implies that the whole succeeding period was one of gradual decline with brief remissions.⁵⁵ While Samuel speculated 'Whether the shock given her by that painful event were the cause' of Lucy's illness, in his own mind he linked the deaths of his two loved-ones, even commenting to Lucy that Margret's death might have been ordained '[to make] death less formidable & heaven more desirable to her'.⁵⁶ Although Lucy's conversations were recorded in the period between approximately March and mid-November, from 10 November until Lucy's death, Samuel recorded specific dates and detailed her physical, social, and spiritual experiences in greater depth until her death on 27 November, which suggests that he (or another member of the household) only started recording Lucy's decline in detail once her death was an immediate prospect, even though her prognosis had been known since approximately late September.⁵⁷ This was partly because she went away with relatives to recuperate for much of August and September, but even when Samuel visited her he did not increase the detail of his observations, nor did he do so immediately on her return, even though her prognosis was known by then.⁵⁸ The trauma of losing Margaret Hey on 31 January was compounded by the death of Lucy's cousin Margaret Gray on the same day, in a different wing of the same house.⁵⁹ The claim that Lucy's illness began when her mother's life ended has a dramatic ring to it, but given the widespread belief in family reunion in heaven, it may also have comforted Samuel by making it seem like the progression of divinely inspired events, rather than terrible misfortune or punishment. Samuel constructed a narrative around his daughter's final months that retrospectively found a sense of inevitability in Lucy's illness, whereas his letters before November 1826 have a much more hopeful tone.⁶⁰

⁵³ Samuel Hey to William Hey, Ockbrook, 13 March 1826; Samuel Hey to William Hey, Ockbrook, 17 May 1826.

⁵⁴ Samuel Hey to William Hey, Ockbrook, 1 September 1826.

⁵⁵ Hey, 'Brief Account', n.p.

⁵⁶ Hey, 'Brief Account', n.p.

⁵⁷ Hey, 'Brief Account', n.p.

⁵⁸ Hey, 'Brief Account', n.p.

⁵⁹ Gray, *Papers and Diaries of a York Family*, 245; Gray, *Account*, 97–100.

⁶⁰ Hey, 'Brief Account'; Samuel Hey to William Hey, Ockbrook, 13 March 1826; 17 May 1826; 15 June 1826; 1 September 1826.

Occupying the sickbed

Beds were meant to be sites of comfort and ease; much effort was put into making them fit the sensory and emotional needs of the sleeper.⁶¹ Selecting the bed as the site of serious illness was also based on the physical needs of the sick. Making sure that children were as comfortable as possible despite the pains inflicted by illness and medical intervention was a key aim of care, so keeping children in bed was in part a way to keep them in a familiar space associated with comfort and security at a distressing time.⁶²

Keeping ill children in bed was sometimes a necessity rather than a choice. One week into his illness, Charlotte Malkin recorded that Charles was so unwell that although he 'walked to the fireside, where he sat for about half an hour', at the end of this period, 'When his bed was ready... he looked fatigued, [Charlotte] proposed his returning to it, which he appeared quite inclined to do... he wanted the assistance of my arm, in walking to and from his chair'.⁶³ Although Charles cannot have walked more than a few steps, he required assistance because he was so weak, and was exhausted from the effort. As his mother, Charlotte would have been used to undertaking his physical care; she breastfed his brother Frederic, so she may have done the same for him, and she also portrayed herself as constantly attending to his bodily needs throughout his final illness.⁶⁴ At the same time, their roles were reversed: Charles was on the cusp of manhood, so he should have been offering his arm to his mother, not the other way round. Charles's weakness rendered him dependent on his mother and his bed, rather than the active, healthy man he had previously promised to become. On his penultimate night, Charles needed to be moved from one bed to another; he seems to have been at best barely conscious, and was 'perfectly passive' as he was lifted across.⁶⁵ It was clearly impractical to expect his body at this stage to support itself; lying down was its only option. At a certain point, sick children's bodies were unable to support any other form of housing, and had to be kept in bed.

Being consigned to the sick- or deathbed did not necessarily mean that the patient stayed in bed the whole time, as Charles's time in the chair by the fire demonstrates. It

⁶¹ Handley, *Sleep in Early Modern England*, 7–8, 48–57, 121–48.

⁶² Newton, *Sick Child*, 71–74, 86–89; Newton, 'Children's Physic', 469–70; Roy Porter, 'Death and the Doctors in Georgian England', in *Death, Ritual, and Bereavement*, ed. Ralph Houlbrooke (London: Routledge, 1989), 77–94; Strange, 'Historical Approaches to Dying', 136.

⁶³ Malkin, 'Memoir', n.p.

⁶⁴ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 145.

⁶⁵ Malkin, 'Memoir', n.p.

could also mean that children were given greater freedom to remain in bed when they would normally have been expected to be up. On the third and fourth days of his illness, while he was still expected to make a full recovery, Charles 'did not rise till after breakfast', though 'When up, he went into school, and afterwards employed himself about his exercises as usual'.⁶⁶ Remaining in bed after breakfast was unusual, but did not automatically signal withdrawal from normal life.⁶⁷ It was not until the Sunday that Charlotte 'rather wished he should remain in bed till the evening', and from this point his illness was portrayed as more serious and there is no evidence he left his bedroom.⁶⁸ Lucy Hey also 'did not rise early', which suggests that she did eventually leave bed; she attended church until her final Sunday; and even on the day of her death, which was expected to be her last day, she was carried into the parlour.⁶⁹ Normal spatial routines were undermined before a terminal diagnosis was made, but sick children were not always prisoners of the sickbed.⁷⁰

Despite this, some children known to be terminally ill did leave bed, although their routine might have to be relaxed. While Lucy Hey 'did not rise early', she went to church every week until her death.⁷¹ It was only just over a week before her death that her request to 'rise earlier that I may be ready to go to Church' was challenged because of 'Doubts... whether she would be able to rise in time'.⁷² Even then, it was negotiated that instead 'she might attend the second part of the service'.⁷³ In such a religious family, discouraging Lucy from attending church was a relaxation of normal rules to accommodate her weakness and exhaustion. It may also indicate that she needed more help in rising and dressing, which may not have been available early in the morning while household chores were performed and the other children were dealt with. Altered routines could come from concern for the child's physical welfare, or pragmatic balancing of care needs with the needs of the wider household.

Although beds were supposed to be safe for sick bodies, keeping children in bed could cause as much discomfort as it cured. On 27 July 1802, Thomas Malkin developed 'a sad sore on the right hip, arising from pressure during the night', which was followed the

⁶⁶ Malkin, 'Memoir', n.p.

⁶⁷ On 'Exemption from routines', see Newton, *Sick Child*, 173–75.

⁶⁸ Malkin, 'Memoir', n.p.

⁶⁹ Hey, 'Brief Account', n.p.

⁷⁰ On the spatial dimension of illness, see Newton, *Misery to Mirth*, 195–207; Newton, 'Out of Bed, But Not Yet Abroad'.

⁷¹ Hey, 'Brief Account', n.p.

⁷² Hey, 'Brief Account', n.p.

⁷³ Hey, 'Brief Account', n.p.

next night by another on his left hip.⁷⁴ By this time he had been bed-bound for twenty-four days. The bilateral bedsores reflect both the extended period for which his body had been forced to be inactive, and the attempts he and his carers presumably made to alter his position to make it less uncomfortable by lying him on either side; this only spread the injuries to more areas of his body. Lying for long periods may also have exacerbated Lucy Hey's respiratory problems; on one particularly bad night, 'Between 4 & 5... she found her breathing & expectoration very difficult', which she found extremely distressing.⁷⁵ Lying supine may have prevented fluid and mucus from draining from her lungs, making breathing harder, which would have been upsetting. It would also have been more necessary for her to cough, which would have interrupted her sleep.⁷⁶ Henry Bankes suffered a similar problem in 1788, when he 'had such a violent oppression upon his Breath that he was at times obliged to sit up in his Bed', although he survived.⁷⁷ Beds, while practical and comforting solutions to the problem of how to house children's sick bodies, could create or exacerbate other symptoms, causing pain and distress, and interrupting sleep.

As well as altering the bodies of their inhabitants, beds were altered by their occupants. In some cases, the bed almost became an extension of the body. Georges Vigarello argued that clean linen was a signifier of respectability, because it implied the ability to afford proper hygiene and concern for one's standing in the community.⁷⁸ Vigarello's argument, while contested, rests partly on the constant proximity between linens and the body, which meant that marks of everyday incidents formed a visual diary of the wearer's behaviour.⁷⁹ While less public, the sickbed was in similarly constant contact with the body, but rather than broadcasting social and moral status, it suggested the state of its occupant's health. Newton also argues that sick adults saw ordinary household objects joining them in sickness as their bodies interacted with bedding in ways that turned what were normally comfortable textiles into tedious, dirty carriers

⁷⁴ Malkin, *Memoir*, n.p.; see also Malkin, *Father's Memoirs*, 137.

⁷⁵ Hey, 'Brief Account', n.p.

⁷⁶ Many thanks to Rachel Starer, Keren Shaw, Kriti Singh, Helen Witheridge, and Greg Reynolds for their conversations with me about disease processes.

⁷⁷ Frances Bankes, 'Notebook of Children's Diseases', 1785-1805, BKL/H/I/1, Dorset History Centre, Dorchester, 26.

⁷⁸ Georges Vigarello, *Concepts of Cleanliness: Changing Attitudes in France Since the Middle Ages*, trans. Jean Birrell (Cambridge: Cambridge University Press, 1988), 41-43, 45-46, 48, 53-54, 61-64, 69, 73, 78-80.

⁷⁹ Falcini, 'Cleanliness and the Poor', 13-14; Dolan, 'Fabric of Life', 35-36, 178-83; Styles, *Dress of the People*, 71, 78; Vickery, *Behind Closed Doors*, 122; North, *Sweet and Clean*, 2-4, 284; Vigarello, *Concepts of Cleanliness*, 58-77.

of contagion which hurt the weakened frame.⁸⁰ Ill children's bodies disarranged the bed, displaying illness like frayed, grubby cuffs displayed poverty and slovenliness.⁸¹ In return, the bed became uncomfortable and dangerous to its occupant, forcing attendants to restore it to protect their charges.

Although perspiration was important in humoral medicine, it also left beds soiled and uncomfortable.⁸² Charlotte Malkin was relieved when Charles's 'skin was moist' on 8 November, because she hoped perspiring would 'carry off his feverish symptoms'.⁸³ However, this became 'a most profuse sweat', until

such a steam rose through the bed-clothes, that a light blanket which was thrown over the coverlid received and condensed the steam, so that when I passed my hand over it... my hand was as wet as if I had passed it over grass upon which rain had just fallen.⁸⁴

Although Charlotte was too devoted a mother to record disgust at the 'steam' rising from Charles, she refigured it as 'rain' on 'grass' to return it to the realm of the safe, familiar, and natural.⁸⁵ However, it still indicated a disordered state, which whisked Charles from the safety of the bedroom to the uncertainty of outside. So concerning was this development that 'As night came on, [Charlotte] felt a little more anxious about him, and proposed remaining in his room'.⁸⁶ Charles's illness spilled from his body, making even the bed display his extremity.

Although Charles's extreme perspiration, unlike that of many patients, was not recorded as causing him discomfort, other side-effects of illness and treatment did. The night before he died, Charles was delirious, so he was prescribed leeches in the evening.⁸⁷ Afterwards,

the bed was in so uneasy and comfortless state from his previous restlessness, and from the slop[?] and wet occasioned by the...

⁸⁰ Newton, 'Inside the Sickchamber', 555, 561, 564.

⁸¹ Vickery, *Behind Closed Doors*, 122; Styles, *Dress of the People*, 71–83; Dolan, 'Fabric of Life', 178–83.

⁸² North, *Sweet and Clean*, 60–62, 65–66; Newton, 'Inside the Sickchamber', 561–65.

⁸³ Malkin, 'Memoir', n.p.

⁸⁴ Malkin, 'Memoir', n.p.

⁸⁵ Malkin, 'Memoir', n.p.

⁸⁶ Malkin, 'Memoir', n.p.

⁸⁷ Malkin, 'Memoir', n.p.

Leeches, that we judged it to be quite necessary he should be laid upon the other bed [in the room]... we succeeded in placing him there in a dry & comfortable state. He was so exceedingly weak as to be perfectly passive, but seemed pleased when he was quietly placed in his comfortable bed.⁸⁸

Charles's 'restlessness' suggests discomfort, perhaps from pain or delirium.⁸⁹ The state of his bed became an extension of his bodily disorder. Moreover, while he could not communicate, Charlotte read his bed as well as his body for his reactions to care, and assumed that a clean, orderly bed was nicer for him than a disorderly, damp one. While this was doubtless based on her own experience of interacting with dry and damp textiles, it also suggests that controlling the state of the bed could be a way to regain control of care in a situation in which medical advice and familial love could not assist.

As children weakened, their world could narrow to confine them not only within the sickbed, but within their own bodies. Thomas Malkin became utterly dependent on his mother; he was 'reduced to so great a state of weakness, as to be unable to move himself, or to turn in bed, he would frequently say, "Mamma, I should be obliged to you to turn me, that I may lie on my other side"'.⁹⁰ Thomas was six, and so dependent on adults for many of his needs. However, the contrast with his previously 'manly corporeal structure' could not be starker: he was imprisoned in a painful, immobile body, dependent on others even for basic movement.⁹¹ Such dependence must have been inconvenient for Thomas, and underlined the extent that illness had changed his body. The contrast between his (comparative) independence in health, and his complete loss of bodily autonomy during illness, which made him helpless even to manage his movements within the 'safe' space of the bed, returned him to a much younger stage of childhood.

Preparing for bed could also force children to recognise their physical decline. Lucy Hey spent some time with relatives; on the night she returned, she discussed her prognosis with the servant who helped her undress, 'observing that she was thinner than before she left home'.⁹² Her awareness of these changes may have been exacerbated by the sights and sensations of changing into a nightgown in front of a

⁸⁸ Malkin, 'Memoir', n.p.

⁸⁹ Malkin, 'Memoir', n.p.

⁹⁰ Malkin, 'Memoir', n.p.; see also Malkin, *Father's Memoirs*, 143.

⁹¹ Malkin, *Father's Memoirs*, 30, 143; Malkin, 'Memoir', n.p.

⁹² Hey, 'Brief Account', n.p.

familiar servant whom she had not seen for months. Newton shows that dressing, and especially dressing oneself, was seen as a milestone of recovery.⁹³ However, changing clothes also brought patients and carers into closer contact with the body and its disintegration than during the rest of the day, when layers of clothing and blankets hid it from sight, so that preparing for bed became a *memento mori*.

Although the bed was meant to be a safe, comfortable haven for the sick body, being confined there was also upsetting and sometimes dangerous. The next chapter examines the psychological and social effects of becoming bed-bound, which Newton argues included boredom, to which I would add loneliness.⁹⁴ Some must also have felt fear at the implications of becoming bed-bound, such as recognising weakness or wasting as Lucy Hey experienced.⁹⁵ However, the bed could also become uncomfortable and even dangerous as side-effects of the body's response to pathogens and treatments, especially as organ systems broke down and became unable to function in the environment provided by the bed. Beds were not only fire hazards and sites of physical and supernatural assault.⁹⁶ For the very sick, their very materiality posed a threat to bodily integrity.

Observing and managing (un)consciousness

All four children suffered from sleep disruption over their final days. Both Charles Malkin and Margaret Gray lost sleep because of 'restlessness owing to fever', as Jonathan Gray put it.⁹⁷ Lucy Hey also had increasing difficulty sleeping, although no reason was given, except during an incident when 'she found her breathing & expectoration very difficult' and became distressed in the early hours.⁹⁸ Apart from calling for her father to comfort her, nothing is recorded of any medical intervention Lucy may have been given to help her sleep; nor is there any evidence as to whether the cause of her regular sleeplessness was breathlessness or something else.⁹⁹

⁹³ Newton, 'Out of Bed, But Not Yet Abroad', 12–13; Newton, *Misery to Mirth*, 201.

⁹⁴ Newton, 'Inside the Sickchamber', 551–53.

⁹⁵ Hey, 'Brief Account', n.p.

⁹⁶ See for example Ekirch, *At Day's Close*, 51–52, 281, 283–84, 290–91, 307–8; Handley, *Sleep in Early Modern England*, 91, 95–96, 98–100; Handley, 'From the Sacral to the Moral', 38; Gowing, 'Twinkling of a Bedstaff', 283–84; Davies, 'Nightmare Experience'; Gordon, 'Medical Condition, Demon or Undead Corpse'; MacLehose, 'Fear, Fantasy and Sleep'.

⁹⁷ Malkin, 'Memoir', n.p.; Gray, *Account*, 88.

⁹⁸ Hey, 'Brief Account', n.p.

⁹⁹ Hey, 'Brief Account', n.p.

It is possible to read different emotional responses into records of changed sleeping patterns. Benjamin recorded that Thomas ‘slept but little, and even then by unquiet and interrupted snatches, so that his nights were restless and uneasy’.¹⁰⁰ Thomas was aware of his own changed sleep pattern; ‘He once said, during the latter part of his illness, “I wonder when the time will come, for me to have a settled sleep all through the night again”’.¹⁰¹ In other deathbed narratives, this might have been interpreted as a reference to, or even a longing for, death; for instance, H.B. in Janeway’s *Token for Youth*, ‘Being very feeble and weak... said, O that I might sleep in the Bosom of Jesus’.¹⁰² However, neither Benjamin nor Charlotte Malkin reflected on Thomas’s question in this way; they depicted it as an observation on his changed bodily rhythms, perhaps from exhaustion or distress. As Charlotte could not spend the nights at Thomas’s bedside while he was ‘restless and uneasy’, he may have suffered physical or emotional pain, or even just boredom.¹⁰³ There is no evidence of Thomas’s emotional response aside from his recognition of changed sleep, which may have been because his parents were anxious to portray him as resigned to his condition, but petulance or desperation could also be read into his speculation about his sleep restoration. The following chapter explores the ways older children dealt with sleeplessness in more detail, but here, while Charlotte and Benjamin gave a fairly neutral reading of Thomas’s response to sleep loss, it is possible to imagine more upsetting emotions may also have emerged.

The account of Charles Malkin’s sleeplessness gives a clearer view of the experience of sleep loss for children. Charles’s comfort and sleep fluctuated. On 14 November, he initially ‘lay very easily & comfortably... but as evening advanced, he became restless & feverish’.¹⁰⁴ Sometimes treatments helped mitigate this, as on the night of 18-19 November, when ‘During the early part of the night he was very uneasy; but as morning advanced, and the effects of the Blister & Leeches began to be felt, he became more quiet and composed’.¹⁰⁵ Sometimes medical intervention brought comfort but not sleep, such as on 14 November, when ‘We had hoped [being bled] would give him a quiet & comfortable night... He passed it tolerably, but without much sleep’.¹⁰⁶ Charles was trapped in an uncomfortable, awake body, from which he could not gain the temporary relief of slumber. The distress caused by sleep loss, and the measures

¹⁰⁰ Malkin, *Father’s Memoirs*, 145.

¹⁰¹ Malkin, ‘Memoir’, n.p.; Malkin, *Father’s Memoirs*, 146.

¹⁰² Janeway, *Token for Youth*, 135.

¹⁰³ Malkin, ‘Memoir’, n.p.; Malkin, *Father’s Memoirs*, 145.

¹⁰⁴ Malkin, ‘Memoir’, n.p.

¹⁰⁵ Malkin, ‘Memoir’, n.p.

¹⁰⁶ Malkin, ‘Memoir’, n.p.

attempting to reverse it, demonstrate the importance placed on sleep quality not only in medical theory, but in the lived experience of child patients and their carers. Discussions of sleep loss suggest the physical and psychological misery that caused, and was caused by, interrupted sleep, something the following chapter explores further.

As chapter four described, sleep quality and quantity were used as prognostic tools. On Lucy's penultimate morning, 'she had had no sleep in the night & was in every way considered worse by her attendants', prompting her father to stay home with her in anticipation of her imminent death.¹⁰⁷ By contrast, the night after his extreme perspiration, Charles Malkin 'slept tolerably, & in the morning I thought him better, as Mr Hubbard [one of the medical attendants] also did', although he stayed in bed until 'noon'.¹⁰⁸ However, less attention needed to be paid to sleep in these narratives because the outcome of the illness was already known, and detailed sleep-tracking was rare.

None of the children discussed in this chapter appear to have been given opiates to help them sleep. Their medicines are described only in general terms when they are mentioned at all, with no reference to specific ingredients, but the sleep disturbance they all suffered suggests that there was minimal use of sedatives although all four children could have benefitted from the analgaesic effects of opiates, even if their sedative effects were unreliable. The surgeon Michael Underwood advised the use of opiates for whooping cough as an 'antispasmodic':

two or three drops of laudanum, and to younger children a small tea-spoonful of syrup of poppies... taken at bed-time, will... quiet the cough, and remove the strangulation during its operation, and procure the patient some rest, by which the strength will be recruited[.]¹⁰⁹

Depressing the respiratory system in this way can worsen lung disease and hasten death, but Lucy Hey's cough kept her awake, and a mild use of opiates in this way might have helped her rest.¹¹⁰

¹⁰⁷ Hey, 'Brief Account', n.p.

¹⁰⁸ Malkin, 'Memoir', n.p.

¹⁰⁹ Underwood, *Treatise on the Diseases of Children*, 132–33.

¹¹⁰ Hey, 'Brief Account', n.p.

The extent of opiate use on eighteenth- and nineteenth-century deathbeds is debated. Opiates were recognised to mask pain, boost mood, and sedate as a secondary effect.¹¹¹ For those who wished to adhere to the conventional Christian 'good death', these effects were unacceptable: the dying needed to be conscious and engage in spiritual preparations for death, and to triumph over pain, fear, and grief to demonstrate that they were reconciled to divine will.¹¹² Roy Porter asserted that eighteenth-century deathbeds were increasingly secular places, with doctors, patients, and families increasingly prioritising drug-induced painlessness over deaths that demonstrated fortitude in the face of agony and mental acuity to perform religious devotions.¹¹³ Others have emphasised the continued importance of spiritual preparations, particularly Strange, who observes that religious considerations continued to resonate even on twentieth-century deathbeds.¹¹⁴ The Grays and Heys were extremely devout evangelical Anglicans, and Samuel Hey was a clergyman; both families placed enormous emphasis on the religious preparations their dying daughters made during their waking hours.¹¹⁵ The families of Lucy Hey and Margaret Gray may not have administered opiates to ensure that both continued to be conscious and alert, and so able to read, reflect, and engage in prayer.

The Malkins may also have avoided opiates to keep their children's heads clear, but for more secular reasons: to prevent their sedative and mood-altering effects from undermining social interactions. Charlotte insisted that both of her sons were conscious until almost their final moments, and claimed that Thomas continued to talk clearly 'till within the last hour of his existence'.¹¹⁶ On the morning Charles died, 'he never spoke or opened his eyes', but Charlotte asserted that 'he was conscious when spoken to', and attributed his lack of interaction with the world to his being 'weak and

¹¹¹ Berridge, *Opium and the People*, xvi, xx–xxi.

¹¹² Jalland, *Death in the Victorian Family*, 2–3, 19, 21, 26, 28, 40–41, 43–44, 59, 81, 86–87; Strange, 'Historical Approaches to Dying', 130–35, 138.

¹¹³ Porter, 'Death and the Doctors', 77–94. See also Ralph Houlbrooke, 'Introduction', in *Death, Ritual, and Bereavement*, ed. Ralph Houlbrooke (London: Routledge, 1989), 20–21; Julie Rugg, 'From Reason to Regulation: 1760–1850', in *Death in England: An Illustrated History*, ed. Peter C. Jupp and Clare Gittings (Manchester: Manchester University Press, 1999), 203–4.

¹¹⁴ Julie-Marie Strange, 'Death', in *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson (Oxford: Oxford University Press, 2011), 362. Jalland sees religion as remaining important into the mid-nineteenth century and declining towards the later part of the century, which has influenced many other historians. Jalland, *Death in the Victorian Family*, 3, 6–7.

¹¹⁵ Lock, 'Gray, William (1751–1845)'; Gray, *Papers and Diaries of a York Family*, 11, 115–17; Cobb, *History of the Grays*, 15; Brown, *Performing Medicine*, 82, 91, 97, 120; DeLacy, 'Hey, William (1736–1819)'.

¹¹⁶ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 153.

languid' rather than to drugs.¹¹⁷ Opiates would have taken away the possibility of the boys interacting with her, even in these limited ways. As Newton says, the deathbed was the last opportunity Charlotte had to build memories of her sons, even if these were distressing, so perhaps she wanted to maintain her sons' consciousness as far as possible to continue having meaningful interactions with them.¹¹⁸ Opiates' association with abusive nurses substituting sedation for active care may also have made its use less appealing, especially to Charlotte, who portrayed herself as a caring and engaged mother.¹¹⁹

This discussion of the use of opiates demonstrates that religious and secular considerations coexisted in this period, although they were weighted differently in different families. While this suggests that some deathbeds were more secular than others, the drug-induced painless death Porter proposed does not seem to have been a priority for any of the families studied here, despite Newton's suggestion that seventeenth-century children's pain was particularly carefully attended to.¹²⁰ More research is needed to explore how and when opiates were used, especially for children, who have been overlooked in general discussions of drug use.

Although opiates did not apparently alter the children's state of consciousness, delirium affected all but Lucy, something none of the parents relished admitting. Charles Malkin's delirium was easy to diagnose: for instance, on 14 November, he 'continued delirious through the day', and Charlotte was forced to acknowledge that he had active delirium for a large part of his final week, even though she could usually recall him to himself.¹²¹ By contrast, Jonathan Gray claimed that Margaret 'had little, if any, delirium', although she 'used occasionally to wander in her conversation', and he also emphasised that 'there were few intervals at which she was not capable of being roused to a clear and perfect recollection'.¹²² Jonathan's distinction between 'wander[ing]' and 'delirium' here may be one of severity; he may genuinely have felt Margaret's confusion was not sufficient to be labelled delirium.¹²³ However he may have wanted to minimise Margaret's suffering to comfort himself and his readers.

¹¹⁷ Malkin, 'Memoir', n.p.

¹¹⁸ Newton, 'Rapt Up With Joy', 89–90.

¹¹⁹ Berridge, *Opium and the People*, 97–104.

¹²⁰ Porter, 'Death and the Doctors', 89–93; Newton, *Sick Child*, 40–41, 51–52; Newton, 'Children's Physic', 464, 469–70.

¹²¹ Hey, 'Brief Account', n.p.

¹²² Gray, *Account*, 88.

¹²³ Gray, *Account*, 88.

Similarly, while Benjamin Malkin had to admit that Thomas ‘became occasionally confused and delirious’, he was keen to show that ‘it was never difficult for those, who were about him, to bring back his recollection’, and Charlotte claimed the same.¹²⁴ Charlotte Malkin’s description of Charles’s first delirious episode demonstrates the distress caused by caring for a delirious child: ‘he began to talk incoherently, which alarmed me greatly’.¹²⁵ All three children were already dead when the surviving versions of their memorials were written; there was therefore nothing further that could be done to save them, nor any denying their prognosis. However, there was clearly something about the finality of delirium that was off-putting to Benjamin and Charlotte Malkin and Jonathan Gray.

Delirium was a state in which ‘the ideas excited in the mind do not correspond to the external objects, but are produced by the change induced on the common sensory’; ‘in a *delirium*, reason is vitiated’.¹²⁶ Although the posthumous fourth edition of George Motherby’s *Medical Dictionary* (1795) argued that ‘no great danger is to be apprehended [from delirium], whilst the pulse, the appetite, and respiration are favourable’, all three children were seriously ill, which suggested that delirium was a more dangerous symptom.¹²⁷ William Buchan warned that ‘delirium, [and] excessive restlessness’ were among the ‘very dangerous symptoms’ attending ‘An Acute Continual Fever’, while in ‘the Nervous Fever’, ‘If the patient is delirious, he ought to be blistered... and it will be the safest course, while the insensibility continues’ to continue applying them ‘till [the patient] be out of danger’.¹²⁸ Delirium was a frightening symptom, and imposed a barrier between the child and the world, preventing social interactions and spiritual preparations, which contributed to families’ resistance to admitting that their children suffered from it.

Thomas and Charles Malkin and Margaret Gray were all described as rousable from delirium to some extent.¹²⁹ They were also often described as having some insight into the altered state of their minds. Thomas and Charles, on being brought back to themselves, claimed to have been ‘dreaming’, and sometimes Charles complained ‘that

¹²⁴ Malkin, *Father’s Memoirs*, 133–34; Malkin, ‘Memoir’, n.p.

¹²⁵ Malkin, ‘Memoir’, n.p.

¹²⁶ George Motherby, *A Medical Dictionary, or, General Repository of Physic*, ed. George Wallis (London, 1795), 289.

¹²⁷ Motherby, *Medical Dictionary*, 289.

¹²⁸ Buchan, *Domestic Medicine*, 175, 213.

¹²⁹ Malkin, ‘Memoir’, n.p.; Malkin, *Father’s Memoirs*, 133–34; Gray, *Account*, 88.

“he was confused: his head was not quite clear”.¹³⁰ The brothers ascribed their experiences to the familiar vocabulary of dream, and the loss of grip on the real world may have felt similar to the fragmented sensations of dreaming.¹³¹ This insight was important because it signalled to those around them that each child was able to re-engage with the world around them, and that their loss of self and reality was not permanent.

Parents may have resisted the diagnosis of delirium and emphasised periods of lucidity to retain a connection with the child they had known and loved for as long as possible. Newton argues that one function of deathbed narratives was to help create memories of the child, even if they recorded painful final scenes.¹³² Charlotte Malkin certainly tried to build memories of Thomas as an able, cheerful child, even in his last days: she claimed that he still engaged in his favourite pastimes and spoke normally ‘till within the last hour of his existence’.¹³³ Jonathan Gray wrote that the evening before her death, Margaret

After being insensible, or wandering the greatest part of the day... was perfectly recollected... [she] gently chided me, for letting her see me so seldom, and begged of me to look in twice a day...

On the 31st, (the day she died) I was told she was sensible... but she did not appear to know me. About eleven, I again looked in, and found her apparently collected.¹³⁴

The next chapter explores the importance of these interactions further, but Margaret’s awareness of her father’s identity during these visits was important to both of them. By minimising the delirious aspects of their children’s deathbeds, all three parents could construct for themselves memories that preserved elements of what they saw as their children’s true natures, and which indicated that each child was aware of the love and care they were given.

Parents’s deathbed narratives also tried to demonstrate their child’s continued ability to engage with reality because of the importance of spiritual preparation for death for

¹³⁰ Malkin, ‘Memoir’, n.p.; Malkin, *Father’s Memoirs*, 134.

¹³¹ Thank you to Jonathan Fisk for this observation.

¹³² Newton, ‘Rapt Up With Joy’, 89.

¹³³ Malkin, ‘Memoir’, n.p. See also Malkin, *Father’s Memoirs*, 153.

¹³⁴ Gray, *Account*, 95–96.

salvation.¹³⁵ Jonathan Gray claimed that ‘when the wanderings of [Margaret’s] mind were most frequent, the mention of her Saviour’s name usually brought her to recollection’.¹³⁶ Christ here had a talismanic quality: recalling the mind to reality, demonstrating Margaret’s piety and her probable salvation. Any threat to religious observance was frightening: Margaret was upset when, ‘from the pressure on the brain, she was unable to collect her thoughts in prayer’.¹³⁷ Although this was not delirium, it still interrupted Margaret’s ability to practise. On the day she died, after initially being unable to recognise her father, she became ‘apparently collected’ and joined him reciting parts of a hymn.¹³⁸ The family’s care to help Margaret perform her religious duties, despite the cognitive decline which undermined her ability to undertake this independently, demonstrate the importance of retaining mental alertness.

Downplaying symptoms of delirium reassured parents about their offspring’s spiritual state, and demonstrated that they had been able to participate effectively in the religious rituals required on the deathbed.

Delirium also offered a variation on sleep’s wider ability to provide a window into the soul. Handley shows that sleep, including duration, quality, and the content of dreams, were used to understand an individual’s spiritual state.¹³⁹ William MacLehose argues that medieval sufferers of nocturnal emissions, even if they had attempted to cleanse themselves of impure thoughts during the day, were shown to have retained their lustful desires because their bodies showed the results of their failure sufficiently to reject temptation.¹⁴⁰ Similarly, both medieval and eighteenth-century thinkers believed sleepwalkers to act according to their true nature, unconstrained by the rational decisions imposed on desires by the conscious mind.¹⁴¹ All these altered states indicated the true impulses of the inner self, unfiltered by rational controls on behaviour. In the same way, delirium offered those around the patient insight into the

¹³⁵ Jalland, *Death in the Victorian Family*, 26, 28–35, 41; Katie Barclay and Kimberley Reynolds, ‘Introduction: Small Graves: Histories of Childhood, Death and Emotion’, in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 12; Newton, ‘Rapt Up With Joy’, 93; Strange, ‘Historical Approaches to Dying’, 130–34; Ralph Houlbrooke, ‘The Age of Decency: 1660–1760’, in *Death in England: An Illustrated History*, ed. Peter C. Jupp and Clare Gittings (Manchester: Manchester University Press, 1999), 180–83; Strange, ‘Death’, 357–58; Newton, *Sick Child*, 2012.

¹³⁶ Gray, *Account*, 95.

¹³⁷ Gray, *Account*, 89.

¹³⁸ Gray, *Account*, 89, 95.

¹³⁹ Handley, *Sleep in Early Modern England*, 72.

¹⁴⁰ MacLehose, ‘Captivating Thoughts’, 105–9.

¹⁴¹ MacLehose, ‘Sleepwalking, Violence and Desire’; Handley, *Sleep in Early Modern England*, 188–95; Handley, ‘Sleepwalking, Subjectivity and the Nervous Body’; Handley, ‘Deformities of Nature’.

content and quality of their mind and soul. Charles was diagnosed with typhus, apparently during a local epidemic, because Charlotte recorded that another 'young person in the Town... lay dangerously ill but afterwards recovered' at the same time.¹⁴² Although the other patient survived, Charlotte comforted herself for her loss by comparing this youth's behaviour while delirious with Charles's. When he was delirious,

the images presented to [Charles's] mind were full of hurry and confusion – they seem to disturb him much at times, and he talked a great deal: but throughout the whole of his illness no scenes of horror were present to his imagination, nor did he utter a word that he might not have chosen to use in his healthiest and happiest hours.¹⁴³

By contrast, the other patient 'was, when under the pressure of delirium haunted by so many horrible images, and made use of such profane language as greatly shocked all who heard it'.¹⁴⁴ Charlotte concluded that Charles's 'mind was so innocent and pure, that even when he was not master of it no thoughts or words occur'd to him which could shock his attendants'.¹⁴⁵ Delirium, although not true sleep, prevented the patient from acting rationally, displaying the true impulses hidden within the depths of their soul. Charlotte's boast that Charles's 'mind was so innocent and pure' that he never displayed bad tendencies, which demonstrated the quality of upbringing that she and Benjamin had provided, and offered hope that Charles was destined for heaven.¹⁴⁶ By contrast, the disturbing visions and foul language of the other patient, as well as distressing the sufferer and attendants, also warned that their true nature was base.

While Lucy Hey did not become delirious, she also experienced visions which gave insight into her spiritual state. The night before she died

she slept ill; indeed she had no rest at all till towards morning, when she slumbered for about 10 minutes. On awakening there was an evident exhilaration about her countenance, which she explained by telling... of a dream wh^h she had had. She dreamt that some one came into the room & said, "Theres [*sic*] good news for you... you are

¹⁴² Malkin, 'Memoir', n.p.

¹⁴³ Malkin, 'Memoir', n.p.

¹⁴⁴ Malkin, 'Memoir', n.p.

¹⁴⁵ Malkin, 'Memoir', n.p.

¹⁴⁶ Malkin, 'Memoir', n.p.

wanted in the Parlour.” She hastened down... & there found an angel, who informed her that he was come to conduct her to heaven.¹⁴⁷

A note on the opposite page adds that ‘Her dream was singularly verified, for she was (at her own request) carried down stairs into the parlour in the morning... & died there’, having earlier asked whether she was likely to die that day and been answered in the affirmative.¹⁴⁸ Lucy’s response to this was that she was “glad of it”.¹⁴⁹ The prophetic dream, which she essentially arranged to come true, fits the tradition of dying children being granted supernatural insight into the manner of their death, which indicated their state of grace.¹⁵⁰ In not only accepting but welcoming news of her death, Lucy conformed to the ideal of a pious child death.¹⁵¹

Conclusion

Historians of medicine and sleep have recently become interested in the experience of being embodied within a material environment. Handley’s work on the sensory dimension of beds and bedding has unpicked some of the reasons eighteenth-century beds commonly relied on linen sheets, which had spiritual connotations and logistical advantages but also felt pleasant to the touch, while Newton has examined some of the ways illness altered how bodies felt when confined to bed.¹⁵² This chapter has extended this approach, drawing on Latour’s observation that objects interact to produce effects on one another.¹⁵³ Both beds and bodies were physical objects, and acted on one another in tangible ways that sometimes defied the expectations or intentions of both the body’s own inhabitant, and the carers around them. The sickbed was meant to be a safe, comfortable place to house ill bodies, especially once they were too weak to bear being out of bed. However, despite its promise of safety, the sickbed could cause further deterioration for sick children, while the effects of illness and treatment could alter the bed so much that it became as disordered as its occupant’s body; in effect, the bed became an extension of the body.¹⁵⁴ As well as being

¹⁴⁷ Hey, ‘Brief Account’, n.p.

¹⁴⁸ Hey, ‘Brief Account’, n.p.

¹⁴⁹ Hey, ‘Brief Account’, n.p.

¹⁵⁰ Jalland, *Death in the Victorian Family*, 33, 36–37; Ryrie, ‘Facing Childhood Death’, 120–21.

¹⁵¹ See Jalland, *Death in the Victorian Family*, 6, 21, 26, 40–44, 51, 81; Barclay and Reynolds, ‘Introduction’, 12–13; Strange, ‘Death’, 357–58; Smith, ‘Child Death and Emotions’, 215.

¹⁵² Handley, 40–57 esp. 48–51, 104–105; Newton, *Misery to Mirth*, 103–104; Newton, ‘Inside the Sickchamber’, 558–65.

¹⁵³ Latour, *Reassembling the Social*, 70–73.

¹⁵⁴ See also Newton, ‘Inside the Sickchamber’, 562–64.

uncomfortable and inconvenient, this confirmed bodily disintegration, providing a memento mori for dying children and their carers.

Considering the interaction between the body and the environment also contributes to the attempt to recover the physical experience of childhood illness in the early nineteenth century. Despite the objections of those who maintain that the ways sensation were expressed and the meanings attributed to these descriptions were too steeped in contemporary cultural context to be intelligible to scholars in later centuries, the human body is a relatively stable physiological system and remains recognisable over centuries and even millennia.¹⁵⁵ The material environment Latour invites us to consider has changed significantly: for instance, modern central heating keeps houses more consistently heated at a warmer temperature with less smoke and less danger of fire than early nineteenth-century reliance on fires, and modern fabrics have different thermal qualities and are available in greater quantities to most households of the equivalent socioeconomic status to those examined in this chapter.¹⁵⁶ However, as Smail, Roper, and Carter all observe, the human bodies living within these changed material circumstances remain very similar to those even a millennium ago.¹⁵⁷ For those with respiratory conditions like Lucy Hey, living in smoky rooms, unevenly or inadequately heated or suffering from damp, this had important (but unrecoverable) effects on the course and experience of illness, while we might also speculate about the effects of lying supine on her respiratory system. This is not to insist that these factors affected Lucy; there is no way of proving either way whether these contributed either to her illness or her discomfort. However, lesser physical events like pricking a finger on a pin or grazing a knee in a stumble continue to occur within bodies that function in much the same way as premodern bodies. Accepting Adrian Wilson's warnings about conflating premodern medical terminology with modern conceptions of disease, Thomas Malkin's bedsores were explained by 'pressure', and these are broadly recognisable even if the exact quality of pain and the implications Thomas and Charlotte ascribed to them are lost.¹⁵⁸ The kinship between premodern and modern bodies allows a limited but important recovery of the

¹⁵⁵ See Carter, 'Childbirth, "Madness", and Bodies in History', 1-3, 16-18; Roper, *Oedipus and the Devil*, 4-26; Roper, 'Beyond Discourse Theory', 316-17; Wahrman, 'Change and the Corporeal', 584-602; Smail, *Deep History and the Brain*, 112-13.

¹⁵⁶ Latour, *Reassembling the Social*.

¹⁵⁷ Smail, *Deep History and the Brain*; Roper, 'Beyond Discourse Theory', 307-19; Roper, *Oedipus and the Devil*; Carter, 'Childbirth, "Madness", and Bodies in History', 1-22.

¹⁵⁸ Wilson, 'On the History of Disease Concepts', 271-319; Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 137.

experience of embodiment in the past, and is particularly important when examining otherwise voiceless historical subjects like children, who may only appear as a list of symptoms and discomforts when unwell. Similarly, servants' illnesses or workplace accidents, detailed in their employers' diaries or correspondence, may provide glimpses of the physical experience of labour and domestic service even where more sophisticated testimony of the subjective meanings of these experiences remains obscure.

Sleep loss during illness could be distressing for children, but there is little evidence in these narratives of sleep remedies or even pain relief being offered, even when a terminal prognosis was known. This challenges Porter's assumption that increasingly 'secular' deathbeds replaced spiritual relief with drugs to palliate physical pain, and complicates Newton's argument that pain relief was of particular importance in seventeenth-century children's medicine.¹⁵⁹ Assuming that the cult of childhood had done nothing to diminish concern about children's physical pain, the lack of palliation in these narratives is intriguing. It may be because the deathbed narratives examined here only recorded basic information about the children's treatments, unlike Lady Traquair's diary or Frances Bankes's 'Notebook of Children's Diseases' discussed in the previous two chapters, which were intended to help mothers provide care to their children.¹⁶⁰ However, it also reflects the different priorities families had for their children's final days: the Grays and Heys wanted their offspring to have clear heads for final religious preparations, while the Malkins apparently valued their social and affective interactions highly.¹⁶¹ This does not mean no pain relief was offered, but it raises questions about the extent of its use for both adults and children in this period.

Finally, while sleep quality and sleep disorders offered privileged insight into the state of the mind and soul, altered states of consciousness like delirium also gave attendants a glimpse of the child's inner self.¹⁶² Delirium or milder confusion had implications for social interactions and spiritual observances, making it an upsetting symptom to

¹⁵⁹ Porter, 'Death and the Doctors'; Newton, *Sick Child*, 71, 86–89; Newton, 'Children's Physic', 464, 469–70.

¹⁶⁰ Lady Mary Traquair, 'Diary of Lady Mary Ravenscroft, 7th Countess of Traquair', (1782–1783), Fraser Chest, Bundle 1, Traquair Archives, Traquair House; Bankes, 'Notebook'.

¹⁶¹ On the importance of deathbed clarity and having time to prepare for death, see Jalland, *Death in the Victorian Family*, 26, 28, 40–41, 43–44, 67; Strange, 'Historical Approaches to Dying', 130–32, 138.

¹⁶² See Handley, 'Sleepwalking, Subjectivity and the Nervous Body'; Handley, 'Deformities of Nature'; Handley, *Sleep in Early Modern England*, 181–210; MacLehose, 'Sleepwalking, Violence and Desire'; MacLehose, 'Captivating Thoughts'; MacLehose, 'Fear, Fantasy and Sleep'.

acknowledge. However, the content of the mind revealed during episodes of delirium could also be profoundly comforting when it revealed a well-intentioned rather than a debased personality. The following chapter examines the implications of both altered states of consciousness, and of the spatial restrictions of the death- and sickbed, to explore the bed-culture of illness in these narratives.

Chapter Seven: Living on the Deathbed

As the previous chapter showed, seriously unwell children were housed in bed because it theoretically provided a safe, comfortable environment for weakened bodies. Physical decline, combined with the restrictions of sitting or lying in bed, narrowed the range of activities they could undertake. Compared with periods of good health, life in and on the sick- or deathbed was socially, spatially, and occupationally restricted. This chapter examines how living on the deathbed altered children's activities and social lives, and explores how children and families tried to circumvent these challenges. It draws on the narratives discussed in the previous chapter: Benjamin Heath Malkin's memoir of his six-year-old son Thomas, who died in 1802; Charlotte Malkin's memoirs of Thomas and his younger brother Charles, who died in 1825 aged seventeen; Jonathan Gray's memoir of his seventeen-year-old daughter Margaret, who died in 1826, and Margaret's cousin Lucy Hey's death the same year recorded by her father Samuel.¹ As the previous chapter established, all these children came from highly educated, middling-sort families, and all were Anglicans although the Grays and Heys were more overtly devout than the Malkins, and sat at the evangelical end of the orthodox religious spectrum.² All the families were therefore able to offer their children a reasonably comfortable lifestyle, good education, and high-quality medical care.

This chapter examines the children's social and emotional lives once they had become bed-bound, as depicted in the memoirs of their deaths. Like diaries and letters which included discussion of children's illnesses, deathbed narratives offer a rich body of evidence about children's experiences and agency, because their purpose was to record children's actions, thoughts, and sufferings on the deathbed. Deathbed narratives focussed on the deceased, so children's voices shine through without jostling for space with other everyday activities. With the exception of Benjamin Malkin's book, the narratives discussed here focus on the interactions between each dying child and

¹ Benjamin Heath Malkin, *A Father's Memoirs of His Child* (London: Longman, Hurst, Rees, and Orme, 1806); Charlotte Malkin, 'Memoir by Charlotte Malkin', 1801-1840, ADD MS 83197, British Library; Jonathan Gray, *Some Account of the Personal Religion of Margaret Gray* (York: Privately published, 1826); [Samuel Hey], 'A Brief Account of my Dear Daughter Lucy Gray Hey, with Some Remarks on her General Character and Conduct', [1826?], Gray Family Papers, GRF7/4, Explore York Libraries and Archives.

² Murphy, 'Malkin, Benjamin Heath'; Brown, *Performing Medicine*, 82, 91, 97-98, 120; Lock, 'Gray, William (1751-1845)'; Cobb, *History of the Grays*, 15; Gray, *Papers and Diaries of a York Family*, 11, 106-17; DeLacy, 'Hey, William (1736-1819)'; Lloyd, 'Hey, William (1772-1844)'.

family members, particularly the parent who wrote the memoir. Parents usually wanted to show they had spent considerable time with their children at the end of their lives, as a performance of devotion and, as Hannah Newton suggests, to create a record for themselves of their children's final days.³ Memoirs reassured parents that they had made the most of their time with their children, and helped build recollections of them as individuals. All four parents whose memoirs are examined here lived during a period dominated by the cult of childhood, which prized the ideal of a carefree youth and demanded parental attention and affection.⁴ These expectations affected the care they offered and coloured how the children's illnesses were recorded. Deathbed narratives were also highly performative documents.⁵ Their purpose was to memorialise the deceased, so they recorded second-hand observations by parents or other survivors, not personal accounts of illness from the sufferer. Some were written to help survivors navigate grief. Katie Barclay argues that writing about bereavement helped 'reconcile felt experience with wider social norms... around appropriate emotion and articulate the abstract in terms that were culturally understood'.⁶ In deathbed narratives, this included emphasising the quality of care the deceased had received; searching for evidence of salvation in their final hours; or recording mundane exchanges that became charged with meaning in the context of bereavement.⁷ Others were written with didactic intent, for private or public consumption, and focussed on the moral lessons death offered.⁸ Both Pat Jalland and Strange even suggest that deathbed narratives disenfranchised the deceased because their memorialists reinterpreted events or presented the deceased in ways that suited the religious or emotional needs of the author, rather than reflecting the dying person's experiences and opinions.⁹ Despite the richness of their evidence about children's physical, emotional, intellectual, and spiritual lives on the deathbed, the conventions and

³ Newton, 'Rapt Up With Joy', 89; Jalland, *Death in the Victorian Family*, 10.

⁴ On the cult of childhood, see for example Cunningham, *Children and Childhood*, 58-72; Steward, *New Child*; Plumb, 'New World of Children'; Foyster and Marten, 'Introduction', 1-6; Bailey, 'Family Relationships', 26-27.

⁵ Jalland, *Death in the Victorian Family*, 21-23, 26; Katie Barclay and Kimberley Reynolds, 'Introduction: Small Graves: Histories of Childhood, Death and Emotion', in *Death, Emotion and Childhood in Premodern Europe*, ed. Katie Barclay, Kimberley Reynolds, and Ciara Rawnsley (London: Palgrave Macmillan, 2016), 6.

⁶ Barclay, 'Grief, Faith and Eighteenth-Century Children', 180.

⁷ Jalland, *Death in the Victorian Family*, 9-10, 21-26, 30, 39-50, 61-65; Newton, 'Rapt Up With Joy', 89-90.

⁸ Jalland, *Death in the Victorian Family*, 11, 21-26, 29-30, 33, 38, 133; Newton, 'Rapt Up With Joy', 90; Ryrie, 'Facing Childhood Death', 111, 114; Smith, 'Child Death and Emotions', 211-12, 225; Strange, 'Historical Approaches to Dying', 123, 132; Strange, 'Death', 356-58; Houlbrooke, 'Death in Childhood'.

⁹ See particularly Jalland's discussion of Ada Lovelace's death, Jalland, *Death in the Victorian Family*, 61-65; also 22-23, 25-26, 33-37; Strange, 'Historical Approaches to Dying', 138.

purpose of the genre means that deathbed narratives must be read as reflections on the child's life and death made by the parent who write them, not as distillations of the child's own final experiences.

While historians of medicine traditionally emphasised disability and death as the hallmarks of early modern illness, recent scholarship has argued that most illnesses resulted in survival and recovery, ranging from full return to the patient's former state of health, to an altered but still comfortable and capable body.¹⁰ This work has refocussed attention on the patient as a living person whose life was not wholly defined by illness. This chapter develops this idea, arguing that although all the children it discusses died, until the moment of decease they were still alive, and treated as such. In doing so, it challenges Julie-Marie Strange's claim that

the tangible separation of the terminally sick had abstract meanings... investing the dying with a definite identity and apparently locating the dying process as something removed from everyday life... physical removal and loss of consciousness could also facilitate a form of social death as the dying's status shifted from "sick" to proto-corpse.¹¹

¹⁰ See for example Newton, *Sick Child*, 118; Newton, *Misery to Mirth*; Newton, 'Out of Bed, But Not Yet Abroad'; Newton, 'She Sleeps Well and Eats an Egg'; Astbury, 'Being Well, Looking Ill'.

¹¹ Strange, 'Historical Approaches to Dying', 136–37. "Social death" is a sociological term that has been used to discuss three areas. The term was coined in the 1960s by sociologists working in hospitals in the USA, and described the treatment of living individuals with terminal or chronic illnesses as already dead, originally by the medical profession. Later, it was used by scholars of genocide and enslavement, where individuals or groups are excluded from society and have markers of personhood such as legal rights, cultural heritage, and intra- and intergenerational relationships severed. In the context of mortality, the term has since been extended to other conditions when non-terminal patients have been treated as bodies without personhood in a range of contexts; as Glenys Caswell and Mórna O'Connor observe, social death is a 'status... usually conferred upon the individual by other people' through the ways they are ignored or involved in interactions, and an individual may 'move in and out of periods of social death and social life'. Jana Krávolová argues that the term 'social death' has been overused and diluted, and proposes that it only be applied when most or all of the following circumstances converge: 'loss of social identity, loss of social connectedness and losses associated with the disintegration of the body'. As this chapter demonstrates, 'social death' does not describe the experience of most premodern deaths, and certainly none of the children discussed here experienced the social exclusion that the term implies. Barney G. Glaser and Anselm L. Strauss, *Awareness of Dying* (New Brunswick: Aldine Transaction, 2005); David Sudnow, *Passing On: The Social Organization of Dying* (Englewood Cliffs: Prentice-Hall, 1967); Jana Krávolová, 'What Is Social Death?', *Contemporary Social Science* 10, no. 3 (2015): 235–45, quotation at 237; Glenys Caswell and Mórna O'Connor, 'Agency in the Context of Social Death: Dying Alone at Home', *Contemporary Social Science* 10, no. 3 (2015): 249–61, quotations at 250–51. See also E. Borgstrom, 'Social Death', *QJM: An International Journal of Medicine* 10, no. 1 (January 2017): 5–7; Erica Borgstrom, 'Social Death in End-of-Life Care', *Contemporary Social Science* 10, no. 3 (2015): 272–83; Helen Sweeting and Mary Gilhooly, 'Dementia and the Phenomenon of Social Death', *Sociology of Health and Illness* 19, no. 1 (1997): 93–117; Michael Mulkey and John Ernst,

“The dying” were a much less concrete group than this suggests. Until the twentieth century, most deaths were from infectious diseases, which often deteriorated quickly.¹² While terminal illness was eventually recognisable, this could be very shortly before death, with days or even hours between the recognition of a terminal prognosis and decease. As Newton argues, early modern parents often hoped and worked for their children’s recovery until they were forced to confront imminent death.¹³ Thomas Malkin, whose illness began on 1 July 1802 and who died on 31st of the month, was not believed to be dying until 28th, when

A day of such severe trial... took from us all desire of making harassing experiments towards the resuscitation of the vital powers, and left no alternative but to contribute... to his composed and cheerful endurance of what was no longer to be warded off.¹⁴

Similarly, his brother Charles began to expect he would die on 15 November, after eight days of illness and five days before he died, but his mother took a further twenty-four hours to accept his view, while Margaret Gray believed she was dying seven days before her death, twelve days after falling sick.¹⁵ Only Lucy Hey’s illness was known to be fatal comparatively early, with a terminal prognosis assigned around late September, two months before her death on 27 November, having apparently been sickening from 31 January.¹⁶ Generally, the deathbed was only identifiable retrospectively; until a very late stage, it remained a sickbed.

Occupying a bed while seriously ill did not mean being consigned to a deathbed, or having every action and interaction read through the lens of imminent mortality. Where social identity and interactions were altered by terminal illness, this came from physical weakness, not a transition to a liminal social status. Thomas and Charles Malkin and Margaret Gray all continued to leave their rooms in the early stages of

‘The Changing Profile of Social Death’, *European Journal of Sociology* 32, no. 1: The Puzzling Scope of Rationality (1991): 172–96; Allan Kellehear, ‘What the Social and Behavioural Studies Say About Dying’, in *The Study of Dying: From Autonomy to Transformation*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), 1–26; Clive Seale, *Constructing Death: The Sociology of Dying and Bereavement* (Cambridge: Cambridge University Press, 1998).

¹² Mulkay and Ernst, ‘Changing Profile of Social Death’, 172; Seale, *Constructing Death*, 36.

¹³ Newton, *Sick Child*, 138. See also Ryrie, ‘Facing Childhood Death’, 120; Strange, ‘Historical Approaches to Dying’, 136.

¹⁴ Malkin, *Father’s Memoirs*, 132, 137–38.

¹⁵ Malkin, ‘Memoir’; Gray, *Account*, 92.

¹⁶ Hey, ‘Brief Account’, n.p.

illness, and retired to bed only when pain and weakness forced them to stay there.¹⁷ Lucy Hey's terminal diagnosis altered her status more than the others, because it initiated a period in which her (already active) religious education intensified, with personal tuition from her clergyman father.¹⁸ She also received a letter from an uncle 'stating the advantages she derived from being called away by a disease... which allowed time for serious thought and consideration', in which he set out expectations for her conduct.¹⁹ Lucy's slow deterioration meant she could fulfil the criteria for the Christian 'good death': knowing she was dying, reconciling herself to her mortality, enduring pain stoically, taking affectionate leave of her family, and spending time in spiritual preparations.²⁰ However, even after her prognosis became clear, Lucy continued to participate in life within and beyond the household. The religious preparations Lucy made for death may have given her an additional layer of identity, but this was an enhanced version of the religious and social roles she enjoyed before. For the other children, becoming bedbound did not fundamentally alter their identity in relation to others for most of their illnesses.

Premodern death usually took place at home, and often involved a large number of other people surrounding the dying person. As Strange's own discussion of the Christian 'good death' ideal shows, dying adults were typically surrounded by family members and hired nurses providing care; medical attendants; legal advisors to settle worldly affairs, and spiritual advisors, although, as she warns, this was an ideal held mainly by the middling and upper echelons of society, and less wealthy families may have had other priorities.²¹ However, children from these groups were similarly embedded in the family community, with anxious parents often providing care to the best of their ability, just as Patricia Crawford argues that impoverished families generally did in less fortunate circumstances.²² Although the dying person was 'ostensibly at the centre of the good death', this relied on a network of others involved in secular and religious tasks.²³ Even assuming that the dying person's prognosis was recognised and these processes were put in motion, leading to a shift in their status, the

¹⁷ Malkin, 'Memoir, n.p.; Malkin, *Father's Memoirs*, 132–33; Gray, *Account*, 87.

¹⁸ Hey, 'Brief Account', n.p.

¹⁹ Hey, 'Brief Account', n.p.

²⁰ Jalland, *Death in the Victorian Family*, 2–3, 6, 11, 17–59; Barclay and Reynolds, 'Introduction', 12–13; Strange, 'Historical Approaches to Dying', 129–32, 135, 138–39; Houlbrooke, 'Age of Decency', 179–84; Strange, 'Death', 356–59; Houlbrooke, 'Death in Childhood', 40–45.

²¹ Strange, 'Historical Approaches to Dying', 131–34, 137; Strange, 'Death', 357, 359.

²² Newton, *Sick Child*, 4–5, 94, 110–19; Crawford, *Parents of Poor Children*, 4, 17–18, 112–49, 242–44.

²³ Strange, 'Historical Approaches to Dying', 130–31.

individual remained part of the community for care and administrative and spiritual chores associated with dying. Far from being a 'social death', the dying enjoyed an important, if altered, social life. At best, this period could be termed 'social dying', to reflect the contraction of social opportunity the dying experienced on the deathbed.

Even this loss of social opportunity, caused by the weakness which kept the bedbound from sites of sociability and undermined their ability to cope with the rigours of extended interactions, was not as extreme as Strange suggests. Dying children lived until they died, and continued to interact while they retained physical and mental capacity. Here, "socially alive" refers only to the period a child was physically alive, and treated by those around them as a person, regardless of their ability to respond. Charles Malkin experienced severe delirium, and both he and Margaret Gray spent time unconscious in their final days, but both continued to interact with family and others when possible, and both received visits and attempts at conversation from those around them.²⁴ To deny that they were "socially alive" merely because they drifted in and out of consciousness ignores how they were treated by their families, and their own agency in maintaining relationships they had enjoyed before their illnesses. Being on the deathbed did not mean ceasing to be a member of the community.

Although being confined to a sick- or deathbed often meant becoming confined to a single room or even item of furniture, the children in these narratives required (and received) near-constant care from adults, and this provided their most basic social interactions. Death in this period generally took place within the household, inhabited by people with whom the dying person had longstanding relationships, which gave a basis for the patient to remain a person in the eyes of caregivers and other household members.²⁵ Newton shows that parents retained strong emotional bonds with their sick offspring, and it is reasonable to assume that the same was true of siblings and some servants, particularly those who had been with the family for a long time.²⁶ Many middling-sort families attempted to create final memories of dying children, which again suggests continued concern for them as members of the household.²⁷ Endearments and mundane comments on caring processes must also have been common but unrecorded. There was thus a strong basis for continued social relationships on the deathbed, even when children were unresponsive or unconscious.

²⁴ Malkin, 'Memoir', n.p.; Gray, *Account*, 88–99.

²⁵ Jalland, *Death in the Victorian Family*, 26; Strange, 'Historical Approaches to Dying', 136–37.

²⁶ Newton, *Sick Child*, 124–56, 162–65.

²⁷ Newton, 'Rapt Up With Joy', 89.

Moreover, Newton speculates that sick children may have had greater influence within the family than healthy children, because parents were more likely to accommodate requests to comfort, distract, or compensate for other losses.²⁸ While children lost agency and the scope for social interactions in some ways, in others they gained greater influence, while social interactions continued until death.

Strange's claims about the 'physical removal' of the dying from the household onto the deathbed also suggests a greater degree of spatial restriction than was necessarily the case, even for children known to be dying.²⁹ Strange acknowledges that this is a very class-based view of dying, as many households had neither space nor adequate assistance to segregate the ill.³⁰ Where beds or bedrooms were shared, the dying would have been privy to the normal routines of their bedfellows, even if these were altered significantly by illness and nursing. Bed- and room-sharing were settings for intimate conversations and social bonds.³¹ Such interactions were deeply ingrained, and would not have ceased just because of severe illness.

Once they reached a certain level of ill-health, most of the children in these narratives withdrew to a single room, but this was necessitated by physical weakness, not a desire to exclude them. Charlotte Malkin recorded that Charles 'walked to the fireside' from his bed, for which 'he wanted the assistance of my arm, in walking to and from his chair', and having been up only 'about half an hour... I thought he looked fatigued, [and] I proposed his returning to [bed], which he appeared quite inclined to do'.³² For Charles, staying in the sickroom was a necessity, not a choice. Not all children were so confined. On her return from a failed cure, Lucy Hey broke her journey with family for a week; although she may have needed the whole time to recover from the fatigue of the first leg of the journey, it was also a final chance for her to spend time with loved ones.³³ She also continued going to church until the week before her death, and she died after being 'carried down stairs into the parlour' from her bedroom.³⁴ Children moved or were moved around the house as far as their strength permitted, and even

²⁸ Newton, *Sick Child*, 181–82.

²⁹ Strange, 'Historical Approaches to Dying', 136.

³⁰ Strange, 'Historical Approaches to Dying', 137.

³¹ Handley, *Sleep in Early Modern England*, 176–89; Handley, 'Sociable Sleeping', 101–2; Ekirch, *At Day's Close*, 280–81; Amanda E. Herbert, *Female Alliances: Gender, Identity and Friendship in Early Modern Britain* (New Haven: Yale University Press, 2014), 84–85; Hubbard, 'A Room of Their Own', 302–3.

³² Malkin, 'Memoir', n.p.

³³ Hey, 'Brief Account', n.p.

³⁴ Hey, 'Brief Account', n.p.

left it if they were well enough. They also found ways to mitigate the worst ruptures from their social circle even when confined to bed.

The early nineteenth-century sickroom was also not the segregated space that Strange describes.³⁵ By the early nineteenth century, bedchambers for the middling sort and above, including the families discussed here, were generally private spaces dedicated to sleep and related activities.³⁶ Sickrooms, however, could not afford to be this specialised, because they accommodated the patient all day as well as at night. Newton describes the process of recovery as one of spatial opening, as patients returned to parts of the house beyond their reach while they were confined to bed, and it seems likely that for most middling-sort convalescents, the same was true in the nineteenth century.³⁷ This meant sickrooms were, at least temporarily, the patient's world, and needed to have space for multiple other people for long periods of time. As well as family and those involved in care, children's sickrooms admitted visitors administering religious consolation or emotional succour, or taking leave of a dying neighbour.³⁸ Because illnesses forced children to stay in the sickroom, the space dedicated to their care lost its specialised function as a bedchamber and became a multi-purpose space for socialising, religious observance, and education.

Although these children experienced radical alterations to their social life, caused by the withdrawal to the sickbed, the dying process was also a living process. Children required occupation and interaction to pass the time and support their mental and emotional wellbeing, even as their physical welfare altered irreversibly. Given the uncertainty of most prognoses until a fairly late stage, the deathbed could only retrospectively be identified as such; until this point, it remained a sickbed. Caring for children therefore also had to take into account the possibility that they would survive, so relationships and education continued as far as possible. Once illness was deemed terminal, children needed to be prepared spiritually for death, which also required practical input and emotional support. While the deathbed was a liminal space, it was occupied by living bodies, who were treated as members of the community until death.

³⁵ Strange, 'Historical Approaches to Dying', 136–37.

³⁶ See for example Handley, *Sleep in Early Modern England*, 109–18; Priestley and Corfield, 'Rooms and Room Use', 93–123; Weatherill, *Consumer Behaviour and Material Culture*, 9–13; Overton et al., *Production and Consumption in English Households*, 121–36; Davidoff and Hall, *Family Fortunes*, 375–78; Gowing, 'Twinkling of a Bedstaff', 279; Crowley, *Invention of Comfort*.

³⁷ Newton, *Misery to Mirth*, 195–207; Newton, 'Out of Bed, But Not Yet Abroad', 6–19.

³⁸ Strange, 'Historical Approaches to Dying', 137.

For the rest of this chapter, I will usually refer to the sickbed rather than the deathbed, to reflect the continued vitality of dying children.

The chapter begins by examining the forms of social interaction that took place around the sickbed, and the ways relationships developed and were given meaning as children shifted from health, to serious illness, to terminal illness. Charles Malkin's illness progressed very quickly, and his increasing cognitive impairments meant that of these four children, his social life was the most swiftly and completely curtailed. His mother's narrative was also very focussed on her own relationship to her son, so he may have had interactions with other people that she chose not to record to foreground her own relationship with him. However, Thomas Malkin, Margaret Gray, and Lucy Hey maintained social ties with multiple family members and, in the cases of Lucy and Margaret, the wider community. All four children also retained a sense of their place within their social circle, and the responsibilities that attended it. Bedridden children devised imaginative ways of continuing relationships, even with those they knew they would never see again.

The chapter then explores how children passed their time on the sickbed. Physical weakness and the restraints of the bed restricted what children could do, as did pain and changes to consciousness. However, the children's families still provided a degree of entertainment and occupation, to continue their education against the future (whether survival or death), and to distract from tedium and discomfort. The children and their parents devised a range of ways to achieve this, depending on the mental and physical capacities they retained.

Social Life on the Sickbed

Although Benjamin Malkin apparently did not spend time at either of his sons' bedsides, Charlotte Malkin, Jonathan Gray, and Samuel Hey all presented themselves as attending their children regularly and affectionately, and their children as appreciating their support. The children also received other visitors with whom they had strong emotional bonds. Children and parents valued these relationships highly, and children also found strategies to maintain close bonds with those they knew they would probably never see again. All the interactions discussed here happened while the children were bed-bound, or too weak to move freely around the house.

Lucy became dependent on adults for basic tasks like getting out of bed, but her carers also had other responsibilities to attend to, so they were not always available to help her. Helping Lucy get up could be left until the other, more active children were ready, when an adult had time to help her dress and leave her room. Lucy received 'a beautiful note from her Grandfather', which she 'sometimes, (as she did not rise early) put... under her pillow, that she might peruse it in the morning when refreshed and alone'.³⁹ Although Lucy was quite weak by then, she was evidently conscious and alert. Staying in bed late was usually seen as slothful and detrimental to health, but during illness, lie-ins were more acceptable. Lucy's slow rising was not the indulgence of vice, but a concession to her physical state. Although she may have needed extra rest, she may also have required help leaving bed and getting ready to join the household, which nobody had time for earlier in the morning. A letter from Lucy's brother William wished 'love to Lucy & Samuel, Rob^t, John & Marg^t and Baby', of whom some were surely siblings and one possibly a child from another family who lived with the Heys.⁴⁰ Samuel senior records two maids and the children's aunt, Rebecca Hey, as living with the family.⁴¹ Assuming Samuel, Robert, John, and Margaret were all children, there were five other youngsters needing to be dressed, fed, and despatched to school or other occupations. Children's timetables were normally structured by adults, so their reliance on other people's availability may not have made them feel as acute a loss of independence as the sick adults described by Newton, who were similarly reliant on others' availability for help, but who were accustomed to autonomy in everyday tasks.⁴² Serious illness deprioritised the moral imperative to rise early in favour of practical considerations that balanced the exhaustion, weakness, and need for assistance of the sick child against the rhythms of the rest of the household. However, Lucy remained embedded within the family's routine, and she was given the time and support she needed to rise safely.

Some family set-ups allowed parents to spend more time at the sickbed than others. When Charles Malkin was dying in 1825, Charlotte had no other children to look after and no need to earn money. She claimed that she remained in constant attendance on Charles, sleeping on the spare bed in his room and noting his progress over the course

³⁹ Hey, 'Brief Account', n.p.

⁴⁰ William Hey to Samuel Hey, Silk Willoughby, 12 June 1826, HEY 1/6 1824-28, York Explore Libraries and Archives.

⁴¹ Hey, 'Brief Account', n.p.

⁴² Newton, *Misery to Mirth*, 201; Newton, 'Out of Bed, But Not Yet Abroad', 12-13.

of the day, even if she had other assistance in practice.⁴³ Twenty-three years earlier, domestic duties called her away from six-year-old Thomas's bedside: she had 'some little family concerns that I was obliged to attend to', which 'obliged [her] to be rather more absent from [Thomas] than I wished' on 'the first day he took to his bed'.⁴⁴ Thomas was also 'sensible that at night, I must quit him, to go to my little Frederic, who was at the Breast'.⁴⁵ Although Charlotte's 'little... concerns' might not have seemed so pressing had she known Thomas's prognosis, Frederic still needed feeding.⁴⁶ The Malkins were comfortably off, so Charlotte could choose to concentrate her attention on her sons, even when she had several young children to attend.⁴⁷ However, most men, and women with less financial freedom than Charlotte, had greater constraints on their time from paid or domestic labour. Attending the sickbed required balancing other commitments, rather than dominating the entire household.

While Charlotte Malkin had to balance the needs of her children, Samuel Hey's professional duties called him away from Lucy's sickbed, until he had to rearrange his routine to prioritise spending time beside her. On 21 November 1826, the week before she died, Samuel was 'obliged to go to Alvaston on some parochial duty, [and] I returned by Derby, that I might get some medicine for her'.⁴⁸ While he was out, Lucy was 'very ill & had frequently enquired for me'; Samuel was only able to comfort her once he returned.⁴⁹ He spent the afternoon talking and praying with her; had lunch brought to him at her side, rather than joining the rest of the family; and sat with her while she slept.⁵⁰ On Saturday 25 November, 'Finding... that her illness was rapidly ancreasing, [sic] I sent over to Derby to provide assistance for my churches, should I be prevented from officiating in person'.⁵¹ This turned out to be a good decision because the next morning Lucy 'had had no sleep in the night & was in every way considered worse', so Samuel 'staid home with her', allowing his sister to rest after 'having sat up with her most of the night'.⁵² Samuel had to fulfil both his responsibilities as clergyman

⁴³ Malkin, 'Memoir', n.p.

⁴⁴ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 146.

⁴⁵ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 145.

⁴⁶ Malkin, 'Memoir', n.p.

⁴⁷ Murphy, 'Malkin, Benjamin Heath'.

⁴⁸ Hey, 'Brief Account', n.p.

⁴⁹ Hey, 'Brief Account', n.p.

⁵⁰ Hey, 'Brief Account', n.p.

⁵¹ Hey, 'Brief Account', n.p.

⁵² Hey, 'Brief Account', n.p.

and as father, but Lucy's increasing dependence on him meant that he had to juggle conflicting demands to be at her bedside when she needed him.

Attending Lucy's sickbed prevented Samuel from attending even to tasks that could theoretically be undertaken in the quiet, confined space by the sickbed. On 21 November, Samuel returned from his errands to find Lucy 'somewhat agitated' by 'an hysteric fit & great difficulty of breathing', so he spent the afternoon at her bedside.⁵³ Samuel began by 'convers[ing] with her a little on the mercies she had experienced, & the happy condition in which she was', then 'read to her' from the Bible and reassured her of God's support for the faithful.⁵⁴ At her request, he prayed for her, and 'help[ed] her to make arrangements about the disposal of [her books]'.⁵⁵ They then discussed the course of her illness.⁵⁶ All this took Samuel's full attention. Lucy then 'requested me not to leave her. I remained with her therefore whilst the family were at dinner'; had his own dinner 'brought to me into the room'; and 'From Dinner till near tea time I sat with her without conversing, that she might get some sleep'.⁵⁷ Sleep is an unconscious process; as long as he did not wake Lucy in leaving, there was no reason Samuel had to stay with her, because she would have been unaware of his absence. Remaining with her kept him from the rest of the family, his professional duties, or just taking a break from the psychological strain of sitting by what was known to be a deathbed. However, Samuel chose to remain by Lucy's side, where he was constrained to activities that could be completed in the confined space of the sickroom with whatever he had to hand or could have brought to him, quietly enough not to wake her, possibly in dim lighting to help her sleep.⁵⁸ As a clergyman, Samuel may have been able to do more of the scholarly side of his work at her side, like reading, preparing sermons, or attending to correspondence. In households reliant on manual labour, such attendance would have been much more difficult. Prioritising time by the sickbed required patience and the capacity to set aside activities incompatible with the space of the sickroom and the child's needs. Samuel's decision to stay beside his sleeping daughter reflected their mutual affection, and the importance both placed on his emotional support during her final days, or at least the image of attentive parenting he wanted to project.

⁵³ Hey, 'Brief Account', n.p.

⁵⁴ Hey, 'Brief Account', n.p.

⁵⁵ Hey, 'Brief Account', n.p.

⁵⁶ Hey, 'Brief Account', n.p.

⁵⁷ Hey, 'Brief Account', n.p.

⁵⁸ On lighting in sick-chambers, see Newton, 'Inside the Sickchamber', 552–53.

Although Samuel Hey depicted himself as rearranging his work to attend Lucy's bedside, Charlotte Malkin's maternal duties were less flexible, and Thomas, aged six, understood that his mother had to care for his brothers too. When Charlotte left him for the night,

I would generally ask him if he wished me to continue longer by him... he then always said "No Mamma: but I shall be glad when it is morning, that you may come to me again. Good night Mamma"... the first day he took to his bed, I was in the morning obliged to be rather more absent from him than I wished.... On the following morning he said, "Mamma, I am so glad it is Sunday to-day... Because, Mamma, I remember that in the fourth commandment, we are told that Sunday is to be observed as a day of rest; and I therefore suppose you will have more leisure to stay with me to-day than you had yesterday."⁵⁹

Deathbed narratives generally depicted children who were either well-loved, or spiritually or intellectually precocious, so instances of misbehaviour are rare outside deathbed conversion stories.⁶⁰ However, Charlotte recorded Thomas's considerate response, but also his appreciation of her presence when she was with him, which suggested a well-brought-up and affectionate child who valued his mother. At the same time, Thomas manipulated his understanding of religion to persuade Charlotte to spend more time with him, assuming that she enjoyed his presence and would want to spend her Sabbath with him.

Margaret Gray had to make more robust requests for her father to spend time at her bedside. Jonathan Gray was a busy solicitor and pillar of York intellectual and philanthropic circles, and so must have had many demands on his time.⁶¹ However, on 'the day before her death', a Monday, Margaret 'gently chided me, for letting her see me so seldom, and begged of me to look in twice a day'.⁶² Jonathan took this to heart, visiting her at least twice the next day, although the first time 'she did not appear to know me'.⁶³ Ordinarily, Margaret would have encountered her father in communal

⁵⁹ Malkin, 'Memoir', n.p. See also Malkin, *Father's Memoirs*, 145–46.

⁶⁰ On children's deathbed narratives, see Newton, 'Rapt Up With Joy'; Ryrie, 'Facing Childhood Death'; Smith, 'Child Death and Emotions'; Houlbrooke, 'Death in Childhood'; Jalland, *Death in the Victorian Family*, 119–42.

⁶¹ Brown, *Performing Medicine*, 91, 97–98; Gray, *Papers and Diaries of a York Family*, 106–15; Cobb, *History of the Grays*, 15–19.

⁶² Gray, *Account*, 95.

⁶³ Gray, *Account*, 95.

areas of the house; the request reflects how illness made her world shrink, leaving her reliant on visitors for company, and how she resisted this shrinkage by trying to persuade Jonathan to come to her bedside.⁶⁴ It also demonstrates the importance both Margaret and Jonathan placed on their relationship, and on Margaret being lucid during Jonathan's visits, or at least the importance Jonathan placed on being seen to be needed by Margaret and responding to her. Middling-sort fathers were often deeply involved in childrearing in this period, and Margaret's 'gentle chid[ing]' indicates a confidence both in the appropriateness of her desire to see him, and in Jonathan's likely responsiveness.⁶⁵ However, the need for the request indicates that by himself, Jonathan failed to live up to Margaret's needs; even once she was known to be dying, she had to fight for his attention, even if she was confident in receiving it.

Samuel Hey's relationship with Lucy also indicated that she was able to call him to her bedside when she needed to. On 21 November she called for him during her 'hysterical fit' while he was out of the house, and that night

Between 4 & five o'clock... she found her breathing & expectoration very difficult & in consequence became nervous and agitated. She therefore desired the maid to call me... She requested I would pray with her and... implore patience for her, I complied... & was surprised & gratified to find her mind become tranquil and composed. The relief she experienced drew from her, after I was gone an expression of her affectionate regard - "Have I not a kind Papa?"⁶⁶

Samuel framed the incident in calm, neutral terms: Lucy requested his presence; he responded with compassion by attending her bedside and praying for her; this soothed her and elicited gratitude. However, the passage is reminiscent of the death of Caleb Vernon, whose exemplary death in 1665 was marred only when, just before commending himself to God, he began 'thrusting his whole hand into his mouth, to

⁶⁴ On spatial restrictions during illness, see Newton, *Misery to Mirth*, 195–218; Newton, 'Out of Bed, But Not Yet Abroad', 6–18.

⁶⁵ On paternal involvement in childrearing, see for example Bailey, *Parenting in England*; Joanne Bailey, 'Reassessing Parenting in Eighteenth-Century England', in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007), 219–23; Bailey, 'The History of Mum and Dad', 492–93; Bailey, 'Paternal Power'; Bailey, 'Family Relationships', 25–26; Newton, *Sick Child*, 2012, 94–157; Retford, *Art of Domestic Life*, 115–48.

⁶⁶ Hey, 'Brief Account', n.p.

catch the flegm, and... cried...*O Father, what shall I do?*.⁶⁷ A more painful, but equally plausible, interpretation of the scene is that Lucy, 'nervous and agitated', acutely distressed, and panicking when she may have believed herself to be dying for the second time in twenty-four hours, called for help from her remaining parent.⁶⁸ His response did soothe her, possibly by the content of his reassurance and their mutual belief in his prayers, which promised divine aid, or merely from the familiar sound of his voice distracting her from her immediate distress. Samuel focussed on Lucy's responsiveness to religious consolation rather than her experience of pain, in line with the need for resignation to suffering demanded of the pious and the reassurance that spiritual observances prompted a healing response, indicating possible salvation, but also perhaps because framing the incident as one of terror and agony was too upsetting for Samuel and his imagined readers in the extended family.⁶⁹ However, the passage demonstrates that Lucy called on Samuel in the middle of the night, and that he was able to soothe her distress, at least slightly.

Although Margaret Gray, Lucy Hey, and Thomas Malkin all called for their parents' attention at their bedsides and were depicted as drawing comfort from it, Charles Malkin had a more ambiguous response to his mother's ministrations. On 13 November 1825, Charlotte

felt... anxious about him, and proposed remaining in his room, and reposing on the spare bed in it should he go comfortably to sleep. This he at first a little dissuaded me from doing, not feeling any necessity for it, and fearing I should lose my rest: but when he saw that I should be more happy in remaining with him, he readily consented to my proposal, and seemed greatly to like my doing so.⁷⁰

Boys were expected to develop self-reliance from around the age of seven; by seventeen, Charles was old enough to be expected to conform to ideals of masculine

⁶⁷ Anon, *The Compleat Scholler; or, A Relation of the Life, and Latter-End Especially, of Caleb Vernon, Who Dyed in the Lord on the 29th of the Ninth Month, 1665, Aged Twelve Years and Six Months* (London: J.W. and W.S., 1666), 74.

⁶⁸ Hey, 'Brief Account', n.p.

⁶⁹ Newton, *Sick Child*, 167–69; Jalland, *Death in the Victorian Family*, 6, 10, 21, 24, 26, 30, 33, 41, 43–44, 51; Barclay and Reynolds, 'Introduction', 12–13; Smith, 'Child Death and Emotions', 215; Strange, 'Historical Approaches to Dying', 131, 133.

⁷⁰ Malkin, 'Memoir', n.p.

independence and self-sufficiency.⁷¹ Although illness undermined this, some of his resistance to allowing Charlotte to stay may have stemmed from its infantilising undertones; acknowledging the 'necessity for it' underlined Charles's loss of autonomy and increasing weakness.⁷² However, Charles couched his desire for independence in terms relating to his concern that Charlotte 'should lose my rest': a considerate, self-sacrificing response that restored his status as an adult.⁷³ He showed similar sensitivity to his mother's needs when he accepted her offer: she could stay overnight with him for her own benefit, because she 'should be more happy in remaining with him'.⁷⁴ Nineteenth-century children from the middling sort, even as adults, were expected to be respectful towards their parents, and there was also cultural emphasis on men accommodating women's feelings; Charles's behaviour satisfied both imperatives. Despite his ambivalence, Charles 'seemed greatly to like' Charlotte staying with him.⁷⁵ Although Charlotte wanted to depict herself as a good mother, there is no reason to assume that Charles did not appreciate her presence. The passage reflects the emotional tensions Charles experienced on his sickbed: the comfort of feeling cared for had to be balanced against his desire for independence, and his concern for his mother's wellbeing.

Despite this ambivalence, Charles 'seemed greatly to like' Charlotte's presence when she stayed with him overnight; was grateful for the chance to discuss his spiritual state with her as he reconciled himself to death; and expressed his preference for her nursing care to that of his other attendant.⁷⁶ For Charlotte, her constant presence at his bedside was not just about strengthening their affective bond; it was also crucial to coming to terms with his death:

Never can I be sufficiently thankful that my beloved Charles's illness took place at home... I was at his bed-side by night and by day; so that I heard almost every word he uttered... I was enabled to watch over

⁷¹ Foyster and Marten, 'Introduction', 10; Houlbrooke, *English Family*, 150; Pollock, *Forgotten Children*, 24; Dekker, *Childhood, Memory and Autobiography*, 75. See also Nicholas Orme, *Medieval Children* (New Haven: Yale University Press, 2003), 68.

⁷² Malkin, 'Memoir', n.p.

⁷³ Malkin, 'Memoir', n.p.

⁷⁴ Malkin, 'Memoir', n.p.

⁷⁵ Malkin, 'Memoir', n.p.

⁷⁶ Malkin, 'Memoir', n.p.

him, to receive his last sigh, to close his eyes... I could not have borne that any had but mine should have performed these sacred duties[.]⁷⁷

Charles's illness lasted thirteen days, from 7 to 20 November 1825, and Charlotte slept in his room from 13th, although it is unclear if this continued every night.⁷⁸ She valued the rituals of care in 'attending him throughout [the] whole progress' of his illness.⁷⁹ Although for many families caring for their own was a necessity, Newton also emphasises the importance that many parents placed on nursing their children, and the importance even of distressing final memories.⁸⁰ Evidence about the quality of care the child received needed recording in deathbed narratives as much as interpersonal interactions, to reassure survivors that no more could have been done, so it was important that parents displayed an affectionate and attentive demeanour. Charlotte's emphasis on attending Charles's sickbed and tending him constantly, including at night, was her only assurance that she had given him the best life and death possible.

Visits to the child's sickbed could be distressing instead of comforting. Jonathan Gray wanted to see Margaret while she was lucid, so he repeated his visit when she was too ill 'to know me'.⁸¹ The night before Margaret died, they shared the recitation of a final hymn together, and Jonathan lamented that 'At the last two lines, she lifted up to heaven those eyes, which I then beheld for the last time': comforting in the implied connection between Margaret and heaven, but upsetting in its finality.⁸² Margaret found Jonathan's visits even more upsetting. He recorded that 'On one occasion, noticing my anxious looks, [Margaret] burst into tears after I was gone and said, that when I came again, she would shut her eyes'.⁸³ Margaret did not want to be the cause of her father's suffering, even if it stemmed from his affection for her, and she nearly withdrew from their interactions to protect herself from his pain and its reminder of her own physical decline.

⁷⁷ Malkin, 'Memoir', n.p.

⁷⁸ Malkin, 'Memoir', n.p.

⁷⁹ Malkin, 'Memoir', n.p.

⁸⁰ Newton, *Sick Child*, 101–6, 119; Newton, 'Rapt Up With Joy', 89–90.

⁸¹ Gray, *Account*, 95–96.

⁸² Gray, *Account*, 97.

⁸³ Gray, *Account*, 93.

Other relationships also remained important to bed-bound children. Thomas Malkin was the oldest of his siblings, and he was determined to remain embedded in his younger brothers' lives until he died:

during his illness, when it might have been expected that his severe sufferings would have render'd him indifferent to Those whom it was not necessary he should see, he every day enquired for his Brothers with kindness; anxious to know how Benjamin employed himself, and frequently desiring to see him. Frederic was every day brought to him at his particular request[.]⁸⁴

His desire for their company was so great that the night before he died, 'he beg'd [that Benjamin] might be kept to drink tea in the room with him'.⁸⁵ This gave Thomas the company of a child only two years younger than him, who could entertain him and with whom he was used to spending large amounts of time. By asking 'to drink tea' together, Thomas emulated adult forms of sociability, perhaps more from a desire for a convivial mealtime than because of a desire for a grown-up-style tea-party.⁸⁶ Thomas also set an example to Benjamin, as older brothers were expected to do. His questions about 'how Benjamin employed himself' may have indicated a desire for distraction by vicariously living his brother's activities, perhaps tainted by envy at what he was missing, but Charlotte read it as indicating proper and touching regard for his brother's development.⁸⁷ Thomas had a keen sense of the responsibilities of an older brother before his illness; 'he very frequently used to talk of the delight it would give him to instruct "the nice little Frederic" when he should be old enough to be taught', and on the night of the tea-party, Thomas also 'said "you had better, Benjamin, go and amuse yourself till tea-time with the box of letters, and spell sentences as we used to do together."' ⁸⁸ Thomas was presented as a precocious child, interested in learning.⁸⁹ By instructing Benjamin to play with an educational toy, Thomas reminded both himself and Benjamin of their shared childhood and took a hand one final time in educating him. Thomas's determination to educate Benjamin was not just from concern for his role as model brother, but also a way to embed himself more firmly in his sibling's memory. Neither of his parents' memoirs indicates that Thomas was aware that he was

⁸⁴ Malkin, 'Memoir', n.p.

⁸⁵ Malkin, 'Memoir', n.p; Malkin, *Father's Memoirs*, 152.

⁸⁶ Malkin, 'Memoir', n.p; Malkin, *Father's Memoirs*, 152.

⁸⁷ Malkin, 'Memoir', n.p; Malkin, *Father's Memoirs*, 151.

⁸⁸ Malkin, 'Memoir', n.p; Malkin, *Father's Memoirs*, 151–52.

⁸⁹ Malkin, *Father's Memoirs*.

dying, but even if he did not know, he would have realised that he was increasingly absent from moment-to-moment concerns in his siblings' lives. Although Thomas gave Benjamin no religious admonitions, his final advice to play with the 'box of letters' performed an equivalent role by emphasising to Benjamin the importance of learning.⁹⁰ Frederic, though, was only six months old, and Thomas could not hope to form lasting memories in the mind of such a young child.⁹¹ Nonetheless, Thomas enjoyed his company, and did his best to attract and retain Frederic's attention. He requested Frederic to visit him, and

towards the latter end of his illness he repeated "pretty Frederic" so frequently, and talked to him so much, that I was fearful he would exhaust his spirits; and therefore cautioned him against fatiguing himself too much: he replied "I like to talk to him Mamma, because I think the continuation of my voice, makes him continue to look at me – I find this to be one of the times when Frederic has his best looks."⁹²

Thomas could only be sure that Frederic knew of his existence while he spoke to him, and the urgency of his attempts to retain his brother's attention indicates a desire to remain a force in the infant's life as long as possible. Despite the obstacles to being part of his siblings' lives imposed by the sickbed, Thomas found strategies that kept them close to him, while his brothers' company alleviated the tedium of the sickbed, and maintained his role in their routine.

Older children maintained stronger and more direct connections with the outside world from their sickbeds. Lucy Hey was involved in correspondence networks with other members of the family; while ill, she received letters of spiritual advice from her grandfather and uncle, and also recommended a hymn to her grandmother, who suffered from poor sleep.⁹³ The 'beautiful note from her Grandfather' she 'kept... by her during her illness; sometimes... under her pillow... that she might peruse it... when refreshed and alone' when waiting to get up, using the note as a form of companionship that reminded her of her place in the wider family.⁹⁴ She continued to be interested in people beyond the household, asking after the health of friends and neighbours even on the afternoon she died, which fitted with notions of politeness, and the tradition that

⁹⁰ Malkin, 'Memoir', n.p.; Malkin, 152.

⁹¹ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 151.

⁹² Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 151–52.

⁹³ Hey, 'Brief Account', n.p.

⁹⁴ Hey, 'Brief Account', n.p.

the dying should continue to be concerned for other people. Lucy also requested that her brother William be allowed to return from school to take leave of her; and on her last morning, she 'requested to see [her siblings], & took an affectionate leave of them, giving to each a word of advice adapted to the view she had taken of their characters and dispositions'.⁹⁵ In undertaking this role, Lucy combined the authority of the oldest daughter with the authority of the dying, who were expected to perform spiritual duties for others and admonish survivors to live well.⁹⁶

Despite being mostly confined to bed, Lucy also managed to maintain links with the wider world through church attendance until the weekend before her death:

On Saturday evening... she observed, Tomorrow service is in the Morning, I must rise earlier that I may be ready to go to Church. Doubts being suggested whether she would be able to rise in time, or if she did, whether the fatigue of attending so long a service would not be too much for her; she was much agitated and wept. Her tears, however, were dried up as soon as it was intimated to her, that she might come to the second part of the service. This she was able to perform.⁹⁷

The Hey family was deeply religious, and Lucy took spiritual preparations for death very seriously: reflecting on sermons she heard even before learning of her terminal diagnosis; participating in her father's 'course of religious instruction'; and requesting him to pray for her when acutely distressed.⁹⁸ However, her disappointment at being told she was unlikely to cope with attending church was not solely motivated by concern for her spiritual state. Domestic piety was an established feature of British religious observance.⁹⁹ The Hey household was especially well-placed for private devotions, because Samuel, as a clergyman, could provide all the elements of a formal church service without needing to summon someone else. Far more important than the loss of spiritual opportunity were the practical and symbolic implications of being too ill to leave the house for church. The 'doubts' about Lucy's ability to 'rise in time' and

⁹⁵ Hey, 'Brief Account', n.p.

⁹⁶ Newton, *Sick Child*, 182–83; Smith, 'Child Death and Emotions', 218–19; Houlbrooke, 'Death in Childhood', 44.

⁹⁷ Hey, 'Brief Account', n.p.

⁹⁸ Hey, 'Brief Account', n.p.

⁹⁹ Handley, *Sleep in Early Modern England*, 69–73; Handley, 'From the Sacral to the Moral', 29–32; Handley, 'Sleep-Piety and Healthy Sleep', 189–90.

withstand ‘the fatigue of... so long a service’ forced her to confront her physical decline.¹⁰⁰ Lucy was already aware of this: on returning from her cure, she observed that ‘she was thinner than before she left home’; she understood and acknowledged her terminal diagnosis; and she participated in preparations for her death.¹⁰¹ However, being excluded from an important activity that was central to her weekly routine must have made this abstract awareness of mortality feel imminent and tangible.

Being told to miss the service because she was too ill to leave bed also acted as a first separation to be completed by the rift of death. Although church attendance was spiritually important, it was also a place where people came together. Lucy was quite isolated towards the end of her illness; some of her siblings went ‘to the Moravian School, in part, to keep them f[ro]m being too much with Lucy as it might be injurious to them to inhale long the air of the room’.¹⁰² Losing the chance to go to church meant social ties with people outside the household were severed. It also meant Lucy’s physical world contracted, as she became increasingly imprisoned within the home, without the change of scene that church represented. While church was not intended as “entertainment”, pious discourse frequently lamented that churchgoers did not evince sufficient interest in the service, preferring to socialise or sleep; services were meant to engage the mind, albeit in serious ways.¹⁰³ Illness was boring, and the sickroom a restricted environment.¹⁰⁴ Attending church was a chance for Lucy to socialise, see different sights, and enjoy a different pastime. Her joy when ‘it was intimated that she might come to the second part of the service’ reflected her need to perform her regular devotions and her desire for social contact, and returned her to the simultaneously familiar and novel space of the church and content of the service.¹⁰⁵

¹⁰⁰ Hey, ‘Brief Account’, n.p.

¹⁰¹ Hey, ‘Brief Account’, n.p.

¹⁰² Samuel Hey to William Hey, Ockbrook, 2 November 1826.

¹⁰³ Daniel Jütte, ‘Sleeping in Church: Preaching, Boredom, and the Struggle for Attention in Medieval and Early Modern Europe’, *American Historical Review* 125, no. 4 (October 2020): 1147–74; Joris van Eijnatten, “‘Sleep Not While the Trumpet Is Blown in Zion’: Public Somnolence, Civic Values and Modern Audience in Eighteenth-Century Britain”, in *Religion, Identity and Conflict in Britain: From the Restoration to the Twentieth Century: Essays in Honour of Keith Robbins*, ed. Stewart J. Brown, Frances Knight, and John Morgan-Guy (Abingdon: Routledge, 2016), 63–79; Bernd Krysmanski, ‘Lust in Hogarth’s Sleeping Congregation - Or, How to Waste Time in Post-Puritan England’, *Art History* 21, no. 3 (September 1998): 393–408; Handley, ‘From the Sacral to the Moral’, 36–37.

¹⁰⁴ Newton, *Misery to Mirth*, 11, 195–96; Newton, ‘Inside the Sickchamber’, 551–52; Newton, ‘Out of Bed, But Not Yet Abroad’, 15.

¹⁰⁵ Hey, ‘Brief Account’, n.p.

When normality was increasingly lost to the rhythms of illness, being allowed to attend part of the service gave Lucy a brief moment of her old routine.

While Lucy Hey attended church in person, Margaret Gray brought it into her sickbed. On the first Sunday she missed attending, 'she enquired the subject of Mr. Graham's Lecture... [and] what hymns had been sung... Both of these hymns... she often, during the following week, desired might be read to her'.¹⁰⁶ Margaret recreated the service for herself from bed, supplemented with her regular devotions. It was also important to Margaret that she was not forgotten by the rest of the congregation; 'She often asked, who had inquired after her; and, on being told that Mr. Graham had called, she burst into tears, and expressed her delight that he shewed an interest about her'.¹⁰⁷ Margaret believed that she was dying, and was old enough to understand the implications of death.¹⁰⁸ Her joy at being deemed worthy of enquiry by a clergyman her family evidently held in high regard reflected her need to remain important beyond the walls of her sickroom. Indeed, Margaret 'mentioned her wish to see him, but was told that she was not to see anyone', leading her to negotiate an agreement whereby 'she promised not to talk' and Mr Graham would visit to "'repeat a text or two'", which gave her 'great delight and comfort'.¹⁰⁹ Mr Graham's visit held several meanings. As her spiritual advisor, it helped her prepare for death, which may have helped to persuade her family and doctors to permit the visit, even if clergymen had a diminished deathbed role by this period.¹¹⁰ However, his presence had significance on a personal level too: it represented time with someone outside the normal stream of family, servants, and medical attendants, and offered a new diversion. Mr Graham was a familiar figure from the time before Margaret was ill, and may have recalled happier memories of health and the freedom to socialise, and was also a signal that she was still important outside the house. Margaret received one other visitor: 'her friend Miss M-, (who had not hitherto been permitted to see her)... called' on the day Margaret died, and stayed with the family around Margaret's bed until her death.¹¹¹ Miss M- may have been the daughter of the surgeon, Mr M-, and so may have been deemed used enough to serious illness not to pose a threat to Margaret's final hours.¹¹² Unlike Mr Graham, Margaret is

¹⁰⁶ Gray, *Account*, 90–91.

¹⁰⁷ Gray, *Account*, 94.

¹⁰⁸ Gray, *Account*, 91–92.

¹⁰⁹ Gray, *Account*, 94.

¹¹⁰ Jalland, *Death in the Victorian Family*, 18, 31–32, 39; Strange, 'Historical Approaches to Dying', 131; Houlbrooke, 'Introduction', 10–11; Houlbrooke, 'Age of Decency', 180.

¹¹¹ Gray, *Account*, 98.

¹¹² Gray, *Account*, 99.

not recorded as asking particularly after Miss M-, or requesting a visit from her, perhaps because Mr Graham represented a more important visitor because of his profession. However, most of her involvement in the wider community came vicariously through requests about activities at church and who had asked after her, rather than through direct social contact.

While Margaret Gray brought the church into her bedroom, Lucy Hey recreated an intimate family community at her bedside, on whom she could call for comfort and companionship at her worst moments. Extended family was important to the Heys: Lucy's illness appeared while she was staying with her grandparents in York; she spent her attempted convalescence with an aunt; she received letters from her grandfather and an uncle; another uncle was the surgeon who finally diagnosed her illness as terminal; and an unmarried aunt came to live with her family to help while she was ill.¹¹³ Only the aunt who came to live at Ockbrook saw Lucy in her final weeks; the others all lived too far away for casual visits.¹¹⁴ However, Lucy retained close relationships with several members of her maternal family through letters. The letter from her uncle, Jonathan Gray, was important primarily as the source of religious advice.¹¹⁵ However, the letter from Lucy's maternal grandfather, William Gray, had stronger emotional and social than religious meanings. As we have seen, Lucy

was much pleased with [it]; kept it by her during her illness; sometimes... put it under her pillow, that she might peruse it in the morning when refreshed and alone.¹¹⁶

As well as reminding Lucy of her place within the extended family, the 'note' offered companionship when she had no other company.¹¹⁷ The depth of emotional meaning it held led Lucy to keep it in the way an older woman might hide a love-letter under her head while she slept. Lucy in turn 'was much pleased with Bishop Kenn's [*sic*] midnight Hymn & enquired if her Grandmamma was acquainted with it saying it would be comforting to her as she passed so many sleepless nights'.¹¹⁸ Lucy's interest in Faith

¹¹³ Hey, 'Brief Account', n.p.

¹¹⁴ Hey, 'Brief Account', n.p.

¹¹⁵ Hey, 'Brief Account', n.p.

¹¹⁶ Hey, 'Brief Account', n.p.

¹¹⁷ Hey, 'Brief Account', n.p.

¹¹⁸ Hey, 'Brief Account', n.p. 'Bishop Kenn's Midnight Hymn' was first printed in the eighth edition of his *Manual for the Use of the Scholars of Winchester* (1695), and was accompanied by 'Morning' and 'Evening' hymns. Thomas Kenn, *A Manual of Prayers For the Use of the Scholars of Winchester College, And All Other Devout Christians* (London: J.F. and C. Rivington, T. Caslon, R. Law, R. Baldwin, and Scatchard and Whitaker, 1781); William Marshall, 'Ken, Thomas (1637-

Gray's sleep was motivated by the sleep disturbances she herself experienced.¹¹⁹ The recommendation displayed concern for Faith's discomfort, and collapsed the distance between York and Ockbrook, as Faith, 'who had never before thought of that hymn had it read to her very frequently till her death... the following month'.¹²⁰ It also conformed to traditions of the dying giving spiritual advice to those around them: especially important in the case of dying children whose words were accorded unique authority compared with the status of other areas of children's discourse.¹²¹ Lucy would have been aware that it was unlikely that she would see her grandparents again. She used letters to bring them into her bedroom, and built a comforting private relationship with them through paper and pen.

Lucy also conjured her mother to her bedside, to provide imaginary care and affection. Samuel reminded her that 'you will... see Abraham & all the good men that have ever lived... & Jesus Christ himself... you will also see Mamma'.¹²² Lucy, though, saw her mother as part of her present as well as her future: 'She replied "I have often thought that perhaps she watched abt my bed at night."' ¹²³ Reunions with deceased family members in heaven were a conventional promise of Christian teaching, consoling bereaved survivors and the dying alike.¹²⁴ Newton describes seventeenth-century puritan children building communities with dead parents and siblings who would welcome them to heaven.¹²⁵ Such beliefs were still commonplace in the early nineteenth century: Lucy's cousin, Margaret Gray, also imagined heavenly reunion with family members.¹²⁶ Margaret Hey was not guardian of her daughter's sleep, and Lucy would have been aware that the dead in Anglican teaching were precluded from intervening in the living world. Nonetheless, Margaret's imagined presence kept Lucy company through the nights and performed a version of the emotional tasks she would have undertaken in reality had she survived to see her daughter through her final

1711), Bishop of Bath and Wells and Nonjuror", in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2008), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-15342?rkey=q4LR1q&result=1>.

¹¹⁹ Hey, 'Brief Account', n.p.

¹²⁰ Hey, 'Brief Account', n.p.

¹²¹ Newton, *Sick Child*, 181–83; Smith, 'Child Death and Emotions', 218–19.

¹²² Hey, 'Brief Account', n.p.

¹²³ Hey, 'Brief Account', n.p.

¹²⁴ See for example Jalland, *Death in the Victorian Family*, 12, 135; Barclay and Reynolds, 'Introduction', 12; Ryrie, 'Facing Childhood Death', 113; Barclay, 'Grief, Faith and Eighteenth-Century Children', 177; Newton, *Sick Child*, 2012, 152–54, 213–18.

¹²⁵ Newton, 'Rapt Up With Joy', 98–100; Newton, *Sick Child*, 216–18; Newton, 'Very Sore Night and Days', 180–81.

¹²⁶ Gray, *Account*, 93–94. Footnote omitted.

illness. Night was associated with physical and spiritual danger.¹²⁷ Moreover, fewer people were around to attend or distract Lucy, which meant less support was available to her, while she knew that the rest of the household slept while she was forced to remain awake. Her mother's imagined presence was important in making Lucy feel secure and offered an alternative companion during long periods of wakefulness.

Lucy was surrounded by familiar attendants who seem to have been devoted to her care and treated her with affection, including her father, her aunt Rebecca, and Fanny, 'The servant who had been with us from Lucy's birth'.¹²⁸ Rebecca was depicted as having a good relationship with Lucy, receiving embraces and kisses from her and spending whole nights at her side.¹²⁹ Fanny the servant had known Lucy all her life, and presumably was heavily involved in caring for her as a young child even before Lucy's mother died.¹³⁰ Lucy trusted Fanny, turning to her for religious consolation on her return to Ockbrook and discussing how her body had changed during her illness.¹³¹ Despite Lucy's affection for both Fanny and Rebecca, she reserved a special place for her absent mother. The maternal relationship was lauded in late eighteenth- and early nineteenth-century culture, and children brought up in a culture dominated by the cult of motherhood could theoretically expect nurture and affection, especially during illness.¹³² Lucy had increasingly poor sleep towards the end of her life, and conjuring her mother's presence at night offered emotional support in the face of her fear and discomfort.¹³³

All four children discussed in this chapter were effectively bed-bound for large parts of their illnesses. Although some could move between pieces of furniture or rooms in the house, their illnesses restricted their opportunities to mingle freely in the spaces where they previously encountered other people, within the household or from the wider community. This restricted their social existence, and isolated them from friends and family. However, this seclusion was not absolute; all of the children made requests of

¹²⁷ See for example Ekirch, *At Day's Close*, 8–30; Handley, *Sleep in Early Modern England*, 95–108.

¹²⁸ Hey, 'Brief Account', n.p.

¹²⁹ Hey, 'Brief Account', n.p.

¹³⁰ Hey, 'Brief Account', n.p.

¹³¹ Hey, 'Brief Account', n.p.

¹³² Bailey, 'Family Relationships', 24–25, 27; Foyster and Marten, 'Introduction', 4; Perry, 'Colonizing the Breast'; Retford, *Art of Domestic Life*, 83–114; Cunningham, *Children and Childhood*, 59, 60, 64–65; Bailey, *Parenting in England*, 31, 54, 57–59; Vickery, *Gentleman's Daughter*, 91–94.

¹³³ Hey, 'Brief Account', n.p.

their parents, who found ways to spend extended periods with their offspring. The children also negotiated more extensive social interactions, requesting visits from siblings, clergymen, and other important people from their social circles in return for promises about modified behaviour. Parents' willingness to accommodate such requests demonstrates their recognition that the children retained their intellectual and emotional needs for social interaction despite their diminished physical capacity to realise them. Where actual visits were impossible, children found strategies to invoke absent friends and family members, asking for reports on community or church events to recreate them from bed, and using letters as a proxy for actual meetings. Although social life on the sickbed was drastically altered from social life in health, children of all ages found ways to remain present in the family and wider communities to which they belonged.

Passing time on the sickbed

Bedbound children needed ways to pass the 'wearisome' hours of sickness while they were conscious.¹³⁴ Ill children were restricted to pastimes that could be performed by weakened, painful bodies, during periods of lucidity, within the physical confines imposed by the space and layout of the bed. This precluded boisterous play and sports, and anything that created mess or could not safely be balanced on the bed or surrounding furniture. It also ruled out anything too heavy for weakened children to lift, such as large books, or things that required close focus, like the hymn which Margaret Gray 'found... from dimness of sight, she was unable to read'.¹³⁵ Those around ill children usually assumed they were merely unwell, rather than dying, until a fairly late stage in their illnesses, so it remained important to help them prepare for the adulthood that was anticipated for them.¹³⁶ Moreover, there was an imperative to spend time wisely, not only for children but also for adults. Even the dying were not immune to this. Once the focus had switched from the hope of recovery to preparation for death, the dying were expected to craft a 'good death', involving spiritual and temporal preparations.¹³⁷ Dying children were still alive, and needed distraction from their physical and emotional discomforts. Although the pastimes available to seriously ill children were limited by their declining physical and mental faculties and the spatial

¹³⁴ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 147.

¹³⁵ Gray, *Account*, 97.

¹³⁶ Newton, *Sick Child*, 2012, 138; Ryrie, 'Facing Childhood Death', 120.

¹³⁷ See for example Jalland, *Death in the Victorian Family*, 2-3, 6, 17-38; Barclay and Reynolds, 'Introduction', 12-13; Strange, 'Historical Approaches to Dying', 123, 129-35; Houlbrooke, 'Age of Decency', 179-83; Strange, 'Death', 356-57.

restrictions of the sickbed, they continued to find ways to occupy themselves until there was no possibility of doing so.

Thomas Malkin's experiences exemplify the reasons children needed occupation and entertainment. Thomas's illness began on 1 July 1802, but he had a brief period when his 'original disorder seemed... to be much relieved' two weeks in, before deteriorating again at the end of the third week of July until he died on 31st.¹³⁸ His father recorded that it was not until 28 July that the family lost 'all desire of making harassing experiments towards the resuscitation of the vital powers' and death was deemed inevitable.¹³⁹ Until then, Thomas had to be treated as though he would survive, as far as possible. However, helping Thomas find things to do from his sickbed was not just optimistic pragmatism; it was also necessary to his immediate welfare. Boredom was a crucial part of Thomas's experience of illness: Benjamin described his 'sense of weariness' and 'the wearisome hours of his lingering illness', while Charlotte called this period 'the tedious hours of a sick bed' and 'the wearisome hours of his tedious and distressing illness'.¹⁴⁰ Although Thomas was not shown to be aware of his prognosis in either narrative, he may have experienced fear as well as boredom, because Benjamin wrote that some of Thomas's pastimes served to 'ward off the sense of his own situation'.¹⁴¹ Thomas also experienced 'very great suffering' at times: he 'frequently complained of pain... the dressing of his... sores, was very distressing to him', and 'His nights were... very restless and uneasy'.¹⁴² Although both his parents emphasised his exemplary 'cheerfulness and patience' (Charlotte) and 'patience and fortitude' (Benjamin) throughout his illness and its attendant treatments, this was still a period of severe discomfort and mental under-stimulation.¹⁴³ As well as being useful for his future, finding Thomas something to do reduced his boredom and distracted him from pain.

Children only retreated to the sickbed slowly, as their illnesses deteriorated. On the second day of Thomas Malkin's illness he 'seemed more ill [than the previous day]; but still he came down-stairs as usual, & employed himself in his accustomed manner'.¹⁴⁴

¹³⁸ Malkin, 'Memoir', n.p.

¹³⁹ Malkin, *Father's Memoirs*, 137.

¹⁴⁰ Malkin, *Father's Memoirs*, 142, 147; Malkin, 'Memoir', n.p.

¹⁴¹ Malkin, *Father's Memoirs*, 147.

¹⁴² Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 145.

¹⁴³ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 141.

¹⁴⁴ Malkin, 'Memoir', n.p.

Thomas became bed-bound on the third day of his illness.¹⁴⁵ Charles Malkin 'betrayed some symptoms of cold' from Monday 7 November 1825, but although he got up late on Wednesday, he still 'went into school, and afterwards employed himself about his exercises as usual'.¹⁴⁶ It was not until Friday that he 'continued to occupy himself about his exercises, but did not go into school', and Sunday 13th that he agreed to stay in bed all day.¹⁴⁷ Margaret Gray became ill on 12 January, but was not confined to the house until 18th, and 'confined to her bed' from 20th.¹⁴⁸ However, over time, all four children became increasingly confined to a small region of the house, and all but Lucy Hey to their beds, which limited the activities they could engage in.

The simplest pastimes children enjoyed from the sickbed involved remembering or imagining life beyond the sickroom, which did not require equipment to be manoeuvred by weak hands. As we have seen, Thomas Malkin 'beguiled the tedious hours... by reflecting on what he had read, seen, or done in the days of health and enjoyment', and created imaginative continuity by instructing his brother Benjamin to play "[...]with the box of letters... as we used to do together".¹⁴⁹ In doing so, he also exhibited a continued interest in Benjamin's education, and the desire to perform his older-brotherly job as role-model. Charles Malkin also recalled the past, commenting to his mother that "[...]it is a good while since you have sung a song to me. I wish you would do so now".¹⁵⁰ Joanne Begatio discusses the ways song, a common domestic pastime, provoked memories of childhood in autobiographies.¹⁵¹ Charles may have found his mother's voice soothing, in a way reminiscent of how lullabies were used to calm infants.¹⁵² Although Charles was too old to expect such attentions normally, the severity of his illness may have made the familiarity of such a calming pastime more acceptable. Recalling past activities amused, relaxed, and reassured children and their families; enabled them to reflect on better times; and was easy to achieve from bed.

¹⁴⁵ Malkin, 'Memoir', n.p.; Malkin, *Father's Memoirs*, 132–33.

¹⁴⁶ Malkin, 'Memoir', n.p.

¹⁴⁷ Malkin, 'Memoir', n.p.

¹⁴⁸ Gray, *Account*, 87.

¹⁴⁹ Malkin, 'Memoir', n.p. See also Malkin, *Father's Memoirs*, 142, 152.

¹⁵⁰ Malkin, 'Memoir', n.p.

¹⁵¹ Joanne Begatio, 'Selfhood and "Nostalgia": Sensory and Material Memories of the Childhood Home in Late Georgian Britain', *Journal for Eighteenth-Century Studies* 42, no. 2 (June 2019): 234–35.

¹⁵² On lullabies, see Leslie Daiken, *The Lullaby Book* (London: Edmund Ward, 1959); Nicholas Tucker, 'Mothers, Babies and Lullabies', *History Today* 34, no. 9 (September 1984): 40–46; Iona Opie and Peter Opie, *The Oxford Dictionary of Nursery Rhymes* (Oxford: Clarendon Press, 1952), 17–18.

Not all imagined activities were comfortable or safe for bedbound children. One of Thomas Malkin's favourite games in health was inventing an elaborate 'imaginary country' with its own maps, history and language.¹⁵³ Elaborating on this did not need physical strength or cumbersome or messy equipment. However, it was felt that 'the indulgence of wild and visionary ideas might have produced on his brain' a 'pernicious effect'.¹⁵⁴ Luckily, 'he ceased to talk of the imaginary country' as soon as he became ill, with the exception of one reference 'at a moment of considerable estrangement'.¹⁵⁵ Benjamin Malkin attributed this 'forbearance' to Thomas's awareness of the danger that thinking about a fictitious world might cause him intellectual deterioration.¹⁵⁶ Whether Thomas worked this out for himself or was advised to avoid the subject is unclear, but his parents evidently encouraged him to engage with the "real" world, even if his imaginary one would have allowed him to escape his sickbed temporarily.

The sickbed remained a place of learning for Thomas, even though this creative intellectual pursuit was denied him. Thomas remained alert and curious about the world, asking for definitions of new terms, including those associated with illness and treatment such as 'Cataplastm', and using them in conversation.¹⁵⁷ In return for definitions, Charlotte tested Thomas's understanding of grammar.¹⁵⁸ Thomas was curious about his experiences, and used the sickbed as a stimulus to learning. Both Thomas's parents considered that this inquisitiveness, as well as indicating his unusual intellect, provided solace and entertainment; his questions helped him 'during the wearisome hours... [to] amuse himself and delight his friends'.¹⁵⁹ As well as entertaining himself by learning, Thomas earned Charlotte's attention by entertaining her, and her record of these exchanges perhaps also proved to her that she had paid him assiduous attention in answering his questions and remembering his answers. Thomas's curiosity about the unfamiliar experiences of the sickbed may also have given him a sense of control, by helping him understand and discuss his symptoms and treatment.

Thomas also engaged in more formal educational activities in bed, although sometimes he struggled to manage this alone. Charlotte recorded that 'he frequently desired to

¹⁵³ Malkin, *Father's Memoirs*, 149; 93–95, 116.

¹⁵⁴ Malkin, *Father's Memoirs*, 149.

¹⁵⁵ Malkin, *Father's Memoirs*, 149.

¹⁵⁶ Malkin, *Father's Memoirs*, 149.

¹⁵⁷ Malkin, 'Memoir', n.p.

¹⁵⁸ Malkin, 'Memoir', n.p.

¹⁵⁹ Malkin, 'Memoir', n.p., Malkin, *Father's Memoirs*, 147.

have Books brought him, which he would sometimes read in [*sic*] himself, and at other times desire me to read to him'.¹⁶⁰ Exactly what Thomas read is not recorded, but by the early nineteenth century the market for children's books had expanded to include stories and educational texts.¹⁶¹ Benjamin Malkin recorded that Thomas 'would request his mother read to him. In his intervals of comparative ease, he would take pleasure in turning [the books] over himself'.¹⁶² Reading in bed was often used by adults in religious preparations for slumber, and to soothe themselves to sleep.¹⁶³ However, Thomas had to read in bed because he was unable to leave it. Reading aloud was a regular social activity in British culture, and therefore a familiar way of spending time with others. Pain undermined Thomas's ability to read, and as his illness progressed he became reliant on assistance even to turn in bed, so he may also have become too weak and immobile to support and manipulate books independently.¹⁶⁴ However, Thomas's request to be read to may have served a similar purpose to his brother Charles's request twenty-three years later to have Charlotte sing to him: a soothing sound in a voice that was familiar signified care and attention, while interesting content distracted him from discomfort and entertained him.¹⁶⁵ Thomas also enjoyed looking at maps, which 'afforded him pleasure to the last; and he had some counties of England in his hands... within half an hour of his dissolution'.¹⁶⁶ This was an educational pastime, which perhaps also allowed Thomas to imagine the world beyond his sickroom.¹⁶⁷ It also interested Thomas until the very end of his life, which signified to Charlotte that despite his illness, he remained present and the same person. Participating in educational activities held a number of meanings for Thomas and his parents. His continued interest and intelligence created alternative memories for his parents of final days; and provided final proof of his precocity, and of his parents' attention to his intellectual needs, even once this was no longer needed as preparation for adulthood.

¹⁶⁰ Malkin, 'Memoir', n.p. See also Malkin, 148.

¹⁶¹ Plumb, 'New World of Children', 80–85. On the expansion of children's literature, see Margaret Kinnell, 'Publishing for Children, 1700-1780', in *Children's Literature: An Illustrated History*, ed. Peter Hunt (Oxford: Oxford University Press, 1995), 26–45; M.O. Grenby, 'The Origins of Children's Literature', in *The Cambridge Companion to Children's Literature*, ed. M.O. Grenby and Andrea Immel (Cambridge: Cambridge University Press, 2009), 3–18; Andrea Immel, 'Children's Books and Constructions of Childhood', in *The Cambridge Companion to Children's Literature*, ed. M.O. Grenby and Andrea Immel (Cambridge: Cambridge University Press, 2009), 19–34.

¹⁶² Malkin, *Father's Memoirs*, 148.

¹⁶³ Handley, *Sleep in Early Modern England*, 201 90–94; Handley, 'Sleep-Piety and Healthy Sleep', 192–94.

¹⁶⁴ Malkin, 'Memoir'; Malkin, *Father's Memoirs*, 143, 148.

¹⁶⁵ Malkin, 'Memoir', n.p.

¹⁶⁶ Malkin, 'Memoir', n.p.

¹⁶⁷ Malkin, 'Memoir', n.p.

These activities entertained Thomas in the restricted space of the bed, and distracted him from his woes.

Lucy Hey also spent much of her time in bed studying, but she concentrated on religious rather than secular matters. On Lucy's return to Ockbrook, Samuel initiated 'a course of religious instruction', during which he would 'expound a short passage to her and pray with her' each evening.¹⁶⁸ Communal religious observance involving the whole household was a traditional part of many pious routines.¹⁶⁹ As well as these formal 'evening exercises', Lucy engaged in independent study of religious texts: 'she was frequently, in the course of the day, engaged in reading her bible and some select religious book[s?]', including one 'given by her Grandfather and Grandmother at York', and another 'given by Mrs[?] Gell'.¹⁷⁰ Lucy also used the collection of passages Samuel had compiled for her mother on her deathbed; followed the advice of her uncle Jonathan Gray, who 'referred the concluding answer in the catechism as comprehending the whole of Christian doctrine... & recommending her to examine herself by it'; and took up other recommendations of biblical passages to study from another uncle.¹⁷¹ Using texts given or recommended by friends and family strengthened Lucy's imaginative bedside community, providing entertainment, education, and a reminder of social ties.

Lucy's religious education was supplemented by bedtime readings of the deathbed narratives about her mother, her cousin Margaret Gray, and her aunt and namesake Lucy Gray, which personalised her spiritual preparations for death.¹⁷² Children were routinely given stories that related the final days of other adults and children, to remind them of the need to live a sinless life, and to learn how to comport themselves when they faced death.¹⁷³ One of the books from which Samuel extracted passages for Lucy was 'J.J.'; possibly James Janeway's *Token for Children*, which related the deaths of thirteen children.¹⁷⁴ This genre was complemented by a family tradition of manuscript

¹⁶⁸ Hey, 'Brief Account', n.p.

¹⁶⁹ Handley, *Sleep in Early Modern England*, 72-74; Handley, 'From the Sacral to the Moral', 30-31; Ekirch, 'Sleep We Have Lost', 356-57; Ekirch, *At Day's Close*, 272.

¹⁷⁰ Hey, 'Brief Account', n.p.

¹⁷¹ Hey, 'Brief Account', n.p.

¹⁷² Hey, 'Brief Account', n.p.

¹⁷³ Smith, 'Child Death and Emotions'; Houlbrooke, 'Death in Childhood'; Jalland, *Death in the Victorian Family*, 133; Newton, 'Very Sore Night and Days', 90; Ryrie, 'Facing Childhood Death', 111-15.

¹⁷⁴ Hey, 'Brief Account', n.p.; Smith, 'Child Death and Emotions', 211-12; Houlbrooke, 'Death in Childhood', 38.

deathbed narratives, to which Lucy's own death was added. Although manuscript narratives in both letters and memoirs aided survivors' grieving for and memorialisation of the deceased, they also served a didactic function, and the Grays' collection was used to this effect.¹⁷⁵ Before Lucy's illness was diagnosed as terminal, 'a memoir of her cousin Marg^t Gray... was read aloud in the evenings... to which she listened with much interest & attention', and the day before she died she also listened to Samuel reading 'the Account of her aunt Lucy's last illness, which interested her much as appeared by her bidding me to go on when any thing occurred to interrupt the reading'.¹⁷⁶ Most poignantly, two evenings before her death, 'Lucy requested her aunt to read to her a little account [which] I had written of her Mammias [*sic*] last illness'.¹⁷⁷ Lucy had been present in the neighbouring wing of the house when Margaret Gray had died, on the same day as Lucy's mother.¹⁷⁸ Listening to stories recounting the deaths of two close relatives, at which she had been present in the house if not the room, left Lucy with no space to hide from the reality of mortality and its implications, and made the didactic intentions of the narratives very personal.¹⁷⁹ Lucy evidently valued the familiarity of the stories, which reminded her of her cousin, mother, and the aunt who was her namesake. The readings presumably acted as a diversion, albeit not a terribly cheerful one, but also a reminder of the family members she had lost and with whom she would be reunited in heaven. They may also have comforted her that she would be remembered in a memoir of her own.

Religious practice also strengthened Lucy and Samuel's relationship, so she felt able to call him to her bedside at moments of crisis in preference to her aunt or the female servants.¹⁸⁰ Samuel's 'religious instruction' of Lucy meant he

Expound[ed] a short passage to her and pray with her either privately
or in the presence of the family, which she liked best: she chose the
last as being the less formidable to her, which was adopted till

¹⁷⁵ Barclay, 'Grief, Faith and Eighteenth-Century Children', 180–82; Jalland, *Death in the Victorian Family*, 10, 21–30, 38, 133, 135–39, 142; Newton, 'Rapt Up With Joy', 90; Rylie, 'Facing Childhood Death', 115; Smith, 'Child Death and Emotions'; Strange, 'Historical Approaches to Dying', 133, 139; Strange, 'Death', 356–57; Houlbrooke, 'Death in Childhood'.

¹⁷⁶ Hey, 'Brief Account', n.p. Pencilled corrections and annotations omitted.

¹⁷⁷ Hey, 'Brief Account', n.p.

¹⁷⁸ Hey, 'Brief Account', n.p.

¹⁷⁹ Hey, 'Brief Account', n.p.

¹⁸⁰ Hey, 'Brief Account', n.p.

increasing weakness and a complete deliverance from her timidity
made way for private exercises of religion.¹⁸¹

Samuel attributed the shift to 'private' sessions to the decline in Lucy's physical strength and growth in spiritual strength.¹⁸² However, taking lessons in the presence of the rest of the family may have continued older rituals of household prayer before bed, a common practice in pious households which was certainly carried out in the Gray family.¹⁸³ There was thus both familiarity in the old ritual, and a sociable aspect as Lucy could spend time with her siblings during the sessions, something otherwise increasingly restricted as she became weaker and less mobile while they continued with everyday life. Moreover, while Lucy's 'complete deliverance from her timidity' may have included coming to terms with her mortality, it may also have increased her confidence in her relationship with Samuel.¹⁸⁴ After ten months of serious illness, weeks of separation while she was away on her cure, and the loss of her mother and cousin, Lucy may have discovered a new appreciation for his attention. The religious lessons, tailored to her needs, offered time when she could enjoy his attention without sharing him with her siblings. Lucy expressed her appreciation of her lessons, commenting that "'Papa speaks to me so nicely in an evening'", and called on Samuel in preference to other members of the household when acutely ill, not just because she wanted his skill at prayer but because she knew that he would offer her emotional care too.¹⁸⁵

While Margaret Gray's sickbed was usually serious, she also engaged in religious "games" with her father which occupied her mind and fostered playful but serious exchanges. The Gray household was deeply religious, on the evangelical wing of the Church of England, so religion was a shared interest for Margaret and Jonathan.¹⁸⁶ Margaret had a favourite 'verse of Charles Wesley's', of which

The word "*age*," in the first line, she observed, was not applicable to herself; and she two or three times sent messages to me... to request that I would substitute a word that might suit her; the only one which

¹⁸¹ Hey, 'Brief Account', n.p.

¹⁸² Hey, 'Brief Account', n.p.

¹⁸³ Handley, *Sleep in Early Modern England*, 73; Handley, 'From the Sacral to the Moral', 29-30; Ekirch, *At Day's Close*, 272; Ekirch, 'Sleep We Have Lost', 356-57.

¹⁸⁴ Hey, 'Brief Account', n.p.

¹⁸⁵ Hey, 'Brief Account', n.p.

¹⁸⁶ Cobb, *History of the Grays*, 15; Brown, *Performing Medicine*, 82, 91, 97, 120; Lock, 'Gray, William (1751-1845)'; Gray, *Papers and Diaries of a York Family*, 11, 115.

suggested itself to me, was “*pain*,” but as she would not allow that she felt any, I was obliged to leave the verse as it is.¹⁸⁷

A painless death was associated with spiritual purity, and Margaret may have been resistant to acknowledging pain to bolster her own claims to salvation, or because forbearance in the face of pain was important to notions of the ‘good death’ by showing patience and submission to God’s will.¹⁸⁸ Although this denial prevented Jonathan from fulfilling Margaret’s request, the collaborative manipulation of the hymn gave them a shared project. Their most fruitful act of collaborative worship took place the day Margaret died. On his second visit to her, Jonathan offered to

tell you a hymn which was sung... on Sunday? She said, yes. I said, it was,

‘How sweet the name of Jesus sounds
In the believer’s ear!’

I stopped; she proceeded, slowly... to prompt me with the words of the next two lines; and I repeated after her,

‘It soothes his sorrows, – heals his wounds, –
And drives away his fear.’

She then said – ‘Next?’ I go to the Hymn Book, and whilst she regarded me with fixed attention, and a sweet heavenly smile, I read [the rest of the hymn.]¹⁸⁹

These religious “games” allowed father and daughter to enjoy spiritual exchanges in playful and creative ways, tailoring the content of one hymn to Margaret’s particular circumstances and testing each other on their knowledge of another. Despite the seriousness of spiritual preparations for death, these pastimes added a layer of light-heartedness to otherwise solemn religious activities.

The onset of night was often a prompt for children to consider matters pertinent to mortality and salvation. Evenings in pious families often included a period of prayer, with or without religious readings, and Handley has also shown the importance that was placed on ‘Sanctifying the Bedchamber’ before individuals went to sleep.¹⁹⁰ The

¹⁸⁷ Gray, *Account*, 93. Italics original.

¹⁸⁸ Jalland, *Death in the Victorian Family*, 26; Barclay and Reynolds, ‘Introduction’, 12; Strange, ‘Historical Approaches to Dying’, 131–33; Strange, ‘Death’, 357–58.

¹⁸⁹ Gray, *Account*, 96.

¹⁹⁰ Handley, *Sleep in Early Modern England*, 86–107, quotation at 94; Handley, ‘From the Sacral to the Moral’, 40–41.

link between sleep and death spurred religious reflection, and its importance was heightened when serious illness made death seem more imminent.¹⁹¹ Severe illness caused sleep disruption, as chapter four demonstrated, and which was in itself a concerning symptom.¹⁹² While the moral associations of ‘unseasonable’ sleeping rhythms and broken sleep were not applicable to the seriously ill, illness could also be understood as a punishment for sin, so although sleeplessness due to illness could theoretically be divorced from its moral symbolism, in practice this link may also have been the spur for sleepless patients to reflect on their spiritual status.¹⁹³ As the previous chapter showed, preparing for bed meant undressing, giving children evidence of their physical decline.¹⁹⁴ Some conditions have a diurnal rhythm that worsens at night, such as fevers; others are exacerbated by lying down, such as heart failure or respiratory problems. Moreover, as A. Roger Ekirch observes, ‘sensitivity to pain intensifies at night’.¹⁹⁵ All this reminded patients of their debility and its consequences. During the night, there was also less distraction from discomfort, and a greater sense of dislocation from ordinary life because of the contrast between the patient’s restlessness and the silence and sleep of the rest of the household. By contrast, it was normal to be alert during the day, and daytime discomfort, restlessness, or sleeplessness were easier to endure because there were more people available to provide companionship and distraction. The combination of the physical, mental, and moral effects of nocturnal sleeplessness was a spur to religious reflection for ill children, who required spiritual and emotional support in the face of distress and anxiety.

Charles Malkin’s deathbed spiritual preparations mostly took place at night, and he used them to maintain and deepen his relationship with his mother. Charles, who recognised that he was dying before Charlotte fully accepted this,

told me that “he was endeavouring to make up his mind to quit this world; and that he wished me to place my chair by his bed-side, and to

¹⁹¹ The link between sleep and death is explored further in chapter eight.

¹⁹² See also Newton, *Misery to Mirth*, 77, 103; Newton, ‘She Sleeps Well and Eats an Egg’, 111–12.

¹⁹³ On ‘seasonable sleep’, see Handley, ‘From the Sacral to the Moral’, 32–37; Handley, *Sleep in Early Modern England*, 2016, 73, 76–81; Handley, ‘Sleep-Piety and Healthy Sleep’, 188–95. On illness as a punishment for sin, see for example Newton, *Sick Child*, 2012, 47–48, 131–33, 202–6; Jalland, *Death in the Victorian Family*, 51.

¹⁹⁴ On dressing as a sign of recovery, see Newton, *Misery to Mirth*, 201; Newton, ‘Out of Bed, But Not Yet Abroad’, 12–13.

¹⁹⁵ Ekirch, *At Day’s Close*, 288–89; Ekirch, ‘Sleep We Have Lost’, 358–59.

give him some religious instruction." I felt little qualified for... so sacred a duty: but... I did my best[.]¹⁹⁶

Such conversations were conventional, and indeed expected of pious Christians of all ages who wanted to die a good death. At seventeen, Charles was old enough to understand this tradition and decide whether to take part in it, as well as to understand the implications of his own illness, although doing so took courage because it was not until the next night that Charlotte became 'too deeply impressed with the same conviction [that he was dying] to seek to combat his'.¹⁹⁷ Charlotte argued that the process was not only a religious duty for Charles, but that he

appeared to derive peace and comfort from our conversation. He was perfectly calm and collected... and soon after composed himself again, and got a little sleep. He told me afterwards that "he was very glad he had held that conversation with me; and that he felt much happier for it."¹⁹⁸

Charles may have benefitted from a sense of fulfilling his religious duty, from being able to come to terms with his mortality, or just from the intense emotional intimacy the conversations fostered. He may have chosen to have them at night because of its association with death and spiritual danger, and because when the rest of the household was asleep and he had Charlotte's full attention there may have been a greater sense of emotional intimacy and privacy. In having these conversations with his mother, Charles drew on existing bonds of trust and affection to find the comfort he required, despite Charlotte's initial resistance to the idea that they needed to discuss his mortality and the awareness of her distress this must have given him. This offered an emotional aid to sleep as potent as any described in the previous chapter, despite interfering with his rest during the conversation.

Nocturnal wakefulness could be extremely distressing, and religious observance could be used to soothe sick children. Those waking during the night were exhorted to prayer and religious reflection even when they were well.¹⁹⁹ Ken's *Manual of Prayers* warned 'If you chance to wake in the Night, or can't sleep, beware... of idle and unclean Thoughts... and therefore... arm yourself against them' with a series of brief prayers

¹⁹⁶ Malkin, 'Memoir', n.p.

¹⁹⁷ Malkin, 'Memoir', n.p.

¹⁹⁸ Malkin, 'Memoir', n.p.

¹⁹⁹ Handley, 'Sleep-Piety and Healthy Sleep', 74; Handley, 'From the Sacral to the Moral', 31.

and associated biblical passages.²⁰⁰ For the seriously ill, being woken in the night by worsening symptoms could bring the temptation not of 'unclean Thoughts', but of resistance to God's will or despair at their suffering.²⁰¹ Prayer guarded against these threats, reaffirmed the patient's faith in God's plan, and allowed them to request divine support. It was also important to call on divine help at moments of extremity, and the reminder this must have given of the promise 'that God has promised strength according to our day', probably also helped calm sufferers.²⁰² When Lucy Hey awoke in the early hours of 21 November 1826, 'she found her breathing & expectoration very difficult & in consequence became nervous and agitated'.²⁰³ To relieve 'her distress', Lucy 'requested that [Samuel] would pray with her and... implore patience for her'.²⁰⁴ At times of acute illness, children could lose the ability to pray independently; Lucy had experienced this earlier the same day, and Margaret Gray also found herself 'unable to collect her thoughts in prayer' on occasion; both girls called on family members to pray on their behalf.²⁰⁵ Receiving such prayers succeeded in soothing Lucy Hey's distress; Samuel 'was surprised & gratified to find her mind instantly become tranquil and composed'.²⁰⁶

The soothing rhythm and reassuring content of familiar hymns and prayers may have acted like lullabies, providing a focus for the children's minds other than their emotional and physical discomforts.²⁰⁷ Handley suggests that the meditative aspect of bedside prayer helped to relax pious sleepers, but in the case of the very ill, its use as a distraction may have been equally important.²⁰⁸ Handley also argues that nocturnal devotions aided sleep, providing spiritual reassurance and inducing 'a state of relaxation that allowed sleep to take hold... more easily'.²⁰⁹ Daniel Lord Smail observes that 'church litanies and other rituals' may 'have [had]... soothing consequences for' congregations.²¹⁰ Domestic hymns and prayers may have been similarly soothing.

²⁰⁰ Kenn, *Manual of Prayers*, 43.

²⁰¹ Kenn, *Manual of Prayers*, 43.

²⁰² Hey, 'Brief Account', n.p.

²⁰³ Hey, 'Brief Account', n.p.

²⁰⁴ Hey, 'Brief Account', n.p.

²⁰⁵ Hey, 'Brief Account', n.p., Gray, *Account*, 89.

²⁰⁶ Hey, 'Brief Account', n.p.

²⁰⁷ On lullaby, see Tucker, 'Mothers, Babies and Lullabies'; Daiken, *Lullaby Book*; Opie and Opie, *Oxford Dictionary of Nursery Rhymes*, 18–19.

²⁰⁸ Handley, *Sleep in Early Modern England*, 88.

²⁰⁹ Handley, *Sleep in Early Modern England*, 87–89, 91–92, 94. On Methodist hymns, see Phyllis Mack, *Heart Religion in the British Enlightenment: Gender and Emotion in Early Methodism* (Cambridge: Cambridge University Press, 2008).

²¹⁰ Smail, *Deep History and the Brain*, 172.

Religious observance was essential when children were unable to sleep at night. One of the most important activities Lucy undertook during the day was to 'commit portions of [hymns] to memory that she might have the comfort of them in the night when she could not sleep'.²¹¹ Samuel also supplemented his formal course of 'religious instruction' with a selection of consolatory texts that could provide reassurance of divine benevolence at times of acute discomfort.²¹² Memorising such texts meant Lucy passed her waking hours fruitfully, and also helped her face the increasing difficulty sleeping at night. This was spiritually important but may also have given her some control over her disturbed rest. One of Lucy's favourites was Thomas Ken's 'Midnight Hymn', first published in the 1695 edition of *A Manual of Prayers for the Use of the Scholars of Winchester College*, which began

MY GOD now I from Sleep awake,
The sole Possession of me take;
From Midnight Terrors me secure,
And guard my Heart from Thoughts impure.²¹³

The appeal of this to Lucy is obvious. Her increasingly disturbed sleep was distressing, partly because of the discomfort that accompanied it; she was also 'afraid of yielding to impatience, & begged of us all at different times to pray for her that she might be preserved from it'.²¹⁴ The hymn's emphasis on God's grace shielding its reciter from 'Midnight Terrors' and replacing sinful thoughts, including despair, fear, and impatience, addressed these fears, and reminded Lucy of the essential benevolence of the divine plan.²¹⁵ Memorising hymns and prayers was a conventional way the pious armed themselves against sinful thoughts, which was especially important at night because sleep suspended reason and therefore the ability to govern behaviour and thought, while the devil was particularly active during the hours of darkness.²¹⁶ On the deathbed, repelling such ideas was even more important, so as to die in a state of grace. The selection of hymns and scriptural passages Lucy used may have been particularly meaningful to her because of their connection with her mother's final days, and their careful selection by Samuel. Moreover, the 'Midnight Hymn' was important to her not

²¹¹ Hey, 'Brief Account', n.p.

²¹² Hey, 'Brief Account', n.p.

²¹³ Kenn, *Manual of Prayers*, 140; Marshall, 'Ken, Thomas'.

²¹⁴ Hey, 'Brief Account', n.p.

²¹⁵ Kenn, *Manual of Prayers*, 140.

²¹⁶ Handley, *Sleep in Early Modern England*, 71, 74, 87-88; Handley, 'From the Sacral to the Moral', 29-31; Ekirch, 'Sleep We Have Lost', 15-16. See also Koslofsky, *Evening's Empire*, 23-28; MacLehose, 'Captivating Thoughts', 104.

only for its own content, but because having recommended it to her grandmother, she could imagine a fellow sufferer lying awake reciting its lines, conjuring company in the night.²¹⁷ Lucy's choice of passages combined familial affection, commemoration, and spiritual observance, just as the books from her grandparents and Mrs Gell were gifts that linked her to the wider community as well as providing education and an intellectual focus. Similarly, as well as providing spiritual comfort, Samuel's prayers demonstrated his affection and concern for Lucy, but they also offered an alternative set of calm sounds for her to focus on. Prayer may have functioned like a lullaby in the soothing familiarity of the words and rhythm of recitation.²¹⁸ Learning the hymns also provided an occupation for her restricted daytimes, and comfort for her disturbed sleep.

Preparing for bed was also a time when carers might have more time and attention to spare for their charges to support their emotional state. Although Lucy Hey was well cared for, there were moments particularly in the morning when she may have lacked attendants because of other demands on their time. During the evening, adult members of the household may have had more time to spend with her, even if they also had other duties. On her first night back, Lucy 'enquired if Fanny had anything more to do' after being helped to bed, and 'on being answered, no, she was requested to read a hymn aloud'.²¹⁹ Both Lucy and Margaret Gray commonly requested prayers and hymns be recited for them, partly because both struggled at times to pray for themselves.²²⁰

Children confined to the sickbed could undertake a limited range of activities, constrained by pain, weakness, changes in cognition, and the physical space of the bed. However, they still engaged in activities that helped pass the time and distract them from discomfort. Some of these did not require objects to support them, such as talking to the people around them, imagining activities they had done in health, and reciting prayers and hymns. Others were believed to have secular or spiritual educational advantages, and relied on access to books, while other children may have engaged in other activities which required little space or strength, as long as their eyesight and manual dexterity remained. Finding occupations for sick children was necessary to their emotional and intellectual health, and fulfilled the moral requirement for

²¹⁷ Hey, 'Brief Account', n.p.

²¹⁸ Handley, *Sleep in Early Modern England*, 88–89. See also Smail, *Deep History and the Brain*, 172.

²¹⁹ Hey, 'Brief Account', n.p.

²²⁰ Hey, 'Brief Account', n.p.; Gray, *Account*, 89, 91–92, 94.

industry, even once its function as preparation for healthy adulthood was no longer necessary.

Conclusion

The recent focus among historians of medicine on the meanings and processes of recovery has rebalanced the field's previous focus on disability and death as the major outcomes of ill-health in the early modern period.²²¹ While this chapter demonstrates that even in the nineteenth century death was an important outcome of illness, it explores further this newly optimistic focus on sufferers' abilities and continued engagement with the routines of their previous, healthy life. Being confined to the sickbed did not represent the end of a child's personhood, and the social interactions that accompanied it. Although serious illness limited the scope for children to pursue relationships with family members and the wider community that they had enjoyed while in health, they were not treated as a 'proto-corpse', even once their survival was despaired of.²²² While any hope of recovery remained, this assumption underlay both medical care and the everyday activities that accompanied it, including the nature of their interpersonal relationships and the type and purpose of activities that the children engaged in. Even once it was accepted that the child was dying, they continued to be treated as an important member of the household, whose physical and psychological needs were valued. Children also retained agency in these matters: they not only seized opportunities to deepen social ties with members of the household; they also found strategies that enabled absent family and friends to remain present in their daily lives. Despite Strange's assertion that 'the tangible separation of the terminally sick... invest[ed] the dying with a definite identity and apparently locat[ed] the dying process as something removed from everyday life', it was not the spatial segregation that caused this shift; it was the physical necessities of providing care and supporting the failing body that set the dying apart.²²³ The deathbed only became a deathbed when the dying person died; before this, it remained a sickbed containing a person, whose social and intellectual needs might be difficult to meet in the confined space of the bedchamber, but for whom the attempt continued to be made.

Dying children often experienced broken sleep, which had a range of implications beyond the spiritual ones identified by Handley, which include divine punishment for

²²¹ See for example Newton, *Misery to Mirth*; Newton, "She sleeps well and eats an egg", 104-32; Newton, "Out of Bed, But Not Yet Abroad", 1-20; Astbury, 'Being Well, Looking Ill', 500-19.

²²² Strange, 'Historical Approaches to Dying', 137.

²²³ Strange, 'Historical Approaches to Dying', 136.

the sins of the daytime and becoming prey to temptation, particularly around lustful thoughts.²²⁴ While illness could itself be seen as divine punishment, sleep loss during illness was attributable to the symptoms of illness, which may have reduced the sense of spiritual reproach associated with poor slumber. The temptations to which the sick were subject may also have been more likely to be despair at their suffering and prognosis. Prayer and hymns recited by the wakeful sick may not have been to fix the mind on purer ideals or implore divine aid, but also to distract from pain and fear and to reassure the sufferer of their continued importance within the family. In this way, nocturnal devotions may have played a role similar to lullabies in soothing and reassuring the wakeful child, extending Handley's observations about the possible meditative effects of bedtime prayer.²²⁵

However, these children also occupied their beds during the daytime, which limited the possibilities for the activities they were able to undertake. While children's educational and recreational pastimes have been examined by many scholars, the embodied implications of these have been less closely attended to. While most children were strong enough to hold books, had the manual dexterity (once they were old enough) to turn pages, had good enough eyesight to follow lines of text, and so forth, the physical meanings of activities like reading and writing, embroidering, playing with cards, or sporting activities, has received less attention. This chapter's focus on the limitations imposed by the physical and intellectual deterioration that led to children becoming bedridden beg questions around the physicality of children's activities during health, whether these were educational, recreational, or involved some form of labour.

This chapter is the final one which deals with sleep as a lived activity. The final chapter examines why this vital physiological process lent itself so successfully to commemorating deceased loved-ones, by exploring a new tradition of funerary monuments that emerged over the eighteenth century which memorialised the dead as slumbering.

²²⁴ On the spiritual meanings of sleep, see Handley, *Sleep in Early Modern England*, 69-107; Handley, 'From the Sacral to the Moral', 27-46; Handley, 'Sleep-Piety and Healthy Sleep', 185-209.

²²⁵ Handley, *Sleep in Early Modern England*, 88-90.

Chapter Eight: Sleep and Mourning in the Long Eighteenth Century

Thirty-six verses of the Old Testament announce the death of a king with the phrase '[name] slept with his fathers', often adding the location of the burial site.¹ It continues the metaphor to announce the promise – or threat – of resurrection: 'many of them that sleep in the dust of the earth shall awake, some to everlasting life, and some to shame and everlasting contempt'.² The Abrahamic religions were not alone in linking sleep and death; as Sasha Handley observes, the Greek gods of sleep and death were brothers, while Judith W. Hurtig traces both ancient Greek and Roman links between the two states.³ Handley also notes the danger that sudden death during sleep posed, and the importance early modern sleepers placed on preparing spiritually for death every night before going to bed as insurance against this possibility.⁴ Both as a dominant cultural metaphor and a practical concern, sleep and death were intimately linked in eighteenth-century thought. However, despite the depth of the connection between sleep and death, the importance of sleep in the culture surrounding death and mourning has been insufficiently appreciated by historians of sleep.

This chapter examines the ways sleep winds through literary and sculptural depictions of dead children. It explains why the link between sleep and death was so powerful and enduring, both in didactic texts for children and in memorials erected by parents mourning their deceased offspring. Death and sleep can share important physical characteristics, which underlie the metaphorical connection between the two states. These similarities played an important role in comforting the bereaved, by providing a familiar and theologically sound framework in which to place the loss of a family member, particularly when this loss happened at an unusually early age. The chapter begins with a discussion of published deathbed narratives of children, drawing on the collection studied by Hannah Newton in her works on child illness in the latter part of the long seventeenth century and supplemented by examples from the late eighteenth and early nineteenth centuries, after Newton's project ends.⁵ This section illuminates the historical link between sleep and death in British thought, which remained fairly stable through the long eighteenth century. The chapter then examines memorial

¹ *King James Bible*, accessed 11 May 2022, <https://www.gutenberg.org/files/10900/10900-h/10900-h.htm>.

² Daniel, 12:2.

³ Handley, *Sleep in Early Modern England*, 81; Judith W. Hurtig, 'Seventeenth-Century Shroud Tombs: Classical Revival and Anglican Context', *The Art Bulletin* 64, no. 2 (June 1982): 221–22.

⁴ Handley, *Sleep in Early Modern England*, 81–83; Handley, 'From the Sacral to the Moral', 38–39.

⁵ Newton, 'Children's Physic'; Newton, 'Very Sore Night and Days'; Newton, 'Rapt Up With Joy'.

sculptures to dead children who were depicted sleeping. Some of these sculptures have attracted a fair amount of art historical study, but are under-explored as depictions of child sleep.

The link between sleep and death

Sleep and death have a powerful metaphorical link in western cultures because the sleeper and the corpse share superficial similarities, which begin before life is completely lost. As Jenny Nyberg observes, 'metaphor redescribes reality' by recasting the 'abstract, emotional and unknown' into a more familiar context, which makes it easier to understand.⁶ For metaphors to work, there must be a resemblance between the signifier and the signified, which makes the connection between the two comprehensible.⁷ In the case of death, sleep worked well as a metaphor because natural death is often preceded by a period of unconsciousness, there is a superficial visual similarity between sleepers and corpses, and Christian teachings about the resurrection promised that death would end in the soul's revival in a manner comparable to waking in the morning after slumber.⁸

Sudden death during sleep was a concern in many didactic narratives describing ideal deathbeds for child audiences, and was one of the reasons for which people were encouraged to prepare for sleep with prayer. Children were made aware of this possibility. A letter printed in *A Funeral Discourse Occasioned by the Death of Miss Sophia Vowell*, who died 'In the 16th Year of Her Age' in 1790, describes how a relative of Sophia's 'lost an only son, who died very suddenly, being found dead in his bed'.⁹ Sophia went on to meditate on 'whether *we are prepared*, if it should please *GOD* to call us in such a sudden manner'.¹⁰ Religious advice demanded that children should prepare as if they were going to die in the night; Thomas Ken, writing originally for Winchester scholars, advised his readers to 'Consider... how many that have gone to Bed well over Night, have been found dead the next Morning; and therefore it highly

⁶ Jenny Nyberg, 'A Peaceful Sleep and Heavenly Celebration for the Pure and Innocent: The Sensory Experience of Death during the Long Eighteenth Century', in *Making Sense of Things: Archaeologies of Sensory Perception*, ed. Frederik Fahlander and Anna Kjellström (Stockholm: University of Stockholm, 2010), 16.

⁷ See also Roland Barthes, 'The Discourse of History', in *The Postmodern History Reader*, ed. Keith Jenkins (London: Routledge, 1997), 120-23.

⁸ See also Thomas W. Laqueur, 'Bodies, Details, and the Humanitarian Narrative', in *The New Cultural History*, ed. Lynne Hunt (Berkeley: University of California Press, 1989), 189-90; Handley, *Sleep in Early Modern England*, 81-86; Handley, 'From the Sacral to the Moral', 37-39.

⁹ William Bennet, *A Funeral Discourse Occasioned by the Death of Miss Sophia Vowell, Who Departed This Life, Dec 7th, 1790, In the 16th Year of Her Age*. (London: No publisher, 1791), 44.

¹⁰ Bennet, *Funeral Discourse*, 44. Emphasis original.

concerns you to take Care to make your Peace with God before you go to sleep'.¹¹ Handley traces a similar concern in advice for adult sleepers: 'Christians routinely prepared for sleep as if they were approaching the grave', ensuring that they went to bed with as much spiritual purity as they could muster, because this might be the last opportunity a sinful sleeper had to demonstrate their piety.¹² Dying by day allowed the deceased to be aware of their state and prepare themselves spiritually, but dying by night meant dying while unable to submit to God, so every sleep had to be seen as potentially the last.

Although most deaths followed a more obvious period of illness, allowing time to prepare, sleep and death usually retained this intimate connection during the transition from life to death. In most cases, death is preceded by a period of unconsciousness. Premodern death was dominated by infectious disease, which can slide into fatal illness much more quickly than the degenerative diseases which generally claim modern patients.¹³ The speed of infectious disease can be seen in the case of seventeen-year-old Charles Malkin, who went from health to death within twelve days in November 1825 after contracting what was diagnosed as typhus.¹⁴ By contrast, Lucy Hey died aged thirteen from a slow-spreading pulmonary complaint a year later, but her symptoms dated from January.¹⁵ Both children spent a brief period in a terminal coma before dying: Charles in 'a kind of stupor' during which he was able to respond to some verbal and tactile stimuli but 'never spoke or opened his eyes', until his breathing changed and 'thus calmly did he sink into his last sleep', and Lucy in 'a kind of slumber wh^h terminated in about half an hour in her death... it was only by the long interrupted breathings that we knew she was departing'.¹⁶ Both Charlotte Malkin and Samuel Hey used the phrase 'kind of' to describe the state of consciousness their departing offspring exhibited: neither was true sleep, although Charles's 'stupor' could be read as a denial that he was unconscious.¹⁷ Death was preceded by a period of

¹¹ Kenn, *Manual of Prayers*, 40. Ken's work was first published in 1674 and remained in print in 1781; thirteen-year-old Lucy Hey was still reading his hymns in 1826. See Samuel Hey, 'A Brief Account of my Dear Daughter Lucy Gray Hey, with Some Remarks on her General Character and Conduct', [1826?], Gray Family Papers, GRF 7/4, Explore York Libraries and Archives, n.p.

¹² Handley, *Sleep in Early Modern England*, 81–83.

¹³ Seale, *Constructing Death*, 36; Porter and Porter, *In Sickness and In Health*, 1–6; Porter and Porter, *Patient's Progress*, 5–7.

¹⁴ Charlotte Malkin, 'Memoir by Charlotte Malkin', (1801-1840), ADD MS 83197, British Library.

¹⁵ Hey, 'Brief Account'.

¹⁶ Malkin, 'Memoir', n.p.; Hey, 'Brief Account', n.p.

¹⁷ Malkin, 'Memoir', n.p.; Hey, 'Brief Account', n.p.

abnormal sleep-like unconsciousness, which had similarities with slumber but was recognisably distinct.

Although child deaths from illness were often anticipated, even if only at the very end of life, it could be difficult to notice the exact moment of transition between unconsciousness and death. Elizabeth Egleton, who died aged five in 1705, 'desired to be laid down to sleep... but she did not Sleep, but immediately fetched Two or Three little Sighs, and so she died to us'.¹⁸ Similarly, the face of Margaret Gray, who died in 1826 aged 17, 'had the appearance of that of a person in an easy quiet sleep' for most of her final evening, until 'At a quarter before twelve, her countenance suddenly altered to that of a person who has fainted', shortly before her 'pulse... ceased'.¹⁹ The gradual transition between consciousness, unconsciousness, and death in Margaret's case was dramatic in its narrative drive, but with the paradoxical intention of showing that Margaret's death was a peaceful transition from life. Although both Elizabeth and Margaret were known to be gravely ill, their families were taken by surprise by the suddenness with which they slipped between a state of slumber and a state of death, and it was changes in breathing that marked the difference, as with Charles Malkin and Lucy Hey.

Margaret Gray's almost-missed moment of death reflects the superficial similarity that can exist in the appearance of a sleeper to a recently-deceased corpse. The death of Little Nell in Charles Dickens's *The Old Curiosity Shop* (1841) only permits the old man plausibly (if wilfully) to misinterpret Nell's stillness and quiet as sleep because the sleep-like corpse was an established cultural trope.²⁰ Burial preparations built on this similarity, with corpses dressed in shifts which either resembled or actually had been used as nightgowns in life, laid in coffins lined with mattresses and pillows, arranged in poses which mimicked slumber, and tucked up with sheets as though in bed.²¹ Nyberg also gives examples of Swedish coffins that contained hops or valerian, both of which were used as sleep remedies, and argues that as well as covering the smell of decay,

¹⁸ Anon, *Some Part of the Life and Death of Mrs Elizabeth Egleton, Who Died the Thirteenth Day of July, about Four of the Clock in the Afternoon, in the Year of Our Lord 1705. In the Fifth Year of Her Age* (London: No publisher, 1705), 24.

¹⁹ Gray, *Account*, 99.

²⁰ Charles Dickens, *The Old Curiosity Shop* (London: Everyman, 1995), 549–54.

²¹ Nyberg, 'Peaceful Sleep', 20–21, 28, 30; Natasha Mihailovic, 'The Dead in English Urban Society, C1689-1840' (PhD Thesis, University of Exeter, 2011), 36; R.C. Janaway, 'The Textiles', in *The Spitalfields Project: Vol 1: The Archaeology: Across the Styx*, ed. J.C.Z. Reeve and Max Adams, vol. CBA Report 85 (York: Council for British Archaeology, 1993), 95, 100–103.

these may have been used to help the dead rest well.²² These arrangements played a number of roles, including absorbing liquids produced by decomposition and cushioning the body to prevent it tumbling about in the coffin and making disturbing noises en route to the grave.²³ However, the superficially sleep-like appearance of corpses may also have comforted mourners, who could provide a final act of attention to the deceased's comfort, and be reminded of their loved ones as they had been in life.²⁴ This permitted mourners to imagine death as merely the extension of the deceased's final slumber, rather than an abrupt and absolute termination of their loved one's existence and the relationship that accompanied it, just as Pat Jalland suggests that the "smile" caused by rigor mortis was appreciated by some families both as a sign of salvation, and as a final glimpse of their loved-one 'free from the suffering of disease'.²⁵

Sleep and death also had a euphemistic connection, probably born from this physical similarity. In the 1720 edition of James Janeway's *A Token for Children* was first published in two parts in 1672-73, Cartaret Rede 'fell asleep the 7th *December* [year illegible but after 1700]. Aged Six Years, Eleven Months and Three Days', and another child, H.B., 'fell asleep in the 14th Year of her age'.²⁶ Death was also framed as the reward which permitted those 'which dye in the Lord... [to] rest from their Labours'.²⁷ Janeway expanded the euphemism to 'slept in Jesus' (or variations thereon), a term also used in the published deathbed narratives of Sarah Howley (died aged 'eight or nine' in 1670, published 1704) and Elizabeth Radden (died 'in the 16th year of her age', in 1789), while M.H., again in Janeway, 'went Chearfully and triumphantly to rest in the Bosom of Jesus' aged 'near Twelve'.²⁸ Here, death-as-sleep was made less distressing by the assurance that the 'sleeping' child was cared for by God or Jesus, as both surrogate carer and Saviour. The euphemistic use of sleep for death dated from at least the mid-seventeenth century, because both Ralph Josselin's daughter Mary and his son Ralph 'fell asleepe': 'Mary fell asleepe in the Lord', and 'Ralph before midnight fell asleepe

²² Nyberg, 'Peaceful Sleep', 25–27.

²³ Janaway, 'Textiles', 95, 102; Mihailovic, 'The Dead in English Urban Society', 34–35; Nyberg, 'Peaceful Sleep', 28.

²⁴ Nyberg, 'Peaceful Sleep', 26, 28, 30; Mihailovic, 'The Dead in English Urban Society', 36.

²⁵ Jalland, *Death in the Victorian Family*, 37.

²⁶ Janeway, *Token for Youth*, 117, 143.

²⁷ Janeway, *Token for Youth*, 139.

²⁸ Janeway, *Token for Youth*, 53, 128, 135, 97; Anon, *An Account of the Admirable Conversion of One Sarah Howley, a Child of Eight or Nine Years Old, Her Wonderful Ejaculations and Sayings* (Edinburgh: John Reid, 1704), 12, 2; T Bingham, *An Example for Children of Sunday Schools; In a Brief Account of the Life and Death Elizabeth Radden, of Whitchurch, Hants* (London: J Davidson, nd), 19, 18.

whose body Jesus shall awaken', while a few years earlier, 'my deare babe Ralph, quietly fell a sleepe, and is at rest with the lord', while in 1826, Charles Malkin's mother still described his death as 'his final sleep'.²⁹ Framing death as sleep was thus a powerful tradition in English mortuary culture, despite the changes in the religious and secular culture in which grieving took place over this two hundred-year period. Just as arranging the corpse as though it slept in the coffin was comforting, describing children as merely asleep rather than dead softened the divide between the lost deceased and the remaining survivors and reframed it as a more familiar part of daily life.

Although softening death into sleep could be seen as a form of denial, and therefore resistance to God's will, it was a theologically sound metaphor with long roots in Christian teaching. Kings and Chronicles are littered with the metaphor.³⁰ Job, bemoaning having survived to adulthood, complained that had he died sooner 'I should have slept: then had I been at rest', and imagined that in death 'the weary be at rest'.³¹ Again, the quiescence of the dead permits this equivalence. However, Christian teachings around the resurrection also made the parallel between sleep and death a literal one, because it held the promise that 'many of them that sleep in the dust of the earth shall awake'.³² Eternal life for believers was predicated on the idea that death was temporary slumber from which the elect would return, rising as though it were morning after a normal night of rest, albeit a much longer one in a very unusual bed. Far from denying death, framing it as sleep could act as an affirmation of faith.

Both the dying and their loved-ones longed for reunion in heaven, and the image of the child sleeping until the resurrection was simultaneously profoundly comforting and theologically sound.³³ It acted as an important source of emotional and spiritual comfort for bereaved parents and dying children throughout the long eighteenth

²⁹ Ralph Josselin, *The Diary of Ralph Josselin, 1616-1683*, ed. Alan Macfarlane (Oxford: British Academy; Oxford Scholarly Editions Online, 2015), 113, 203, 205, <https://www-oxfordscholarlyeditions-com.libproxy.york.ac.uk/view/10.1093/actrade/9780197261033.book.1/actrade-9780197261033-miscMatter-5>; Fletcher, *Growing Up in England*, 83; Malkin, 'Memoir', n.p.

³⁰ See for example 1 Kings 2:10, 11:21, 11:43; 2 Chronicles, 9:31.

³¹ Job, 3:13, 3:17.

³² Daniel, 12:2.

³³ Jalland, *Death in the Victorian Family*, 123; Houlbrooke, 'Introduction', 14-15; Houlbrooke, 'Death in Childhood', 44.

century.³⁴ Children understood this promise, as Janeway's description of the death of 'N.S.... a Child of about Six Years and half Old' makes clear:

being very ill, so that he could not sleep; his Father saying, What canst thou not sleep? He reply'd no... but said he, I [shall?] sleep a long sleep! How long said his Father? Till Christ comes, said he, to awake you and me, and all the world... At the Resurrection, then shall Christ awake every one.³⁵

N.S. was familiar with the promise of salvation, and was able to recast his dying in familiar and comprehensible language despite his youth. Janeway also included 'An Evening Hymn of Praise' that compared the sleep cycle with the salvation cycle: 'As every Night lays down our Heads / And Morning ope's our Eyes, / So shall the Dust become our Bed, / And so we hope to rise'.³⁶ The longing expressed in using the image of sleep to stand in for the reality of death was based on a sound theological foundation, in which the finality of earthly death was only the preparation for a long period of slumber before Judgement Day and the awakening of the elect.

The link between sleep and death seems to have remained stable throughout the long eighteenth century, and was important in helping mourners come to terms with bereavement. The earliest published text quoted here, Janeway's *Token for Children*, first appeared in 1672-73, and was still in print in 1799; it consistently used sleep as a metaphor for death from its earliest edition until its final eighteenth-century printing.³⁷ Margaret Gray's sleep-like appearance in 1826 demonstrates the continuity of this imagery in British culture.³⁸ Even today, 'putting an animal to sleep' is used to denote euthanising pets. Sleep and death have had an enduring association throughout western history, reflecting established religious traditions and serving to make the

³⁴ See for example Newton, *Sick Child*, 152-54, 213-18; Newton, 'Rapt Up With Joy', 97-100; Jalland, *Death in the Victorian Family*, 12, 123-24, 135, 139.

³⁵ Janeway, *Token for Youth*, (1720), 83-84.

³⁶ Janeway, *Token for Youth*, (1720), 144.

³⁷ N.H. Keeble, 'Janeway, James (1636-1674), Nonconformist Minister', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-14651>; James Janeway, *A Token for Children. Being An Exact Account [of?] The [Conversion?], Holy and Exemplary Lives, and Joyful Deaths of Several Young Children* (Leeds: [publisher illegible], [1799]).

³⁸ Gray, *Account*, 99.

enormity of permanent loss comprehensible, familiar, and as comforting as possible. As Hurtig puts it,

Sleep, being an important but ordinary part of life, is not frightening; similarly, death is inevitable, but not something to be feared. Just as the senses are dulled at sleep, so death is a dulling of sensation, and just as one awakens from sleep, so too one “wakens” to eternal life after the sleep of death. [The] emphasis [is] on the similarities between life and death and their continuity[.]³⁹

It was this reassuring sense of continuity that made the sleep/death metaphor so powerful and reassuring in English mortuary culture.

Sleeping children as funerary memorials

The connection between sleep and death is most effectively explored in eighteenth-century memorials that depict dead children as sleeping. Such sculptures played both with the physical similarities between the sleeper and the corpse, and with the theological and metaphorical links between the two states that permeated early modern culture. This section will focus on the three children shown on the Haddon tomb, Heworth (1721), Thomas Banks’s monument to Penelope Boothby (1793), and Francis Chantrey’s depiction of the Richardson children (1815-17) which followed Banks’s sculpture.⁴⁰

³⁹ Hurtig, ‘Seventeenth-Century Shroud Tombs’, 224.

⁴⁰ On the Haddon memorial, see Handley, *Sleep in Early Modern England*, 2016, 85. On the Boothby memorial, see Rosemary Mitchell, ‘Boothby, Penelope (1785-1791), Artist’s Model and Subject of Poetry’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2011), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-55391?rskey=RMtLHr&result=2>; Julius Bryant, ‘Banks Thomas (1735-1805), Sculptor’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2009), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-1302?rskey=w32EOo&result=2>; Julius Bryant, *Thomas Banks, 1736-1805: Britain’s First Modern Sculptor* (London/Marlborough: Sir John Soane’s Museum, 2005), 18, 51–53; Rugg, ‘Reason to Regulation’, 210–11; James Stevens Curl, ‘Kneeling Bishops: Variations on a Sculptural Theme by Francis Leggat Chantrey (1781-1841)’, *Antiquaries Journal* 97 (September 2017): 264; Timothy Stevens, ‘Chantrey, Sir Francis Leggatt (1781-1841), Sculptor’, in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2008), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-5113?rskey=zV7Kjj&result=2>. On the Richardson memorial, see Stevens; Curl, ‘Kneeling Bishops’, 263–66; Bryant, *Thomas Banks*, 18, 53.

Such elaborate monuments were, at least in part, a performance of wealth and taste as well as of love, because they required funds both for materials and space, and for skilled sculptors. Moreover, Nigel Llewellyn cautions against conflating ‘emotion *felt* and emotion *displayed*’ by funerary monuments, both because the bereaved usually hired tomb-makers rather than creating monuments themselves, and because ‘public displays of emotion were highly ritualised and subject to social law’.⁴¹ Llewellyn works on the post-Reformation period, and his observations about acceptable emotion in society do not entirely fit with late eighteenth-century expectations of sensibility. As Kate Retford argues, artists needed to demonstrate their sensitivity to emotion to attract patrons who wanted their commissions to reflect their own sensibility.⁴² There was therefore a keen need for late eighteenth-century artists not only to understand their patrons’ emotional anguish at bereavement, but also for them to convey this sentiment successfully. While this form of emotional display may have been no more sincere on the part of either artist or patron than in earlier customs, it does at least indicate the possibility that reading grief or the desire for comfort into late eighteenth-century monuments may have been a more pressing concern for eighteenth-century viewers than for Llewellyn’s sixteenth- and seventeenth-century mourners and masons. This is particularly true of the Haddon monument, which was erected by the children’s father, Joseph Haddon, a local mason.⁴³ Haddon’s profession meant that the monument may reflect his own religious and emotional state more accurately than tombs that were commissioned from a stranger. Moreover, part of the interest of these three tombs is that they were highly unusual; while monuments to individual children began to be erected over the seventeenth century, they were far from common, and it seems that the depiction of dead children as sleeping became fashionable in a response to the Boothby monument.⁴⁴ The tombs discussed in this chapter, particularly those to Penelope Boothby and the Haddon children, memorialised their subjects in new ways, which means that they can be taken as unique emotional and artistic responses to the problem of commemoration, and perhaps can be read more straightforwardly as evidence of emotion than monuments which employ more standard mourning tropes.⁴⁵

⁴¹ Nigel Llewellyn, *Funeral Monuments in Post-Reformation England* (Cambridge: Cambridge University Press, 2000), 50.

⁴² Retford, *Art of Domestic Life*, 98–100, 121.

⁴³ Handley, *Sleep in Early Modern England*, 85.

⁴⁴ Llewellyn, *Funeral Monuments*, 358–62; Nicholas Penny, *Church Monuments in Romantic England* (New Haven: Yale University Press, 1977), 116–19; Curl, ‘Kneeling Bishops’, 264; Stevens, ‘Chantrey, Sir Francis Leggatt’.

⁴⁵ With thanks to Joel Baker for this observation.

Recumbent effigies of the dead have a long history in English sculpture. Hurtig demonstrates that depictions of the dead as sleeping date at least to the Roman period, but English medieval monuments were usually unambiguously dead: stiffly posed on their backs, or on *transi* tombs which juxtaposed the intact and the decayed corpse.⁴⁶ Llewellyn argues that the post-Reformation period monuments used ‘new effigial poses which signify continuing life rather than physical death’, but they remain highly stylised, even when they are nominally depicted as sleeping.⁴⁷ However, Hurtig argues that the seventeenth century saw a shift in emphasis, as the stiff, unnatural poses and unambiguous depictions of death in pre-seventeenth-century monuments softened.⁴⁸ She identifies two types of depiction in which the deceased retains vestiges of life: shroud tombs, on which the face of the deceased is relaxed as though sleeping, though they are dressed for the grave; and monuments to women who died in childbirth, some of whom are depicted in bed or alongside infants in swaddling clothes or cradles.⁴⁹ The seventeenth century thus saw a slight return to a correlation between sleep and death in mortuary sculpture, but in adult memorials this appears to have been limited, tentative, and ambiguous.

The link between sleep and death was more firmly re-established on monuments to deceased children, although this was still a rare form of memorial. The seventeenth century saw a small rise in the number of children who received their own monuments, particularly royal infants, who were also sometimes depicted in cradles.⁵⁰ The first of these was the monument to Princess Sophia at Westminster Abbey in 1607.⁵¹ These appear to have been the earliest unambiguously sleeping effigies to have been created in England, as opposed to Hurtig’s ambiguous shroud tombs and monuments to women who died in childbirth.⁵² Depicting infants in cradles associated them for eternity with the item of furniture which was most intimately associated with early life, but while children also occupied cradles while they were awake, they were even more heavily associated with infant slumber (see chapter one). Depictions of older children asleep from this period are rare, and I am aware of only one example, although its attribution

⁴⁶ Hurtig, ‘Seventeenth-Century Shroud Tombs’, 218–20, 221–22.

⁴⁷ Llewellyn, *Funeral Monuments*, 25, 97.

⁴⁸ Hurtig, ‘Seventeenth-Century Shroud Tombs’, 220.

⁴⁹ Hurtig, ‘Seventeenth-Century Shroud Tombs’, 220; Judith W. Hurtig, ‘Death in Childbirth: Seventeenth-Century English Tombs and Their Place in Contemporary Thought’, *The Art Bulletin* 65, no. 4 (December 1983): 603–15.

⁵⁰ Llewellyn, *Funeral Monuments*, 356–62.

⁵¹ Maximilian Colt, *Monument to Princess Sophia Stuart*, Westminster Abbey, 1607. See Llewellyn, 358, fig. 222a.

⁵² Hurtig, ‘Death in Childbirth’; Hurtig, ‘Seventeenth-Century Shroud Tombs’.

is uncertain because the caption in Llewellyn's monograph is wrong.⁵³ This monument shows two nude children embracing, their heads resting on a pillow with a thin mattress or blanket under their bodies. The monument is very unusual; it is dissimilar both to conventional memorials of deceased adults from the period, and later depictions of sleeping children on monuments, all of whom are usually clothed. Llewellyn argues that English church monuments had minimal influence from Italian Renaissance developments, so these infants are probably not a type of cherub, especially as they are reclining and are the sole focus of the monument as presented.⁵⁴ However, both the cradle tomb of Princess Sophia and this unidentified monument indicate that seventeenth-century memorial practices were beginning to connect sleep and death in visual culture as well as in metaphor, which paved the way for the much more naturalistic depictions of sleeping children that are the focus of the rest of this chapter.⁵⁵

⁵³ Llewellyn, *Funeral Monuments*, 359, fig 222b. Llewellyn cites the monument as that 'to Sir Anthony Everard (d. 1614), erected soon after the death of his wife Anne (1609)' at the Church of St Anthony and St Laurence, Great Waltham, Essex, but as the monument depicts two nude figures who are unambiguously proportioned as children, and an internet search for the monument brings up results that show two fully clothed adults, this attribution is wrong. There is no information from the surrounding text that has allowed me to identify the monument; the rest of the child tombs described do not tally with the image.

⁵⁴ Llewellyn, *Funeral Monuments*, 20–24.

⁵⁵ All photographs of monuments in this chapter were taken by me, with kind permission from the churches where they stand and, in the case of the Haddon Monument, English Heritage.

The Haddon monument, c. 1721



Figure 89 Joseph Haddon, *The Haddon Monument*, St Mary's Church, Heworth, c. 1721

The Haddon tomb (figure 89), in the churchyard at St Mary's Church, Heworth, is the earliest English depiction of sleeping children in a naturalistic way, although it exhibits the least sophisticated style of the three monuments examined here. It is attributed to Joseph Haddon, a stonemason from the Gateshead area who presumably had a practical artisanal background rather than the extensive and cosmopolitan artistic training of Banks and Chantrey, both of whom were members of the Royal Academy.⁵⁶ However, Haddon himself is commemorated on the monument, having died in 1718, so it is unclear whether he completed the monument or merely ordered its construction (figures 90-91). On the left is the eldest son, William, who died aged eleven; the middle

⁵⁶ See Handley, *Sleep in Early Modern England*, 85; Penny, *Church Monuments*, 115, 117; Margaret Whinney, *Sculpture in Britain, 1530-1830*, ed. John Physick (London: Penguin Books, 1988), 322-36, 399-425; M.G. Sullivan, *Sir Francis Chantrey and the Ashmolean Museum* (Oxford: Ashmolean Museum, 2014); Bryant, *Thomas Banks*, 7; Bryant, 'Banks, Thomas'; Curl, 'Kneeling Bishops'.

child is a daughter, whose name and age are illegible; on the right lies George, who was two when he died in 1717.

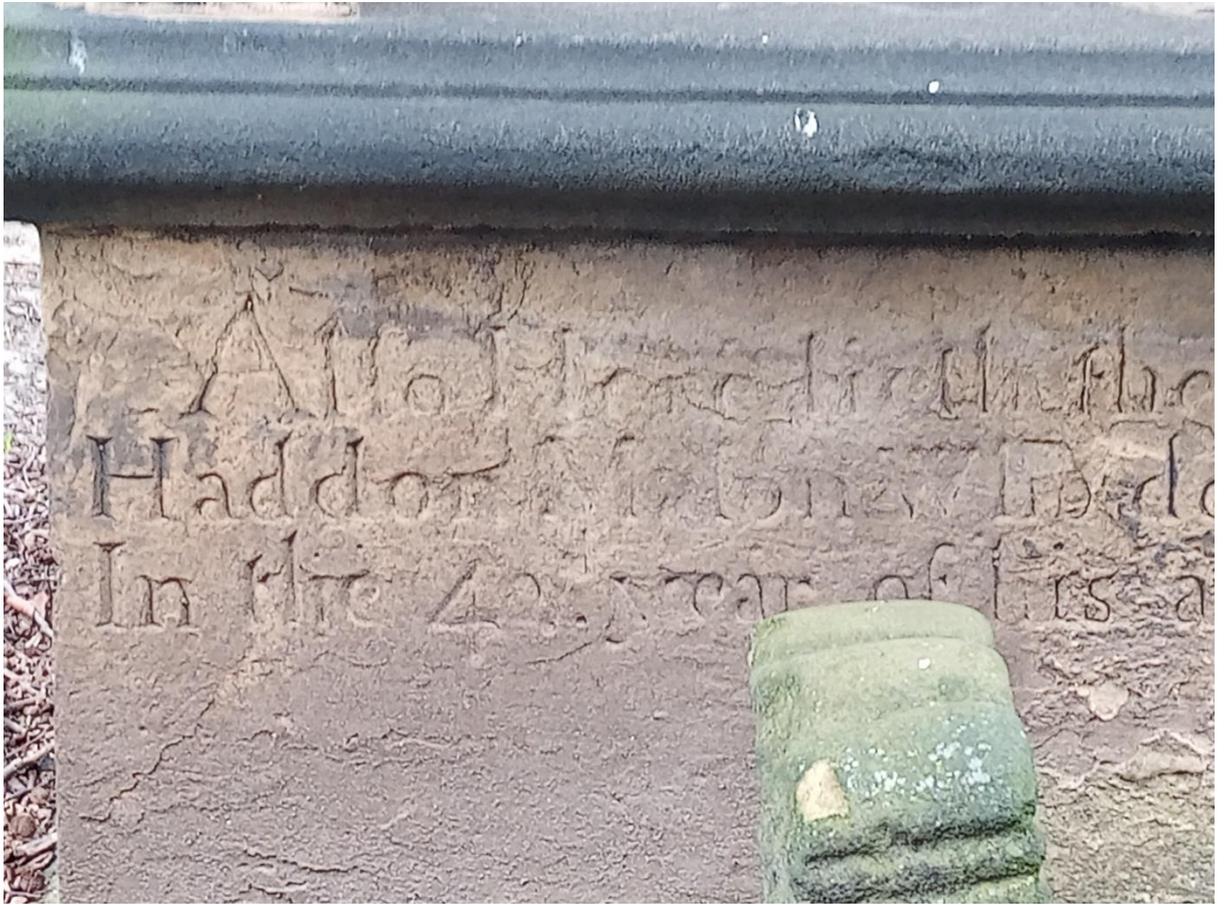


Figure 90 Haddon Monument: left side of inscription on left side of tomb when viewed from the "foot" of the monument

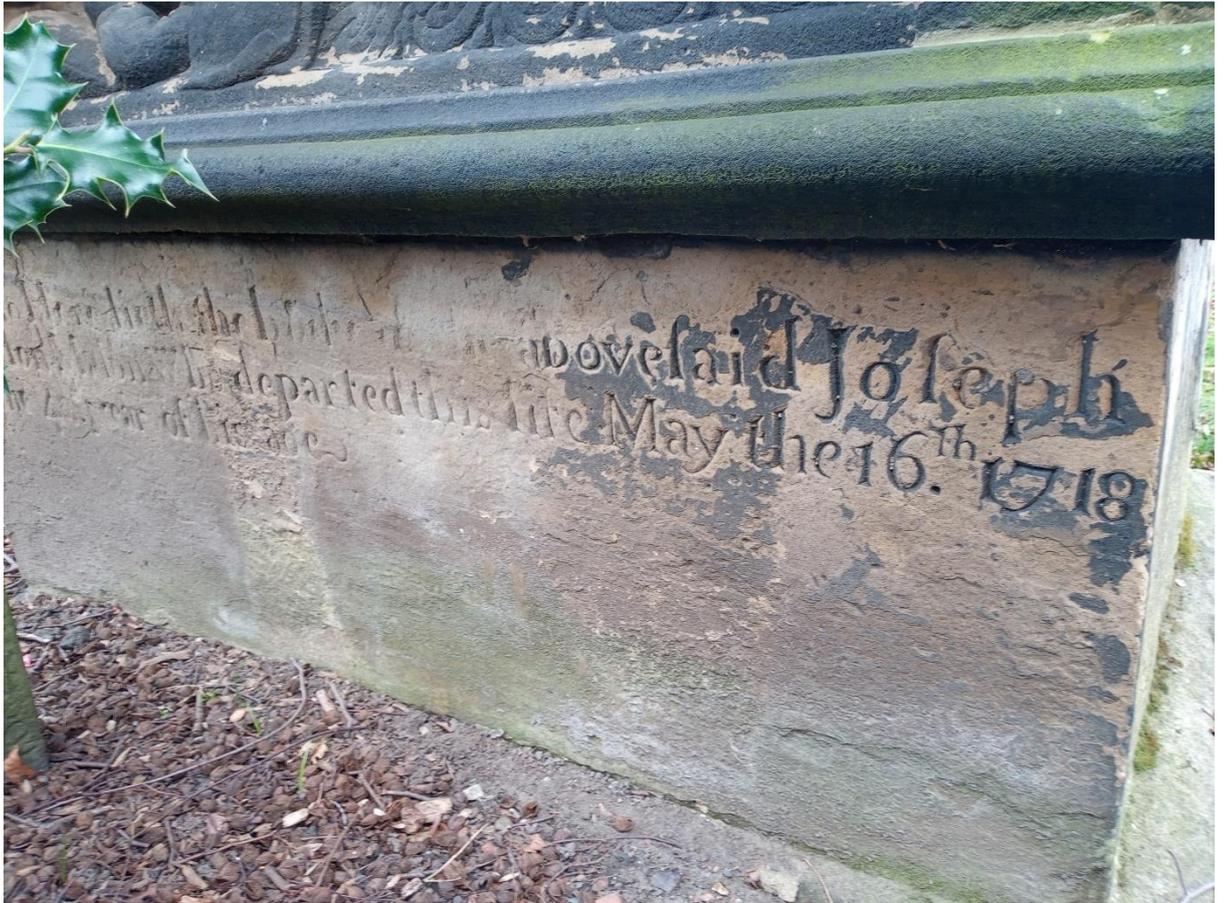


Figure 91 Haddon monument: right side of inscription on left side of tomb when viewed from the "foot" of the monument. The inscription reads 'Also Here lieth the [body of the] abovesaid Joseph Haddon [illegible] [who] departed this life May the 16th 1718 In the 42^d year of his age'

Handley, the only scholar to have examined the monument in print, concentrates her analysis on the material culture of the tomb. She writes that

The children lie side by side in a four-poster bedstead... covered with a decorative whole-cloth quilt, which was an expensive and fashionable textile at the time of the tomb's creation. The eldest son clutches an open book to his chest, which bears the inscription 'LORD Recive [*sic*] Our Souls'.⁵⁷

The tomb is indeed a magnificent work that provides clues to the material culture of children's beds, although Handley's suggestion that children were put to bed in places that were convenient rather than in permanent bedrooms might lead us to question whether the choice of a four-poster was an accurate representation of children's

⁵⁷ Handley, *Sleep in Early Modern England*, 85.

normal bedding outside the wealthiest households.⁵⁸ Moreover, there are no curtains pulled back to show the children; the canopy of the bed protects the monument from the worst of the elements, but no attempt has been made to depict the hangings that most bedsteads of this type would be expected to have, despite the detailed carving on the quilt and children's clothing (figures 89, 92-99). Beds of this type would have been expected to have hangings to regulate the temperature and airflow their occupants experienced during the cold, damp nights, so the tomb cannot be read as a simple depiction of the children's beds.



Figure 92 Haddon Monument: detail of canopy

⁵⁸ Handley, *Sleep in Early Modern England*, 119.



Figure 93 Haddon Monument: detail showing canopy and posts

The presence of two sons and a daughter may also not reflect the norm for early eighteenth-century bed-culture. Bedsharing was normal for children in this period, and I have found nothing to suggest that gender-based segregation was of serious concern (see chapter one).⁵⁹ It is possible that younger children were less segregated in bed by gender, but there is little evidence either way. In this instance, the monument is to all three children, and concerns around decency were clearly insufficient to prevent the children being depicted together in death, even if this was not the norm in life.

The arrangement of the children in the bed helps resolve the tension caused by their mixed-gender arrangement, and also suggests both individuality and liveliness in the children. Only the middle child, the daughter, lies on her back; the other two lie facing outwards, towards the viewer, perhaps to separate them from one another and so permit this mixed-gender arrangement (figures 89, 93, 95-99). This leaves the

⁵⁹ Handley, *Sleep in Early Modern England*, 176. Peter N. Stearns, Perrin Rowland, and Lori Giarnella suggest that from the late nineteenth century, there was increasing emphasis on children sleeping alone, first without children of the opposite gender and then without any other children present. Stearns, Rowland, and Giarnella, 'Children's Sleep', 357-60.

daughter supine, in the pose of a corpse, but also facing towards heaven, while the boys face outwards from the bed. The boys are thus more active than their sister, looking out towards the world, but also protecting her from unwelcome intrusion: anyone who wishes to disturb her will have to wake the boys first. Their outward gaze, juxtaposed with the supine sibling, may also serve as an invitation to the viewer to consider their own mortality: a standard preoccupation of many funerary monuments.

The setting of the Haddon monument is unequivocally, if not uncomplicatedly, a bed, which links it with the depiction of Princess Sophia in her cradle at Westminster Abbey.⁶⁰ Both tombs are a fairly straightforward rendition of sleep, using standard (albeit sumptuous) versions of the standard sleep-furniture for their occupants' respective age groups. The Haddon monument shows the elaborate decoration on the quilt (figures 94-95), and the Princess Sophia monument has decorative details around the blanket, cradle-hood, and the child's face.⁶¹ However, memorials to children on their own were rare throughout the seventeenth and early eighteenth centuries, so there was no standard form for artists to follow.⁶² The Renaissance tradition of cherubs or putti would not have worked in these cases, because the monuments were to real, once-living children, not an abstract representation of childhood. Using sleep furniture as the setting for the monuments was thus iconographically logical, because the cradle in particular was so deeply associated with infancy, but also because older children could be shown resting in a familiar setting. Depicting them in a bed did not pose serious problems about how to arrange their bodies in ways that were appropriate to their age and status, because they could be shown in neutral positions associated with sleep, and could work as well for Haddon's younger children as well as the more developed eleven-year-old. William Haddon is shown with his hand near his head: not quite imitating the reclining pose of many seventeenth-century effigies, but also not completely flat and unformed like his younger siblings. Moreover, with three siblings to depict, reclining postures for both of the outer sons would obscure the daughter in the middle. The bed setting also simplified the process of carving: although details like William's leg and the embroidery on the quilt could be shown quite easily, there was less shaping necessary than in a figure which showed all four limbs and the complex folds of clothing found on adult monuments (figure 94). The tomb of Princess Sophia

⁶⁰ See Llewellyn, *Funeral Monuments*, 358, fig. 222a.

⁶¹ See Llewellyn, 358, fig. 222a.

⁶² Llewellyn, *Funeral Monuments*, 356–62; Hurtig, 'Death in Childbirth'; N.B. Penny, 'English Church Monuments to Women Who Died in Childbed Between 1780 and 1835', *Journal of the Warburg and Courtauld Institutes* 38 (1975): 314–32.

shows similarly simplistic carving: although it is impossible to tell from photographs whether the elaborate pattern around the cradle hood is carved, it is certainly painted, but the cradle permits large swathes of the monument to remain smooth, which may have reduced the cost of the carving a monument for such a very young child.⁶³



Figure 94 Haddon Monument: detail of quilt

The biggest difference between a bed and the Haddon monument is the replacement of the headboard by three tablets inscribed with the children's names, ages, and dates of death (figure 95). These serve as headstones both in shape and function, allowing the whole tomb to work together with an inscription above the tablets explaining the loss of the three children, and then providing additional information about each child separately. The "headstones" are also reminiscent of the tablets Moses was given on the Mount, perhaps indicating the children's obedience to their parents in life. Their presence returns the bed to its commemorative setting, as well as hinting at the children's presumed role within the family.

⁶³ See Llewellyn, *Funeral Monuments*, 358, fig. 222a.



Figure 95 Haddon Monument: detail of "headboard" inscriptions and children's torsos

William, on the left, has the most elaborate costume of the three, and is also the most lifelike (figure 96). He wears a shift or nightgown with a high collar, gathered sleeves, and a complex fastening at the neck, while the other two children wear plainer gowns (figures 96-99). His hair is uncovered, unlike the other two, who are wearing nightcaps (figures 96-98). His legs are shown under the covers, demonstrating that he is taller than his siblings as befits the oldest child to die, and hinting at the pose a child might relax into when sleeping (figure 99). William lies on one arm, holding the book in the other, in a pose that a real child who had dozed off while reading might adopt (figure 99). The words on the book, 'LORD recive [*sic*] our souls' (figure 100) indicate a religious upbringing, and also Joseph Haddon's own plea on behalf of his children, so that the whole family could be reunited in heaven.



Figure 96 Haddon Monument: detail of William Haddon, eldest son



Figure 97 Haddon Monument: detail of George Haddon and his sister



Figure 98 Haddon Monument: detail of the headwear of George Haddon and his sister



Figure 99 Haddon Monument: detail showing height and leg position of the children



Figure 100 Haddon Monument: detail of book held by William Haddon. (Photograph rotated 180° for ease of reading)

The monument is large and dominates the path through the graveyard to the entrance of St Mary's Church. Even assuming that Haddon had to invest less money proportionally in the monument than other patrons, because he could use his own labour and materials, the monument makes significant claims to wealth unexpected in someone of his rank. The bed itself is elaborate, and the textiles William wears, and that Handley identifies in the quilt, indicate a family that wanted to be seen as able to afford luxurious goods.⁶⁴ It also makes claims for the family's piety, mediated through the obedience and learning of the children. Assuming that Haddon was involved in its design and creation until his death, the tomb represents a statement about the family's actual or intended material circumstances in the face of the loss of at least two male heirs. It also indicates the care the family wished to remember giving the children in life, that they would have continued to provide had death not prevented them. In

⁶⁴ Handley, *Sleep in Early Modern England*, 85.

depicting their children snug and warm, the Haddons could imagine them resting, in contrast with the reality of a cold grave and the process of decay.

Handley argues that

Joseph Haddon expressed the depth of his personal grief by depicting his beloved children sleeping peacefully within this safe and comfortable bedstead. He may also have imagined that this serene repose reflected his children's happy fate in the next life as he tried to come to terms with his loss.⁶⁵

However, the monument offers a fairly superficial reading of the link between sleep and death. It is a unique but isolated attempt to create a monument to children, a group who were only just beginning to receive their own memorials.⁶⁶ The choice of design is very informative about Haddon's financial and social circumstances, or at least his pretensions. It can also probably be read as evidence of his family's affection for their children, because of the rarity of monuments to children, the personal connection between the Haddon workshop and the monument, and the innovative depiction of the children in this most intimate of settings, although Llewellyn's caveats about emotion in public monuments still stand because there is no contextual evidence about the family's grief.⁶⁷ It also probably served to comfort the Haddon family, by showing their children at peace and resting in the style which they were no longer able to provide for them. However, while the links between sleep and death in Christian thought and English culture doubtless informed the choice of setting, it is primarily the result of the novelty of the genre rather than a sophisticated meditation on death-as-sleep.

Sleep and death at the end of the long eighteenth century

The other two monuments this chapter examines represent more complex reflections on mortality and slumber, as well as more skilful carving. Both the monument to Penelope Boothby (Thomas Banks, 1793), and to the Richardson children (Francis Chantrey, 1815-17), are much more naturalistic and playful in the way they depict the bodies of their subjects, and both bring out the parallels between sleep and death in complex and evocative ways. Both also proved immensely popular with London and

⁶⁵ Handley, *Sleep in Early Modern England*, 85.

⁶⁶ Llewellyn, *Funeral Monuments*, 356–62.

⁶⁷ Llewellyn, *Funeral Monuments*, 50–52.

provincial audiences.⁶⁸ The earlier of the two monuments, Banks's *Penelope Boothby*, was made around seventy years after the Haddon memorial, so artistic styles had moved on significantly. Moreover, both Banks and Chantrey were Royal Academicians, with excellent artistic training and links to the cosmopolitan London art scene.⁶⁹ The difference in style between the early eighteenth-century Haddon monument and the late eighteenth- and early nineteenth-century Banks and Chantrey monuments can be accounted for by this superior training (although Chantrey did not bother to complete his apprenticeship before leaving to work in London), and by the later artists' exposure to classical sculpture and art theory.⁷⁰ The Boothby monument was the inspiration not only for the Robinson monument, but also for a trend in which dead women and children were depicted as sleeping in the early nineteenth century.⁷¹ It is thus an important monument in its own right, and as the first in a new tradition of commemorative sculpture, something Haddon in provincial Gateshead could not easily have achieved. The Boothby monument is also the most complex vision of death-as-sleep of the three sculptures examined here.

Penelope Boothby (1785-1791) was the beloved only child of Sir Brooke and Susanna Boothby, and her death caused her father great grief.⁷² He is reported to have visited Banks's studio and wept over the sculpture as it was being carved, and after its exhibition at the Royal Academy in 1793, it was 'kept in a locked wooden case' in St Oswald's Church, Ashbourne until fifteen years after his death.⁷³ The emotional power of the monument was such that visitors to the Royal Academy exhibition, including Queen Charlotte and her daughters, are also supposed to have been moved to tears by

⁶⁸ Penny, *Church Monuments*, 115–19; Curl, 'Kneeling Bishops', 266; Bryant, *Thomas Banks*, 16–18, 52–53; Mitchell, 'Boothby, Penelope'; Stevens, 'Chantrey, Sir Francis Leggatt'.

⁶⁹ Bryant, *Thomas Banks*; Bryant, 'Banks, Thomas'; Stevens, 'Chantrey, Sir Francis Leggatt'; Whinney, *Sculpture in Britain*, 322–36, 399–425.

⁷⁰ Sullivan, *Sir Francis Chantrey and the Ashmolean Museum*, 11–12; Stevens, 'Chantrey, Sir Francis Leggatt'; Whinney, *Sculpture in Britain*, 399–400.

⁷¹ Curl, 'Kneeling Bishops', 263–66; Bryant, *Thomas Banks*, 18, 53; Whinney, *Sculpture in Britain*, 402; Stevens, 'Chantrey, Sir Francis Leggatt'. For other examples of eighteenth-century "sleeping" monuments, see Penny, 'English Church Monuments'.

⁷² Brooke Boothby, *Sorrows. Sacred to the Memory of Penelope* (London: Messrs Cadell and Davies, Edwards, and Johnson, 1796); Penny, *Church Monuments*, 115–16; Whinney, *Sculpture in Britain*, 328; Bryant, *Thomas Banks*, 52; Mitchell, 'Boothby, Penelope'; Bryant, *Thomas Banks*; Rebecca Mills, 'Boothby, Sir Brooke, Seventh Baronet (1744-1824), Poet and Writer', in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://www-oxforddnb-com.libproxy.york.ac.uk/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-2898>.

⁷³ Bryant, *Thomas Banks*, 52; Mitchell, 'Boothby, Penelope'; Whinney, *Sculpture in Britain*, 328. On the importance of considering the location, and intended location, in interpreting sculpture, see Malcolm Baker, *Figured in Marble: The Making and Viewing of Eighteenth-Century Sculpture* (London: V&A Publications, 2000), 9, 50, 60.

it.⁷⁴ After Penelope's death her parents separated, and both left Ashbourne; Sir Brooke travelled for the rest of his life, while Lady Susanna's reaction is unrecorded.⁷⁵ The monument therefore occupies a strange place in their grieving practice: after a very public exhibition of both sculpture and, by extension, private grief, it was locked away from public view until long after the deaths of both parents. Far from being used as a private shrine at which to mourn, neither parent was present in Ashbourne to visit it. This does not mean that it was not commissioned with the intention of being a comforting image of a beloved daughter, and the way Penelope is depicted in the effigy must be taken on its own terms as a novel way of commemorating a young child which resulted from the collaboration of Boothby as patron and Banks as artist.

Sir Brooke was an unusually vociferous mourner, instigating a flurry of artistic and literary commemorations of Penelope.⁷⁶ He published a volume of poetry titled *Sorrows, Sacred to the Memory of Penelope*.⁷⁷ This began with twenty-four sonnets expressing his grief and also contained two elegies, as well as 'Miscellaneous Poems' to make it long enough to publish.⁷⁸ It contained, among other things, a frontispiece by Henry Fuseli, depicting 'the Apotheosis of Penelope Boothby', as well as prints of the Banks monument and an earlier portrait by Sir Joshua Reynolds.⁷⁹ While acknowledging his failings as a poet, Sir Brooke emulated the section of Petrarch's *Canzoniere* which mourned the death of Laura, the narrator's lover, fragments of which he also had inscribed on Penelope's tomb (figure 101).⁸⁰ Sir Brooke's exaggerated public mourning exceeded what was normal under the cult of sentimentalism, which encouraged strong expressions of emotion.⁸¹ The monument founded a genre of

⁷⁴ Katharine A. Esdaile, *English Church Monuments, 1510 to 1840* (London: BT Batsford, 1946), 125; Penny, *Church Monuments*, 115; Whinney, *Sculpture in Britain*, 328; Bryant, *Thomas Banks*, 53; Mitchell, 'Boothby, Penelope'; Bryant, 'Banks, Thomas'.

⁷⁵ Mills, 'Boothby, Sir Brooke'.

⁷⁶ See also Rugg, 'Reason to Regulation', 210.

⁷⁷ Boothby, *Sorrows*.

⁷⁸ Boothby, *Sorrows*.

⁷⁹ Boothby, *Sorrows*, frontispiece and n.p.

⁸⁰ On Petrarch, see Stephen Minta, *Petrarch and Petrarchism: The English and French Traditions* (Manchester: Manchester University Press, 1980). The Petrarch quotations are: 'lei che'l ciel ne mostra terra n'asconde' ('then I see her whom heaven shows, earth hides', from *Canzone* 292), and 'le cresse chiome d'or puro e lucent / e'l lampeggiar dell angelico riso / che solean far in terra un paradiso / poca polvere son che nulla sente' ('the crisp hair of shining gold / and the brightness of the angelic smile, / which used to make a paradise on earth, / are now a little dust, that feels nothing' from *Canzone* 279). Petrarch, *The Canzoniere*, trans. A.S. Kline, accessed 22 May 2022AD, <https://www.petrarch.petersadlon.com/canzoniere.html?poem=279> and <https://www.petrarch.petersadlon.com/canzoniere.html?poem=292>.

⁸¹ Matthew Craske, *The Silent Rhetoric of the Body: A History of Monumental Sculpture and Commemorative Art in England, 1720-1770* (New Haven: Yale University Press, 2007), 313-22.

sleeping-child memorials, and was unlike anything seen before. Its very uniqueness, alongside the rest of Sir Brooke's commemorative and mourning artistic activities, suggests that it is also unusual in being arguably a more direct expression of emotion than can normally be attributed to commemorative sculpture. However, Nicholas Penny cautions against believing that the emotion that was poured into such sentimental, personal sculptures relieved mourners' feelings.⁸² Penny sees Chantrey's monument to Lady Frederica Stanhope (1827), who died in childbirth and was 'portrayed as sleeping rather than dead', as 'a piece of wish-fulfilment... But [the mourner] is not deceived and such solace could only be partial and bitter'; indeed, her husband killed himself in grief.⁸³ While intense displays of grief were sanctioned by the cult of sensibility, both in personal and commemorative contexts, sentimental monuments were ultimately unable to relieve mourners.⁸⁴

The Boothby monument (figure 101) bears little resemblance to the static sleepers of the Haddon tomb (figure 95), or even the more lifelike Robinson children (figure 102). Although the style and level of skill used in making the Haddon and Robinson tombs are very different, their subjects are unequivocally fast asleep, and unlikely to awaken soon. By contrast, while Penelope Boothby is clearly asleep, this is a more temporary nap, not profound slumber. This means that the effigy contains louder echoes of Penelope as a living, moving, speaking child.⁸⁵



Figure 101 Thomas Banks, *Monument to Penelope Boothby*, St Oswald's Church, Ashbourne, 1793

⁸² Penny, 'English Church Monuments', 318.

⁸³ Penny, 'English Church Monuments', 318.

⁸⁴ On 'Male Bereavement', see Craske, *Silent Rhetoric of the Body*, 313–19.

⁸⁵ Curl, 'Kneeling Bishops', 264; Mitchell, 'Boothby, Penelope'; Steward, *New Child*, 92.



Figure 102 Sir Francis Chantrey, Monument to the Robinson Children, Lichfield cathedral, Lichfield, 1815-17

Penelope is depicted fully clothed, including a sash and a cloth binding her hair, rather than in a bed-gown and nightcap, implying that she is merely resting, and could at any moment rise and join the viewer (figures 101, 103). At the same time, she is clearly asleep: lying on her side on a mattress, head supported by a pillow, the sleeve of her dress slipping off one shoulder, arms curled up towards her face and eyes shut, but with no blanket or coverlet. The only concession to sleep attire is her bare feet. Sir Brooke Boothby was a friend and translator of Rousseau, and the monument includes

two quotations from the end of *Julie, or the New Heloïse*.⁸⁶ Assuming that the Boothbys applied Rousseau's theories on "natural" child-rearing to their own family, Penelope can be seen as following her instinct to sleep when tired, and awaken when ready.⁸⁷ Penelope merely pauses for a nap, and might wake up at any moment, unlike either the Robinsons or the Haddons, who seem more deeply asleep. The Haddons are in nightgowns or shifts (figures 96-98), and while the younger Robinson child has a large bow behind her garment, and a button on her clothing that look likely to indicate that she is also fully dressed, her sister's clothes are very plain and could reasonably be interpreted as a nightgown (figures 108-10). The choice to depict Penelope as asleep but with the hint that she was ready to rise at a moment's notice was not only a reminder of her living existence, but of her father's desire to be reunited with her when those selected by God would awaken together. In doing so, it hinted at the promise of Resurrection, so important in Christian theology: Penelope, like her image, lay dozing in her tomb until God would call her to reawaken.



Figure 103 Monument to Penelope Boothby: detail of back of head and shoulders

⁸⁶ Mitchell, 'Boothby, Penelope'; Mills, 'Boothby, Sir Brooke'; Penny, *Church Monuments*, 21, 115.

⁸⁷ See for example Cunningham, *Children and Childhood*, 62-64; Foyster and Marten, 'Introduction', 3-5; Steward, *New Child*, 144-45.

Despite the comforting, theologically sound implications of depicting Penelope sleeping, the monument carries despairing features, and there is no hint of religious imagery except at the top of the plinth, on the back of the monument, where there is a quotation from Job: 'I was not in safety neither had I rest and the trouble came' (figure 104).⁸⁸ The sense of peril this quotation offers contradicts Penelope's peaceful slumber. This is above the inscription identifying Penelope, which lamented that 'the unfortunate parents ventured their all on this frail bark and the wreck was total' (figure 104). The juxtaposition of these sentiments, at the back of the sculpture, suggests despair that would have been difficult to accommodate within Christian reliance on the divine plan. The tomb also has quotations from Petrarch, mourning a lost lover, and Catullus, the latter lamenting that 'All my joys have perished together with thee / With you all my joys have died'.⁸⁹ At her feet, a quotation from Rousseau's *Julie* emphasises this: 'Her tomb does not contain her wholly... it awaits the remainder of its prey... it will not wait for long'.⁹⁰ The cumulative effect of these quotations is to give a sense that grief consumed Penelope's parents (or at least Sir Brooke), and would eventually kill them. Moreover, in the eighty-nine pages of *Sorrows*, there is only one reference to heaven, when Sir Brook imagines that 'On heaven's bright threshold she my soul shall greet'.⁹¹ The religious consolation of Resurrection-as-awakening is entirely absent from both the inscriptions on the monument and Sir Brooke's poems, despite the efforts both Boothby and Banks made to deny the finality of Penelope's mortality.

⁸⁸ Job, 3:26.

⁸⁹ The Catullus quotation is 'Omnia tecum una perierunt gaudia nostra' ('All my joys have perished together with thee / With you all my joys have vanished'), Poem 68 and Poem 68a, Tibullus Catullus, *Catullus. Tibullus, Pervigilium Veneris*, ed. G.P. Goold, trans. F.W. Cornish, J.P. Postgate, and J.W. Mackail (Cambridge, Massachusetts: Harvard University Press, 1913), 141, 145. On Catullus, see Stephen Harrison, 'Catullus and Poetry in English Since 1750', in *Cambridge Companion to Catullus*, ed. Ian du Quesnay and Tony Woodman (Cambridge: Cambridge University Press, 2021), 343–62.

⁹⁰ 'Son cercueil ne la contient pas toute entiere il attend le reste de sa proie – il ne l'attendra pas longtemps'. The other Rousseau quotation on the tomb is 'Beauté c'est donc ici ton dernier azyle!' ('Beauty, there then, is your last refuge!'). Jean-Jacques Rousseau, *La Nouvelle Héloïse: Julie, or the New Eloise*, trans. Judith H. McDowell (University Park: Pennsylvania State University Press, 1968), 409.

⁹¹ Boothby, *Sorrows*, 33.



Figure 104 Monument to Penelope Boothby, inscription on rear of monument

Despite the lack of religious consolation, the monument tries to provide some comfort to the viewer. Katharine A. Esdaile interprets the figure as ‘tossing in fever’, while James Stevens Curl suggests that her knotted sash, which trails over the edge of the mattress, symbolises pain.⁹² By contrast, Julie Rugg sees her as lying ‘in peaceful repose’; a much more persuasive interpretation.⁹³ Penelope appears relaxed rather than uncomfortable, and if she were ill and confined to bed, she would be in nightwear not daywear. Moreover, given the public expression of Sir Brooke’s devastation, he surely wanted to remember her in health rather than wracked with discomfort during her final days, especially given the role the sculpture apparently played in his private mourning.⁹⁴ While Newton emphasises the importance of final memories for parents, the sculpture gave Sir Brooke the chance to manipulate his lasting image of his daughter away from her illness towards a peaceful, comfortable slumber, possibly with the hope of heavenly reunion, despite the despair the monument reveals.⁹⁵ Penelope, paused in the middle of the day, is merely resting and will soon resume playing or

⁹² Esdaile, *English Church Monuments*, 125; Curl, ‘Kneeling Bishops’, 265.

⁹³ Rugg, ‘Reason to Regulation’, 210.

⁹⁴ See Mitchell, ‘Boothby, Penelope’.

⁹⁵ Newton, ‘Rapt Up With Joy’, 89.

learning, recalling her as a living, sleeping child as well as a recumbent, quiescent corpse as she had really last been seen. In producing a sculpture that combined these meanings, Banks created a statue that contemporaries found deeply moving and which had the potential to be profoundly comforting to Penelope's surviving family: emotional responses which relied on the naturalistic depiction of her as sleeping, but not so deeply as to emphasise her demise.⁹⁶

Despite the need for Penelope to appear merely napping, the sculpture remains unambiguously an effigy, and the lifelike aspects of the figure force the viewer to meditate on the absence of life. The structure under the mattress is clearly the plinth of a grave, decorated with classical motifs, rather than a bed-frame (figures 105-107).⁹⁷ Similarly, the marble-white skin speaks both to the purity of her childish innocence and the deathly whiteness of the corpse. Moreover, the effigy was installed in a church, albeit at first in a cupboard rather than on display; the location, so near other full-length recumbent effigies from previous centuries, makes it impossible to deny the child's mortality.⁹⁸



Figure 105 Monument to Penelope Boothby

⁹⁶ Bryant, 'Banks, Thomas'; Rugg, 'Reason to Regulation', 210; Esdaile, *English Church Monuments*, 125.

⁹⁷ Whinney, *Sculpture in Britain*, 328.

⁹⁸ On the statue's placement in the church, see Bryant, *Thomas Banks*, 52.



Figure 106 Monument to Penelope Boothby



Figure 107 Monument to Penelope Boothby

The Richardson memorial, by contrast, was the first in a series of memorials Chantrey made of sleeping women, although the only one of children of which I am aware.⁹⁹ Chantrey's sculpture was presumably displayed in Lichfield Cathedral immediately on its installation in 1817, after its display at the Royal Academy, and was commissioned by the children's recently widowed mother.¹⁰⁰ Like Penelope, the Robinson children combine lifelike and deathlike elements in their slumber, not least from the juxtaposition of their stark white marble figures with the black plaque commemorating their father directly above (figure 102).¹⁰¹



Figure 108 Monument to the Robinson children, detail of younger child's back. (Rotated 90° for ease of reading)

⁹⁹ Stevens, 'Chantrey, Sir Francis Leggatt'.

¹⁰⁰ Stevens; Curl, 'Kneeling Bishops', 263.

¹⁰¹ Penny, *Church Monuments*, 118.



Figure 109 Monument to the Robinson children, detail



Figure 110 Monument to the Robison children

Chantrey's sculpture of the Richardsons has many similarities with the Boothby monument, but its subjects appear more profoundly unconscious and less likely to get up. Ellen Jane and Marianne's ages are not recorded, but from their appearance on the

monument, one appears to be an older adolescent while the other is still a child of perhaps eight to ten years. The girls lie together: the younger on her side, head on her sister's shoulder, cuddling the older girl with her right arm and with her right leg curled over her sister's, while the older girl's arm is round her bed-mate's back (figures 102, 108-10). According to Chantrey's *ODNB* entry, Mrs Richardson 'described how the children used to lie together in sleep', and this was the inspiration for their pose.¹⁰² This intimacy contrasts with the Haddon children, who lie apart in their shared bed, facing away from each other in a more disciplined, less affectionate arrangement. The Haddons' more restrained postures may arise both from their mixed-gender setting and Chantrey's superior skill as a sculptor. However, both the Boothby and Robinson monuments were also created once the cult of childhood was firmly established, and there was more reason for artists to depict children behaving in ways deemed "natural" to children.¹⁰³ Given the Romantic focus on children and demonstrative emotion, the Robinson girls' loving portrayal is unsurprising: the sisters' embrace reflects the familial affection they felt for one another, and by extension the affection within the wider family unity, which endured beyond the grave. The Richardsons' intimacy also perhaps signifies the reunion they are presumed to have already experienced in heaven, and which their widowed mother, grieving for at least three family members, hoped to join.

Both girls are fully dressed and barefoot, like Penelope, and the older girl's sleeve is similarly slipping from her left shoulder, although they are bareheaded. The younger girl holds a bunch of snowdrops (figure 111): cut flowers, which serve as a reminder of mortality and the youth of the child, who like the blooms was cut in the spring of her life. Like Penelope, they lie on a carefully carved mattress (figures 112-13) and rest on a plinth, which again undermines the depiction of sleep to remind the viewer of their true state (figure 102).¹⁰⁴ The Robinsons' mattress is also supported by what looks like a plaited carex mattress: a disposable mat-like mattress used for messy situations like childbirth and laying out corpses.¹⁰⁵ The combination of mortuary imagery in the sculpture itself, and the sisters' entwined posture, means that their sleep seems deeper and less temporary than Penelope's. While Penelope might get up and play at any

¹⁰² Stevens, 'Chantrey, Sir Francis Leggatt'.

¹⁰³ See for example Cunningham, *Children and Childhood*, 58-72; Steward, *New Child*; Plumb, 'New World of Children'; Foyster and Marten, 'Introduction', 1-6; Bailey, 'Family Relationships', 26-27.

¹⁰⁴ Stevens, 'Chantrey, Sir Francis Leggatt'.

¹⁰⁵ Handley, *Sleep in Early Modern England*, 58, 84-85. See also Newton, *Misery to Mirth*, 104-5, and 105 fig. 6; Newton, 'Inside the Sickchamber', 559 and 559 fig. 8.

moment, the Richardson girls are firmly settled on their comfortable bed, and their mother's description of their nightly embrace in the commission process suggests that Chantrey had their nightly rest in mind.¹⁰⁶ The top layer of normal mattress rests on more layers of furniture associated with illness and death than Penelope's, which relies on the plinth alone to hint at her deceased state.



Figure 111 Robinson Monument: detail of flowers

The Robinson girls are better supported than Penelope, both by the rolled-up lower mat, a common feature of sleep-tombs, and by a deep, comfortable-looking tasselled pillow (figures 114-15).¹⁰⁷ The girls sink into this, with the pillow supporting their weight, and the mattress is likewise thick and well-upholstered, as is Penelope Boothby's, albeit on slightly less well-stuffed bedding (figures 114-16). Both of the later

¹⁰⁶ Stevens, 'Chantrey, Sir Francis Leggatt'.

¹⁰⁷ Handley, *Sleep in Early Modern England*, 85, fig 7.

sculptures lack a coverlet, unlike the Haddon children, so carefully tucked in under Handley's fashionable quilt.¹⁰⁸ However, the soft bedding that Banks and Chantrey gave their subjects signifies the comfort and therefore care their well-off families provided during life, and acted as a final indication of the devotion they would have received had death not intervened.



Figure 112 Robinson Monument: detail of mattress

¹⁰⁸ Handley, *Sleep in Early Modern England*, 85.



Figure 113 Robinson Monument: detail of mattress

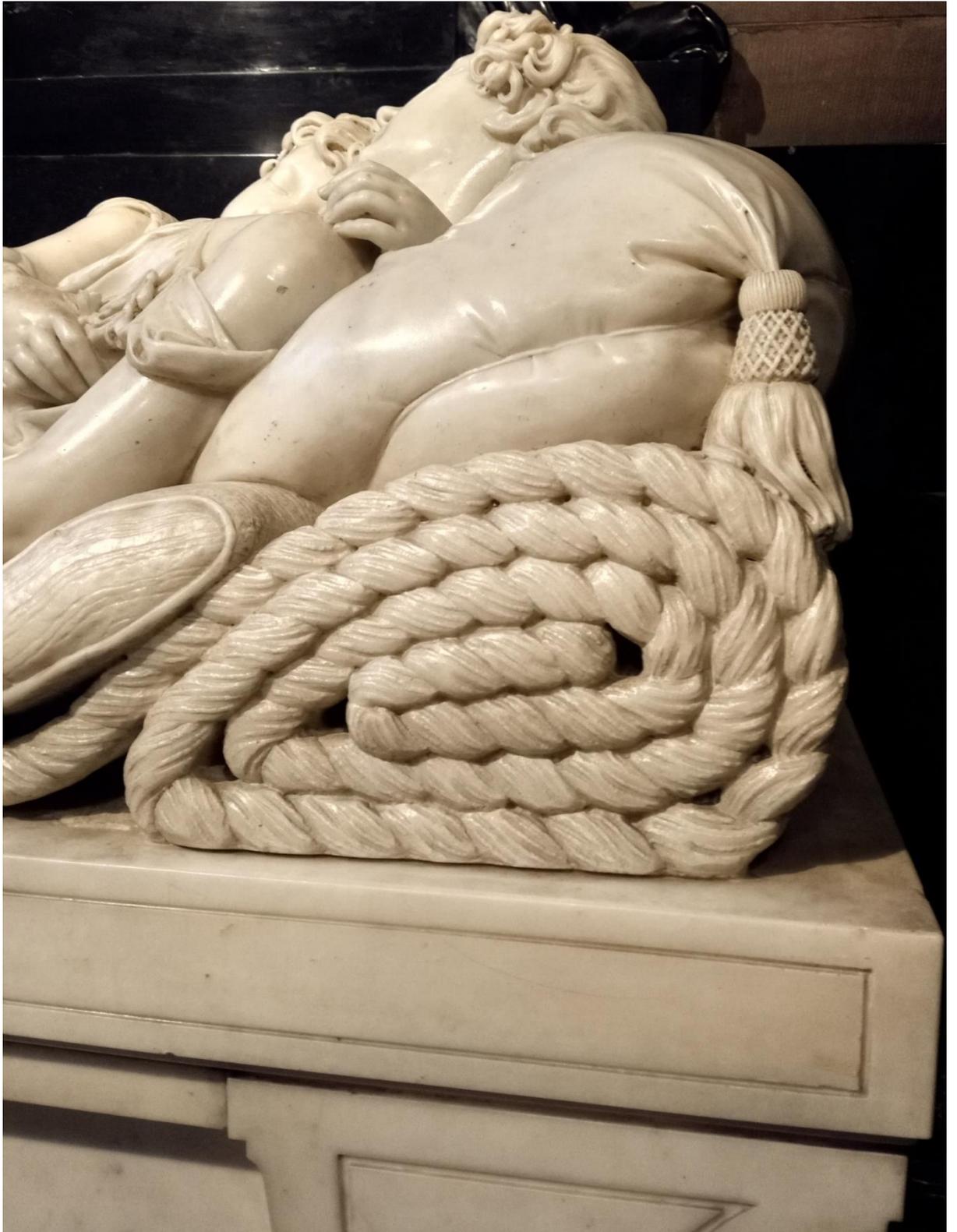


Figure 114 Robinson monument: detail of carex mat and pillow



Figure 115 Robinson Monument: detail of pillow



Figure 116 Boothby Monument: detail of pillow and mattress

The Boothby and Richardson monuments are extremely secular interpretations of the death-as-sleep trope, despite the theological justification for the design. They are very naturalistic, and there are no religious symbols in either. The Boothby monument is neoclassical in the decorations on the plinth, and the Richardson monument is plain (figures 102, 105-107).¹⁰⁹ Sleeping in church was taboo, and clerics were alarmed at congregations nodding off during services.¹¹⁰ While recumbent effigies hinted at sleep, their stiff, stylised postures, either fully clothed or shrouded, were difficult to confuse with true slumber, unlike the relaxed, curled-up child monuments. Children's sleep was never fully "private": as well as the continued prevalence of bedsharing, children were told when and where to sleep by adults, who sometimes checked on them. However, children's sleep was "private" in other ways, in that it was a bodily function that normally took place inside the home and which removed children from interacting with the world around them. Using sleep to commemorate children in church displayed

¹⁰⁹ Whinney, *Sculpture in Britain*, 328.

¹¹⁰ See van Eijnatten, 'Sleep Not While the Trumpet Is Blown in Zion'; Jütte, 'Sleeping in Church'; Handley, 'From the Sacral to the Moral', 36-37.

this intimate moment to visitors, especially in Lichfield Cathedral which had a big potential audience. While the contrast between imagined sleep and real death heightened the pathos of the monument, it was also a development unthinkable before the cult of childhood made the commemoration of children desirable and the cult of sensibility rewarded the expression of strong emotion in public.¹¹¹ The tension between public and private activity and sentiment, and between the prohibition on real sleep in church and the elaborate sleeping-child monuments, is matched by the lack of religious symbolism on the monuments, which ushered in a new genre of child commemoration.

Conclusion

Sleep has been used as a metaphor for death in western culture for thousands of years, but the full importance of this link has not been fully appreciated by scholars of either death nor slumber.¹¹² The emergence of sleeping-child commemorative monuments in eighteenth-century Britain used this tradition in a number of ways which performed emotional and religious labour for surviving parents. First, sleep is something all children do, and this and the resemblance between sleepers and corpses meant that death could be recast into an activity which surviving relatives remembered their children doing while in good health. Hurtig makes a similar point: 'Sleep, being an important but ordinary part of life, is not frightening... death is inevitable, but not something to be feared.'¹¹³ Moreover, the sleep depicted was peaceful, contrasting with disrupted slumber or the sights, sounds, and smells of discomfort that could be the last memories of a living child. Newton argues that parents wanted to preserve 'the thoughts, words and actions of their ill children in unprecedented detail, conscious that these might soon be cherished as last memories'.¹¹⁴ However, many of these would have been deeply painful, so a calm depiction of slumber could displace disturbing images from the real deathbed. Finally, the image was theologically sound, stemming from the long tradition of dead children 'sleep[ing] in Jesus' until the Resurrection. The Resurrection would provide the "awakening" from deathly "slumber", and depicting this in words or on tombs reminded the pious both of the promised reunion with their

¹¹¹ On the cult of childhood, see for example Cunningham, *Children and Childhood*, 58–72; Steward, *New Child*; Plumb, 'New World of Children'; Foyster and Marten, 'Introduction', 1–6; Bailey, 'Family Relationships', 26–27. On the cult of sensibility, see Barker-Benfield, *Culture of Sensibility*.

¹¹² Handley, *Sleep in Early Modern England*, 81–86; Handley, 'From the Sacral to the Moral', 37–39; Hurtig, 'Seventeenth-Century Shroud Tombs', 220–25.

¹¹³ Hurtig, 'Seventeenth-Century Shroud Tombs', 224.

¹¹⁴ Newton, 'Rapt Up With Joy', 89.

lost loved ones, and of their own need to live good lives. The use of sleep on children's monuments was thus a powerful emotional tool for parents who wanted to create for themselves an image of their children as safe, physically and spiritually

Despite this, these monuments' attempted denial of death ultimately fails, not only because of the irreversibility of death but also because the monuments all contain deathly overtones. All are located in graveyards or inside churches alongside other commemorative monuments; the children are completely inert, unbreathing, and, in the later examples, marble-white; and all include symbols of death like the Robinsons' cut flowers, the Haddons' open book and tombstone-like inscriptions, and the later monuments' plinths and Robinsons' carex mattress. The protracted, public mourning of Sir Brooke Boothby, and Penny's observation about Lady Frederica Stanhope's husband, suggest that monuments depicting their subjects as sleeping ultimately failed to provide adequate comfort for many mourners, but they offered an alternative visual narrative to the stark absence of bereavement.¹¹⁵

Such elaborate displays of grief were the product of the cult of childhood's emphasis on children's innocence and the ideal of an enjoyable youth.¹¹⁶ They also need further contextualising in relation to debates around secularisation and as a precursor to nineteenth-century sentimentalisation and fetishization of death and dead children. The rarity of child commemoration before the seventeenth century meant that eighteenth-century sculptors could establish their own tradition of mourning, but this has received comparatively little investigation from either historians or art historians.¹¹⁷ Despite Llewellyn's scepticism about the extent to which private emotion can be read into public commemorations, the early examples of the death-as-sleep trope on children's monuments may offer a more reliable link between display and emotion: both Sir Brooke Boothby and Joseph Haddon were involved in the design and execution of the monuments to their children, and Sir Brooke left a great deal of corroborative evidence about his feelings, however performatively presented.¹¹⁸ Whether this link can still be found in nineteenth-century examples, which turn the death-as-sleep metaphor into a cliché, is debateable. Moreover, as these attempts to deny death, if this is what they intended, were also adopted by sculptors commemorating adults, the difference in significance between adult and child tombs of

¹¹⁵ Penny, 'English Church Monuments', 318.

¹¹⁶ On the cult of childhood, see introduction, fns. 101-107, p. 35.

¹¹⁷ Llewellyn, *Funeral Monuments*, 358-59; Penny, *Church Monuments*, 115.

¹¹⁸ Llewellyn, *Funeral Monuments*, 50.

this type needs further exploration. However, in the context of the cults of childhood and sentimentality, and the novelty of children's commemoration as a sculptural genre, the early examples deserve re-examination as evidence of familial emotion, and equivalent early monuments depicting adults could offer a similar opportunity.

Conclusion

Looking after her young nieces and nephews while her brother and sister-in-law were away, Dorothy Wordsworth claimed that

No one who has not been an Inmate with Children in a *Cottage* can have a notion of the quietness that takes possession of it when they are gone to sleep. The hour before is generally a noisy one, often given up to boisterous efforts to amuse them... then comes the washing and undressing, a work of misery, and in ten minutes after, all is stillness and perfect rest.¹

Sarah Knott characterises the experience of mothering as one of ‘interruption’, while Amanda Vickery documents the frequency with which women were forced to stop writing letters or diaries because they were needed by their children.² As Wordsworth’s letter suggests, sleeping children allowed their carers to think about anything else; in this instance, she used the time to remember her recently deceased brother John.³ Waking children did things that were worth noting, because they caused concern or amusement; sleeping children did not, but they did allow adults around them a break. The routine tasks of preparing for bed and waking up were generally too mundane to record. It is therefore unsurprising that extended, detailed discussions of sleeping children, and the bed-culture that accompanied slumber, were rarely recorded. Because of this, and the imperative to establish initial frameworks that illuminate how premodern people understood and managed slumber, sleep historians have almost entirely overlooked the ways that children’s sleep differed, and was believed to differ, from that of adults, and the implications this had for childcare and the experience of both childhood and nursing. This thesis thus represents the first in-depth study of children’s sleep as an important problem in the histories of sleep, childhood, childcare, and medicine.

¹ Dorothy Wordsworth to Lady Beaumont, Grasmere, 29 November [1805], in de Selincourt, *The Early Letters of William and Dorothy Wordsworth*, [1]:545.

² Knott, *Mother*, 107–16; Vickery, *Gentleman’s Daughter*, 114–15.

³ Dorothy Wordsworth to Lady Beaumont, Grasmere, 29 November [1805], in de Selincourt, *The Early Letters of William and Dorothy Wordsworth*, [1]:545–46.

As Sasha Handley shows, sleep had its own material culture and took up a good deal of waking attention.⁴ Despite the familiarity of bed history, the arrangements made for children and infants have not been studied before. This is important not only in understanding domestic material culture, and the material culture of childhood, but also because children and particularly infants spent large amounts of their time in their sleeping environments, and so understanding how they were set up and used is crucial to understanding how childcare was arranged and the embodied experience of infancy. The cradle functioned as a babysitter in many households, something that the cult of childhood may have altered, although the findings in chapter one suggest that it remained an important article in childrearing into the nineteenth century. Certainly, it was a point of contention in medical advice books, written by men without the pressures of other domestic and caring responsibilities to discharge. Moreover, while not an official milestone in child development, the different stages of childhood slumber marked children's progression from infancy to semi-independence, as the growing body left the shelter of the cradle and withstood the (usually accidental) assaults of bedfellows in bigger beds. While social milestones like breeching and educational or apprenticeship status have traditionally been used to understand premodern "ages and stages", physical milestones like growing big and strong enough to withstand a bed, teething, and sleeping through the night were all of practical importance in arranging childcare and understanding child wellbeing. Finally, while J.H. Plumb suggested that the eighteenth century saw the birth of a 'new world of childhood', characterised by increased spending on objects for children and a desire to perform status and affection through material trappings, the stability in the make-up of beds and cradles, and the public visibility of cradles in particular, meant that they have a much longer history as an article of specialised childrearing furniture which was used to project a family's social claims.⁵ Wealth, respectability, and affection or neglect could also be projected by sleeping arrangements, with costly cradle decoration denoting luxury and care and inadequate bedding suggesting abuse, or abuse making otherwise logical makeshift arrangements appear sinister.

Chapter one also offered a starting-point for investigation of one of the distinctive features of current British slumber: intolerance of bedsharing. This is a very recent development, and adults and children of all social backgrounds routinely shared beds

⁴ Handley, *Sleep in Early Modern England*, particularly 108-80; Handley, 'Sociable Sleeping', 79-104; Handley, 'From the Sacral to the Moral', 27-46; Handley, 'Accounting for Sleep Loss', 1-10.

⁵ Plumb, 'New World of Children', 64-95.

with one another, although there was less acceptance of mixed-gender sharing.⁶ Peter N. Stearns, Perrin Rowland, and Lori Giarnella demonstrate that by the late nineteenth century this shift was well underway, but there has been no research into the timing or process by which it took place.⁷ It is clear from chapter one that this was a nineteenth-century development, and early opponents of the tradition were pious middling-sort families who did not want to have their children sleeping with the children of other families in institutional settings. However, bedsharing among children remained common among lower socioeconomic groups throughout the first quarter of the nineteenth century, and in institutional settings like workhouses much later than this for both children and adults, despite the drive for Victorian paupers to be kept within strict disciplinary and moral boundaries. Further research is needed to establish more firmly the timing and reasons for this shift in practice, but chapter one offers a preliminary discussion of the question.

The thesis also fills a significant gap in our understanding of residential institutions' material culture and nightly routine. Apart from Tom Crook's study of Victorian prisons, workhouses, and hospitals, this is the first extended investigation of the ways that institutions, as opposed to households, accommodated the universal need to sleep.⁸ As well as complementing studies of domestic slumber, chapter two adds to the literature on the expanding philanthropic sphere of eighteenth-century Britain. In studying a newly founded institution, it explores some of the problems of governance and logistics that the governors encountered, and demonstrates that, at least in an organisation dedicated to the care of growing children, capital expenditure on expensive furnishings like beds and bedding could be spread out to reflect a population growing in both number and height. The chapter shows the ways that discipline, hygiene, and religious practice were incorporated into the institutional timetable, where large numbers of inmates had to be accommodated and cared for.

The core of the thesis, however, deals with the barriers to recovering children's sleep identified in response to the Wordsworth quotation above, which also affect study of adult sleep to some extent. Chapters four to seven show that there are particular circumstances in which children's sleep was recorded. Many of the most fruitful

⁶ On bedsharing, see for instance Handley, 'Sociable Sleeping', 101-103; Handley, *Sleep in Early Modern England*, 176-80; Ekirch, *At Day's Close*, 278-84; Ekirch, 'Sleep We Have Lost', 360-61; Bray, *The Friend*, 153-54; Gowing, "'The Twinkling of the Bedstaff'", 275-304.

⁷ Stearns, Rowland, and Giarnella, 'Children's Sleep', 357-63.

⁸ Crook, 'Norms, Forms and Beds', 15-35.

sources, which offered detailed and extended discussions of child slumber, were written in the context of illness and death. At these points, sleep was disrupted and therefore noteworthy; evidence about children's physical, emotional, and spiritual state needed to be gathered and interpreted; and wealthy parents were more likely to be directly involved in childcare and so saw more of children's sleep as well as their waking. This suggests that future studies of sleep, whether specialising in childhood or other life-cycle stages, may do well to draw on documents known to record illness and death, because they are more likely to yield large amounts of material than general letters and diaries, which often offer only brief glimpses of slumber. This methodological observation offers the possibility for sleep historians to complement the existing survey-type scholarship practised by academics like Handley and A. Roger Ekirch with more in-depth studies focussed on how individuals thought about, managed, and experienced their sleep over extended periods.⁹

Because children's slumber was often recorded in the context of disruption, using sleep to frame research also illuminates aspects of childcare and the experience of childhood that would otherwise fade into obscurity. Chapters four to seven all recover different aspects of the lived experience of those often without a voice in the historical record, including servants and children. The sleeplessness or sleep restoration of smallpox patients in chapter four was read by anxious mothers as evidence of children's internal state and the onset and relief of pain, and the discussion in chapter six of the interaction between sick bodies and the beds they occupied also suggests that sleep in illness narratives reveals the physical sensations both of extreme illness and of occupying a bed in health. These two chapters are informed by the materialist turn, and view the human body as a relatively stable system which responds to its environment in ways that may not always be identical but which are at least predictable within certain limits, despite changes in both the physical make-up of that environment and in the way that the body itself was thought to work in medical and cultural terms.¹⁰ While these documents can be read too straightforwardly as evidence of physical experience, it is also possible to discern in them elements of the sensations that accompanied both illness and slumber. This approach is complemented by attention to evidence of the

⁹ See for example Handley, *Sleep in Early Modern England*; Handley, 'From the Sacral to the Moral', 27-46; Handley, 'Sociable Sleeping', 79-104; Handley, 'Sleep-Piety and Healthy Sleep', 185-209; Handley, 'Accounting for Sleep Loss', 1-10; Ekirch, *At Day's Close*; Ekirch, 'Sleep We Have Lost', 343-86; Ekirch, 'Modernization of Western Sleep', 149-92.

¹⁰ See for instance Latour, *Reassembling the Social*; Smail, *Deep History and the Brain*; Wahrman, 'Change and the Corporeal', 584-602; Roper, 'Beyond Discourse Theory', 307-19; Roper, *Oedipus and the Devil*; Carter, 'Childbirth, "Madness", and Bodies in History', 1-22.

intellectual and emotional aspect of illness and nocturnal wakefulness, with the content of nightly discussions more likely to be recorded in the context of illness and offering insights into psychological state, however requiring of contextualisation these may be. Chapter seven explores bed-culture on the deathbed, including children's social and emotional needs at the end of life, and the ways these were accommodated, denied, or limited by the confines of the sickbed, which offers a first attempt at conducting this type of research. Together, these chapters suggest that attention to sleep offers a new perspective on the physical, emotional, and social experience of other groups. Records of disrupted or orderly sleep may offer insight into everynight experience that would otherwise be overlooked. They also call attention to important aspects of domestic routine and particularly of childcare and children's physical and emotional experience of embodiment that have been overlooked by historians of childhood, and propose ways that sociological research around actor-network theory and the notion of social death can be used productively by historians.

Focussing on sleep also offers opportunities for those interested in the subjectivities of other groups with shadowy archival presences. Chapter five argues that apparently inappropriate sleepiness among servants might have reflected exhaustion rather than disobedience or rebellion, although it also raises questions about the potential for servants or enslaved workers to resist authority by sleeping (or refusing to sleep). Its focus on nocturnal activity not only supports Ben Mutschler's argument about the difficulty of providing care for the sick; it also highlights the ways that distributing care within an aristocratic household disrupted routines for everyone from noble employers to estate workers not normally employed in the house.¹¹ These conclusions also suggest that Handley's work on 'sociable sleeping' was not the only way that sleep was a social phenomenon.¹² If the sleep and waking of particular groups, in this case children and the sick, affected other people within the household, this suggests new ways of viewing other types of social relations, including servants; performers involved in the expanding nocturnal economy; the sick whose slumber was interrupted by illness and whose bodies interacted with their environments in new ways, and those who cared for them; and members of the military who experienced not only what we would now call different time zones, but who also had overnight duties. These groups relied on others for sleep opportunities, rather than being able to follow their own preferences or the dictates of their bodies. Other places where sleep was a communal

¹¹ Mutschler, 'Illness in the "Social Credit" and "Money" Economies'.

¹² Handley, 'Sociable Sleeping', January 2013; Handley, *Sleep in Early Modern England*, 149–80.

experience include prisons, workhouses, and hospitals; even lodgers in poorly sound-insulated tenements were affected by those outside their households, because cries, coughs, and other noises would have been audible to neighbours.¹³ The thesis also suggests the importance of attention to different life-cycle stages and social rank, because sleep needs and opportunities change with age and social status. For example, the elderly tend to sleep considerably less than the young, and some had fewer caring or professional responsibilities; those entering motherhood lost sleep if they had to care for their children but not if they could rely on wetnurses or servants; and the wealthy could afford warmer, more comfortable bedding, and leave essential early-morning domestic or economic activities to servants. Examining how households or institutions organised their slumber, and arranged care for unwell or dependent members, illuminates hierarchies and the ordinary and extraordinary responsibilities of different members of these groups, as well as their responses to these arrangements.

The thesis also addresses a number of narratives which place the eighteenth century as a time of acute change in the histories of sleep and childhood. In particular, it adds to the growing body of scholarship critical of Ekirch's normative 'segmented sleep' model, which he claims as the "natural" condition for human slumber.¹⁴ The unique nature of infant slumber ensured that infants and their carers often experienced polyphasic sleep for extended periods, and this was understood as normal by many commentators, even when they disliked it. The sleep disruptions experienced by the sick also displaced whatever model "normal" slumber adhered to, and altered attendants' sleep. Moreover, the foregoing discussion of the effect of occupation on opportunities for sleep strengthens calls by Handley, Garrett A. Sullivan, and Nancy L. Simpson-Younger and Margret Simon, among others, to view sleep as 'biocultural' rather than purely "biological", because both biological and cultural contexts affect individual sleep needs and opportunities.¹⁵ This is important not only to sleep scholars, but also because the rhythms of quotidian life include the rhythms of the night as well as the day, so it is important to understand both what "normal" slumber may have looked like, and also the lived diversity of practice among different ages, genders, social and professional groups, and states of health.

¹³ Cockayne, *Hubbub*, 109–10; see also 106–30.

¹⁴ Ekirch, 'Sleep We Have Lost', 344, 363–73, 383–85; Ekirch, *At Day's Close*, 300–323; Ekirch, 'Modernization of Western Sleep'.

¹⁵ Sullivan Jr., 'Afterword', 210–11; Handley, *Sleep in Early Modern England*, 9–10; Simon and Simpson-Younger, 'Introduction', 2.

The discussion of altered states of consciousness in chapter six points to another series of questions that need to be raised in sleep studies. Terms like ‘delirium’, ‘restless’, ‘doze’, ‘fit’, and ‘coma’ all relate to altered states of consciousness, while ‘tiredness’ and ‘weariness’ relate to physical and emotional feelings, but have not been examined. Josephine M. Lloyd has established the importance of neonatal ‘languor’, arguing that it indicated sickness in newborns, but this is not the only sleep-related term that needs contextualising.¹⁶ Neither has there been sufficient work on the importance of drugged and undrugged sleep, despite lots of research on the ingredients and uses of sleep remedies and pain relief.¹⁷ As chapter three demonstrates, drugged sleep was partly a concern because of what it indicated about the quality of childcare, but chapters four, six, and seven suggest that the use of strong remedies to cure pain or promote sleep was uncommon, even in wealthy families with access to the best medical advice, which raises questions about how medications were used among both adults and children.

Eighteenth-century adults saw children, and especially infants, as having a unique set of sleep-needs and habits, which they did their best to accommodate or alter depending on context. This thesis has demonstrated that, despite its obscurity, past children’s sleep is recoverable and that paying attention to sleep, waking, sleep loss, and bed-culture offers insight into the histories of childhood, the family, and the home that otherwise remain obscure. Moreover, it suggests that sleep research is important in recovering other categories of otherwise voiceless historical actors. It has, for the first time, established the parameters of both domestic and institutional provision for children’s slumber, and particularly the material culture of infant sleep, which has been wholly overlooked. Despite sleepers’ unconsciousness and quiescence, children’s sleep shaped the waking lives of both children and the adults around them.

¹⁶ Lloyd, ‘The “Languid Child”’.

¹⁷ Handley, *Sleep in Early Modern England*, 61–67; Handley, ‘Sleep-Piety and Healthy Sleep’, 200–203; Hunter, ‘To Cause Sleepe Safe and Shure’; Mills, ‘From “Papaber Errat” to “Tincture of Opium”’; Berridge, *Opium and the People*.

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Cradle. 1697. Oak. 908 x 545 x 765 mm. YORCM:DA182.

Cradle. 1800-1840. Wood. 910 x 350 x 674 mm. YORCM:AA1955.

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Museum of English Rural Life, Reading

Cradle. England. 1750-1799. Straw and briar. 68/1.

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Geikie, Walter. *Cottage Interior with a Cradle*. Black chalk on paper. 121 x 201 mm. D 4427/13.

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Cradle. C.1661 with later elements. Oak. Sizergh Castle, Cumbria. NT 998004.

Cradle. C.1700-1740. Oak. 830 x 920 x 535 mm. Ightham Mote, Kent. NT 825266.

Cradle. 1700-1800. Oak. 1067 mm. Dunham Massey, Cheshire. NT 930571.

Cradle. C.1722. Oak. 610 x 355 x 860 mm. Rufford Old Hall, Lancashire. NT 783944.

Cradle. 1800-1850. Mahogany, canvas, and cane. 1290 x 1150 mm. Calke Abbey, Derbyshire. NT 287005.

Cradle. 1800-1900. Wood. 585 x 510 x 965 mm. Rufford Old Hall, Lancashire. NT 7839066.

Cradle. C.1820. Mahogany, cane, oak, iron, brass. 980 x 1200 x 600 mm. Erddig, Wrexham. NT 1147224.1.

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Norfolk Museums Service, Norfolk

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St Mary's Church, Heworth, Gateshead

Haddon, Joseph. *Haddon Monument*. C.1721.

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Cot cover. 1700s. Quilted. T.6-1915.

Cot cover. 1700-1725. 515-1877.

Cot cover. 1700-1725. Embroidered. 553-1893.

Cot cover. England. 1700-1729. Quilted linen. 24.25 x 16.5 in. T.195-1931.

Cot cover. 1700-1729. Embroidered. T.24-1926.

Cot cover. 1725-1750. Embroidered. 295-1896.

Cot cover. 1725-50. Quilted fine linen backed with coarse linen. 650 x 800 mm. T.167-1978.

Cot cover. 1730-1760. Ivory silk satin embroidered with white silk twist with white silk cord, one side cut off and resewn. 660 x 865 mm. 726-1864.

Cot cover. England. 1750-1800. Quilted silk satin and linen, silk thread, wadded with wool. 1150 x 870 mm. T.429-1966.

Cot set. England. 1700-1750. Quilted linen cot cover with two curtains, lined with cotton and bound with silk tape. 930 x 600 x 900 mm. CIRC.531-1923.

Cover. England. 1725-1750. Linen embroidered with silks and silver-gilt thread. 62 x 52 in. T.144-1931.

Cradle. England. 1690-1710. Oak. CIRC.5-1958.

Cradle. England, C.1691. Oak. 596-1886.

Cradle. England. 1700-1730. Oak. CIRC.521-1919.

Cradle. England. 1700-1730. Wood. W.13-1959.

Cradle. 1770-1820. Mainly ash. B.56-1996.

Cradle. England. 1800-1840. Mahogany with metal fittings. W.35-1927.

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